

# Outpatient Experience With Extraperitoneal Single-Port Radical Prostatectomy

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### Introduction



- With the introduction of the da Vinci SP<sup>®</sup> surgical platform, single-port robotic radical prostatectomy can be performed via an extraperitoneal approach with only a single incision.
- We present our initial experience with extraperitoneal single-port robotic radical prostatectomy (ESRP) as an outpatient procedure.

### Materials and Methods

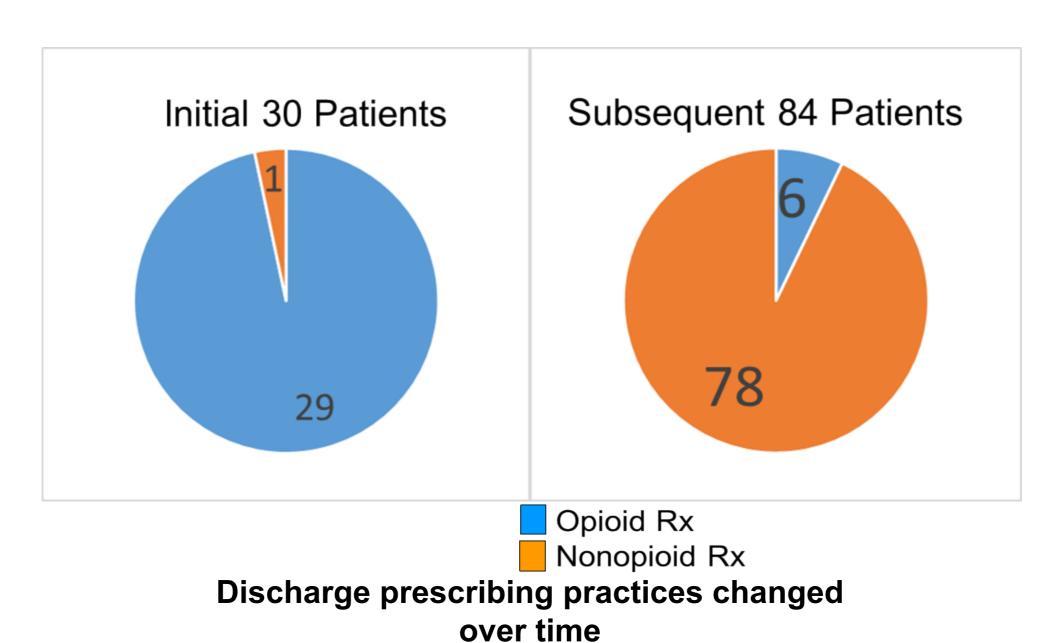
- ESRP was performed using the da Vinci<sup>®</sup> SP platform on 114 patients with clinically localized prostate cancer\*
- Salvage cases were excluded from the series, as were patients who received preoperative hormone therapy
- An enhanced recovery protocol was used in the perioperative period with minimal to no opiate use during the perioperative period
- Data was collected in a prospectively maintained institutional review board-approved database and retrospectively evaluated

\*Data has been updated since abstract submission for completeness



- All cases were completed via an extraperitoneal approach without additional ports placed
- Mean operative time: 202 minutes
- Mean estimated blood loss (EBL): 176 mL
- Median length of stay (LOS): 4.3 hours postoperatively
- Visual analog pain score at discharge: 0-1 in 32% of patients
- 68% of patients were discharged home the day of surgery







Surgical Pathology		N (%)
Gleason score	3+3	5 (4.4%)
	3+4	70 (61.4%)
	4+3	25 (21.9%)
	4+4	5 (4.4%)
	4+5	8 (7.0%)
	5+4	1 (0.9%)
рТ	T2	59 (51.8%)
	≥T3a	55 (48.2%)
pΝ	pN0	104 (91.2%)
	pN1	7 (6.1%)
	pNx	3 (2.6%)
Positive surgical Margins (all pts)		24 (21.1%)
+ margins in pts without high risk features		
(pT3 or greater, N1, >GG3 disease)		8 (14%)
+ margins in pts with high risk features		16 (29%)

Outcomes		
Continence at 30 days postop (0-1 pads/day)	50%	
Continence at 90 days postop	70%	
Clavien ≥3 complications (Lymphocele x 7, urinoma requiring drainage)	7%	



### Conclusions

Extraperitoneal single-port robotic radical prostatectomy using the da Vinci SP platform can be performed safely as an outpatient procedure without the need for postoperative opiates in the majority of patients.

