RANDOMIZED CONTROLLED TRIAL ASSESSING THE IMPACT OF EARLY DORSAL VENOUS COMPLEX (EDVC) LIGATION ON URINARY CONTINENCE RECOVERY AFTER ROBOT-ASSISTED RADICAL PROSTATECTOMY (RARP): FULL REPORT ONE MONTH AFTER SURGERY.

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312 consecutive patients treated with robotic prostatectomy have been randomly assigned to the experimental group (early DVC ligation, n=156) and to the control group (standard technique, n=156).

Primary endpoint: continence recovery at 1 and 4 months from surgery. Continence defined as 0-1 pad/die.

**DESCRIPTION OF THE TECHNIQUES**

**Standard technique**
- The DVC is ligated after the bladder neck incision and the development of the posterolateral aspect of the prostate.

**Experimental technique**
- Ligation of the DVC before the bladder neck incision and nerve sparing lateral dissection, right after the incision of the endopelvic fascia.

**STATISTICS**
- According to power analyses, the sample size was calculated to achieve a statistically significant difference of 15% between the two groups.
- Secondary endpoints:
  - 90-day complications (Clavien-Dindo classification)
  - Positive surgical margins rate

**RESULTS**
- Preoperative PSA, biopsy grade group and clinical stage did not differ between the two groups (all p≥0.1).
- Median operative time was 160 minutes in both groups.
- One month after surgery, 23% vs 28% of patients were continent in the experimental vs. control group, respectively (p=0.4).
RESULTS

Our results suggest that early DVC ligation does not increase the risk of positive margins or complications.

Awaiting longer follow-up, we did not find evidence that the timing of DVC ligation affects functional outcomes after robotic radical prostatectomy.

CONCLUSIONS

- Our results suggest that early DVC ligation does not increase the risk of positive margins or complications.
- Awaiting longer follow-up, we did not find evidence that the timing of DVC ligation affects functional outcomes after robotic radical prostatectomy.