



# Single port robotic assisted simple prostatectomy decreases post-operative narcotic use

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# INTRODUCTION

- Robotic assisted simple prostatectomy (RASP) is a treatment for significantly enlarged BPH
- Single port robotic surgery is being adopted and utilized in various surgeries
- Potential benefits of pain and improved cosmesis have been hypothesized
- Objective: evaluate the opioid-sparing effect using the single port approach to robotic assisted simple prostatectomy

# METHODS

- Retrospective review of all RASPs Nov 2017 to July 2019
  - Single Institution
  - 2 high volume surgeons
- Groups: Single Port RASP vs. Multi Port RASP
- Primary Outcome
  - Narcotic utilization (morphine equivalent) post-op

# METHODS

- Statistics:
  - Propensity score matching performed
  - Groups were compared using Kruskal Wallis and  $X^2$

# RESULTS

A total of 223 men were studied.

After propensity score matching, 5:1

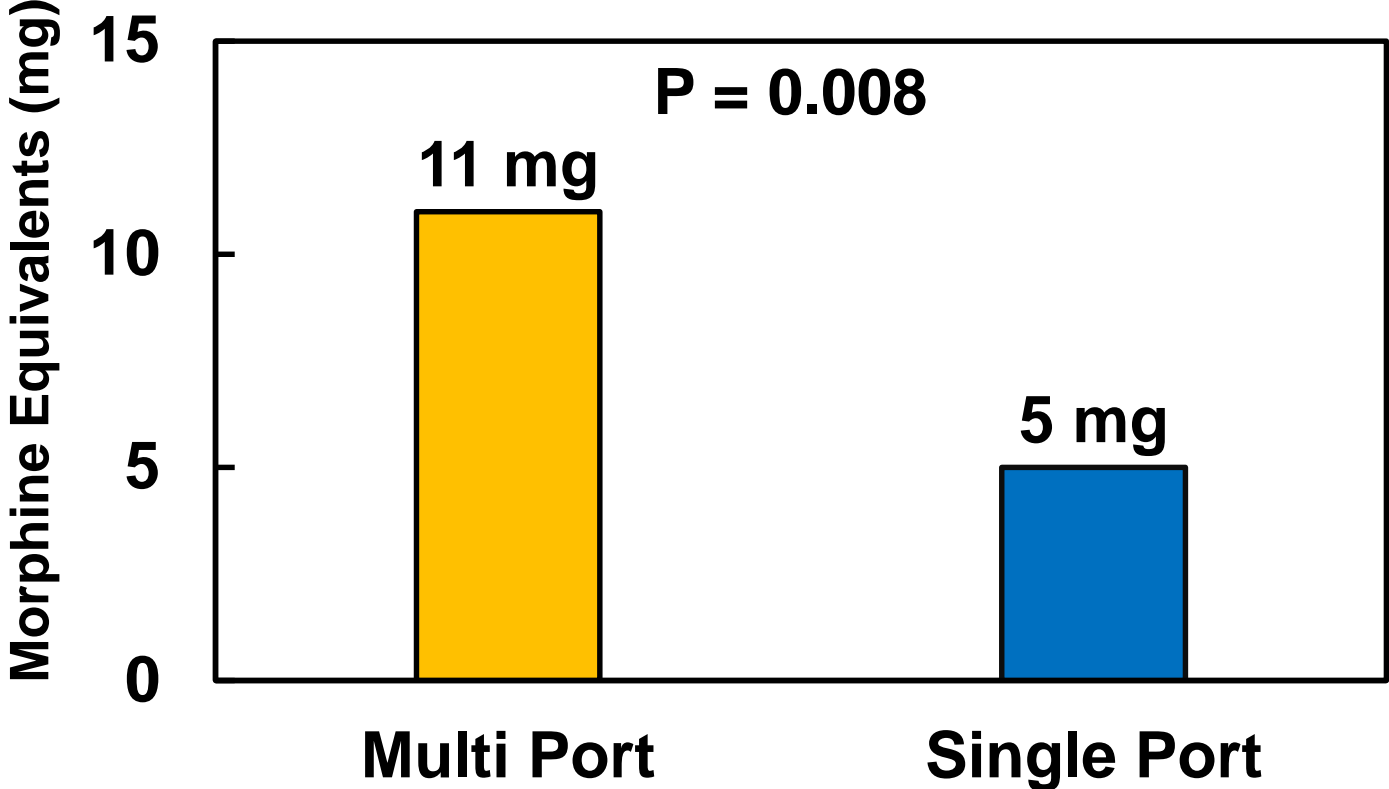
80 multi-port RASP

16 single port RASP

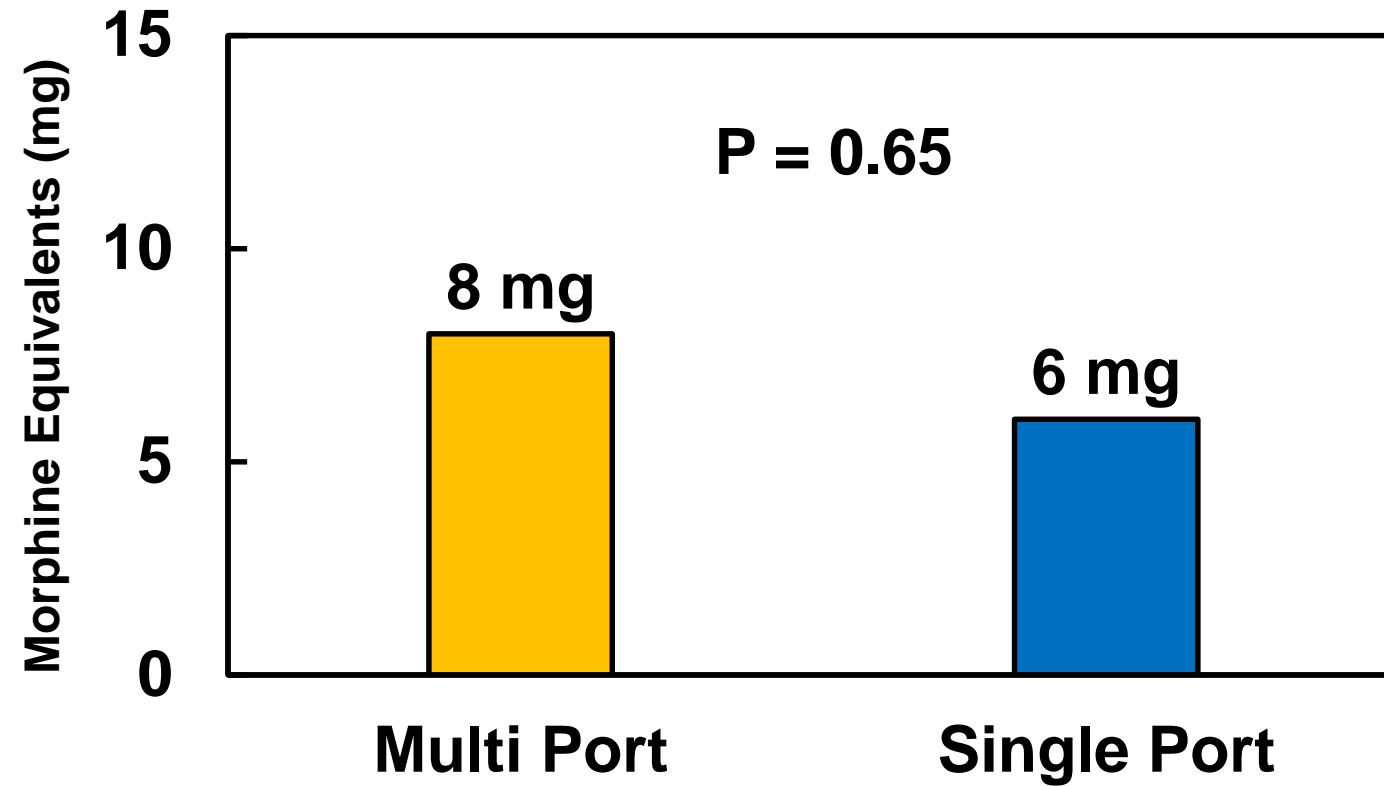
# RESULTS – MATCHED GROUPS WERE COMPARABLE

Characteristic	Multi-Port (n = 80)	Single-Port (n = 16)	P value <sup>a</sup>
Age, years, median (IQR)	70 (64-74)	70 (66-72)	0.57
BMI, kg/m <sup>2</sup> , median (IQR)	27.5 (24-31)	28.8 (24.8-32.1)	0.59
ASA, no (%)			0.57
1	5 (6%)	0 (0%)	
2	54 (68%)	11 (69%)	
3	21 (26%)	5 (31%)	
CCI, median (IQR)	3 (2-4)	3 (2-3)	0.26
Prostate Volume (cm <sup>3</sup> ), median (IQR)	116 (100-132)	105 (97-121)	0.30
Prior Opioid Use, no. (%)	6 (8%)	1 (6%)	0.86
Post-Op Ketorolac, no (%)	35 (44%)	4 (25%)	0.16

