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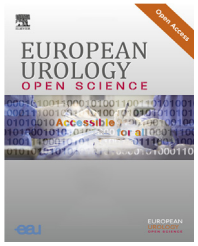

European Association of Urology

Letter to the Editor

Re: Aline Broch, Annabel Paye-Jaouen, Beatrice Bruneau, et al. Day Surgery in Children Undergoing Retroperitoneal Robot-assisted Laparoscopic Pyeloplasty: Is It Safe and Feasible? Eur Urol Open Sci 2023;51:55–61

We read the paper by Broch and colleagues [1] with great interest and commend them for their trial on paediatric retroperitoneal robot-assisted laparoscopic pyeloplasty (R-RALP). The study represents a valuable contribution to the literature, examining the feasibility and safety of R-RALP as a day-case procedure. It is worth noting that despite scepticism regarding a higher rate of complications because of lack of inpatient monitoring, day robotic surgery is increasingly being considered for both paediatric and adult populations [1–3]. The authors analysed outcomes and complications within the first postoperative month for 32 children undergoing R-RALP in two major Parisian teaching centres, reporting two readmissions after discharge. We would like to raise questions about the specifics of this approach and call for further investigation to support their article.

First, as with all trials on enhanced recovery and expedited discharge, patient safety is paramount. Day-case surgery is a popular care pathway because of clear financial, resource, and patient benefits, and progressively more complex procedures are being considered as possible day-case procedures. Ragavan and colleagues [3] demonstrated that in well-selected adult cohorts, day-case robotic surgery is safe and does not result in delayed detection of complications (eg, rectal injury), a finding that is reiterated in the present study [1]. However, valid concerns regarding premature discharge persist and warrant due attention.

Second, all patients (n = 32) who underwent day-case R-RALP were followed up for 30 d postoperatively. During 30-d follow-up there were four (15%) presentations to the emergency department, including one readmission for a febrile urinary tract infection (Clavien-Dindo II) and one for urinoma, anastomotic leak, and a malpositioned stent (Clavien-Dindo IIIb complication). Reporting long-term outcomes (eg, 1, 2, and 5 yr) for this cohort might be beneficial in drawing comparisons for outcomes and complications between patients who stayed overnight and patients who were discharged on the day of the operation.

Third, we note that the authors report that all but two parents were satisfied with the day-care pathway, and the two exceptions would have preferred to stay overnight to feel more secure. As two children were readmitted, it would be interesting to know if these were the same patients.

Fourth, analysis of the cost effectiveness of day-surgery R-RALP will be interesting in the continuously evolving health care market, and would have enriched the trial presented here. Greater hospital and labour costs are of importance for comparisons with inpatient procedures. Taking these factors into consideration might establish day-case R-RALP as the standard of care for children who fulfil the selection criteria given the high satisfaction and low complication rates reported.

We would like to congratulate Broch and colleagues [1] for adding to the literature and describing their methodology and inclusion criteria for day-case R-RALP; however, we believe that their findings should be interpreted with care, considering the issues we have highlighted here. We agree that day-surgery numbers have increased over the years and can have advantages for patients and health care systems; with adequate protocols, this approach may become the standard of care. We eagerly await long-term outcomes from this trial (NCT03274050).

Conflicts of interest: The authors have nothing to disclose.

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