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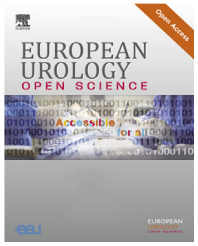

European Association of Urology

Letter to the Editor

Reply to Panagiotis Nikolinakos, Ivo Donkov, Joseph M. Norris, and Nikolaos Zavras's 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 thank Dr. Nikolinakos and colleagues for their letter regarding our prospective study on the feasibility and safety of day surgery (DS) in children undergoing retroperitoneal robot-assisted laparoscopic pyeloplasty (RALP) [1]. We welcome the chance to respond to their comments, and we believe there are interesting points raised that are worthy of discussion and clarification. Establishment of the DS pathway for RALP at Hôpital Necker-Enfants Malades in Paris was based on parental requests. Parents saw their children's general condition and questioned the need to spend a night in hospital following the procedure.

The first point raised relates to the safety of DS being applied to increasingly complex procedures. In a patient-centred model of care, it is critical that families are provided with adequate information, assessment, risk stratification, and preparation to decide on whether DS is the best option for them [2]. Patient factors that are considered include medical background and comorbidities, anticipated surgical factors, and the social setting [3]. It must be emphasized that if the family was not completely comfortable with a day procedure preoperatively, we always respected their wishes. In fact, this was the case for an uncomplicated case living in close proximity to the hospital that was excluded (n = 1) from our study because of parental wishes for an inpatient stay. Preoperative consultation and case selection for DS are the keys to success and can limit postoperative complications, delays in care, and cancellations, while increasing patient satisfaction [4]. The surgeon, anaesthetist, nursing team, and administrative staff all play an important part in this process.

The shift to DS is certainly not new, and it is important to note that an iterative implementation process has not resulted in any increase in patient morbidity or mortality [5]. In France, an increasing number of centres are following this DS pathway for RALP, including transperitoneal approaches. This has led to an ongoing prospective study that is comparing transperitoneal and retroperitoneal approaches in this context.

Second, further comments relate to follow-up. We absolutely agree that evaluation of long-term outcomes for this cohort in a comparative study will be critical for ultimate assessment of the results. The aim of the current study was to establish the safety and feasibility of DS in this prospective cohort, and therefore complications at 30 d after surgery are reported. As we note in our discussion [1], long-term outcomes will also be reported over time.

The third query relates to whether there was any correlation between patient readmission and family satisfaction with DS. This was not the case. For the two families in question, both patients had an uncomplicated postoperative course but the family nonetheless felt they would have preferred an inpatient stay in hindsight. Therefore, decisional regret was not related to the occurrence of postoperative complications. It is important to reiterate that the operating surgeon contacted the family on postoperative day 1, and the nurse in charge of the research program made contact on postoperative day 7.

The final comment relates to the cost effectiveness of DS for RALP and reflects on the complexities of this assessment. A well-executed cost-effectiveness analysis in this context would require significant effort, particularly as all aspects of the economic impact need to be considered and presented in a transparent way [6]. For this reason, we felt that this would be better reported separately. Furthermore, the intersection between DS and robot-assisted surgery is very interesting from an economic perspective, and there may be more gains to be made in the future [5,7].

Conflicts of interest: Thomas Blanc is an official proctor for Intuitive Surgical. Kiarash Taghavi has nothing to disclose.

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Kiarash Taghavi [a,b,c]
Thomas Blanc [a,d,*]

[a] *Department of Pediatric Surgery and Urology, Hôpital Necker-Enfants Malades, AP-HP, Paris, France*
[b] *Department of Paediatric Urology, Monash Children's Hospital, Melbourne, Australia*
[c] *Department of Paediatrics, Monash University, Melbourne, Australia*
[d] *Université de Paris Cité, Paris, France*

*Corresponding author. Department of Pediatric Surgery and Urology, Hôpital Necker-Enfants Malades, AP-HP, Paris, France.
E-mail address: thomas.blanc@aphp.fr (T. Blanc).

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