# NARCOTIC USE IN FLOOR – SIGNIFICANT DECREASE

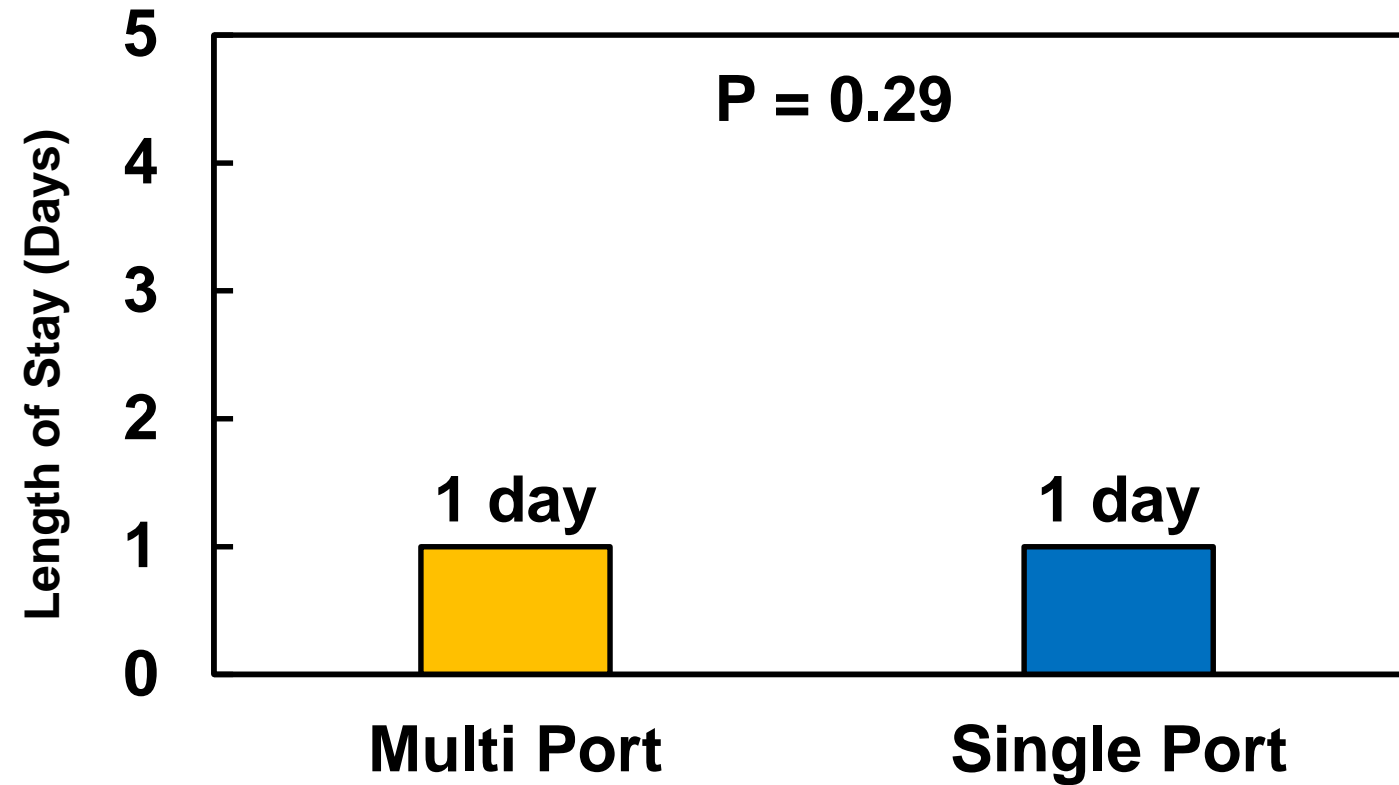


# NARCOTIC USE IN PACU – NO DIFFERENCE





# LENGTH OF STAY – NO DIFFERENCE



# CONCLUSION

- In a propensity matched cohort of patients undergoing RASP:
  - The single port approach was associated with 50% decrease in post-operative narcotic use