Laparoscopic Radical Prostatectomy: Preliminary Results

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Précis: Laparoscopy permits more precise dissection during radical prostatectomy

Introduction
The standard surgical procedure for patients with organ confined prostate cancer has been retropubic radical prostatectomy. Minimally invasive surgical techniques have received a great deal of recent attention because of the potential for decreased postoperative discomfort, minimal disfigurement, and quicker recovery than traditional techniques. As a minimally invasive technique, laparoscopy has been used to treat many urologic disease entities and has demonstrated both clinical and economic advantages in several settings. This report is of a preliminary evaluation of the technique for radical prostatectomy.

Method
In this study, a total of 43 men with early stage prostate cancer underwent laparoscopic radical prostatectomy with or without lymphadenectomy.

Results
- Median operating time after the first 10 patients was 4.3 hours in 21 patients without lymphadenectomy and 5.1 hours in 12 patients with lymphadenectomy.
- None of the patients required conversion to open surgery.
- At one month after surgery, serum prostate-specific antigen (PSA) levels were less than 0.1 ng/mL in all patients.
- Thirty-six patients (84%) were fully continent one month after surgery, and the remaining seven reported only minor incontinence.

Discussion
Very early results suggest that laparoscopic radical prostatectomy may be as effective a treatment for early stage prostate cancer as open surgery. The goals of surgery for patient with prostate cancer are many, but foremost is the need to cure. If the two surgical approaches offer equivalent long-term surgical outcome, then it will be necessary to compare perioperative outcomes, including length of stay, convalescence, and cosmetic result.