Editorial

What's inside

Radical cystectomy continues to be one of the most formidable urologic procedures with high morbidity and considerable mortality. Despite the advances in surgical techniques, it has been difficult to bring down the complications. Minimally invasive surgery has established lower morbidity rates in a number of procedures, but its benefits in radical cystectomy and urinary diversion continue to be equivocal. This issue of the journal contains a number of articles on minimally invasive radical cystectomies with Indian data as also comprehensive reviews.

Tyritzis *et al*.[1] begin with a review of the current status of robot-assisted cystectomy for bladder cancer. While the use of robot assistance has increased progressively, complications continue to be high with rates as high as 64%. The use of enhanced recovery protocols may be helpful in reducing complications through early recovery. Interestingly, intracorporeal diversions have shown lower complication rates than extracorporeal diversions, something that may be related to higher experience at such centers. On other parameters such as margins, lymph node yield and survival, robot-assisted surgeries perform at least as well as open surgery.

Shrivastava *et al*.[2] report outcomes from a retrospective database of robot-assisted cystectomies over an 11-year period. These data represent the earliest experience of this surgery in India, having been performed on the first urologic da Vinci system in the country. All patients underwent open urinary diversion. Both the mean operative time (348 min) and blood loss (868 mL) are larger than contemporary series. The number of patients suffering a complication is still significant at 38%. Over half of the patients had disease >T2 stage and the surgeries were performed by a number of different surgeons. The data suggest that there is still significant scope for improvement of outcomes with this technique.

Panwar *et al*.[3] report a more contemporary series of minimally invasive radical cystectomies that were performed between 2014 and 2016. The number of laparoscopic (5) and robotic (24) surgeries is small but valuable in that it reports comparative outcomes between open, laparoscopic, and robot-assisted surgeries. Their prospective data show a continued high morbidity with all three approaches and significantly long operative times.

Robotic systems have become ubiquitous, and there is expectation that newer systems will become available and drive competition for better devices and lower prices. Chang *et al*.[4] review the systems currently in development and predict the landscape of new robotic systems in the next decade.

Minimally invasive kidney retrieval for live-related renal transplant is being increasingly utilized across centers and may help mitigate the fear of scars and prolonged recovery among donors. The use of standardized reporting systems for complications aids comparisons and promotes the generation of evidence-based data. Srivastava *et al*.[5] report a large series of 1430 patients who underwent laparoscopic donor nephrectomy over a 17-year period at one institution. About 8.6% of patients suffered at least one complication but the majority of these were low grade on the Kocak-modified Clavien Dindo system. These data help support the push for laparoscopic kidney retrievals.

Direct comparisons between surgical devices are relatively uncommon in the literature. The availability of multiple devices to one surgeon or team enables such comparisons which may be useful for making decisions on acquisition. Morcellators are an essential part of HoLEP surgery and are also used by other surgical specialties for their procedures. Maheshwari *et al*.[6] report their experience with two different brands of morcellators and find certain unique advantages to each device.

Targeted therapies are now standard of care for advanced kidney cancer. While most are used as first- and second-line therapies after the initial surgery, their use sequentially as third- and fourth-line therapies may also help improve progression-free and overall survival. Takahito *et al*.[7] review data on 69 patients where these were used after disease progression following initial therapy and report overall survival rates of 14 months.

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Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

Access this article online	
Quick Response Code:	**Website:** www.indianjurol.com
	DOI: 10.4103/iju.IJU_83_18

How to cite this article: Kumar R. What's inside. Indian J Urol 2018;34:99-100.