



## Commentary

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# Re: Experience of one single surgeon with the first 500 robot-assisted laparoscopic prostatectomy cases in mainland China

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Robotic-assisted laparoscopic prostatectomy (RALP) has maintained an essential role in the treatment of localized prostate cancer. The so-called “trifecta” including cancer control, urinary continence, and sexual potency are three goals that surgeons need to pay close attention to. The study demonstrated that RALP for patients in Asia is safe and feasible, and the effects of RALP are at least comparable, and superior to those of open surgery or laparoscopic surgery in functional and oncologic outcomes.

Postoperative continence is an important aspect related to the quality of life of patients. In this study, most patients returned to normal urinary continence function 1 year after surgery. Although the high-risk patients accounted for a relatively high proportion, the postoperative 1 year urinary continence recovery rate was significantly higher than that in other higher-volume centres [1,2]. This is mainly due to the application of different surgical techniques and the introduction of new surgical techniques, such as “helmet” technique [3], SUTURE (suture-under-tent and underside-reposition-enhancement) technique [4] and especially the

SFUR (sustainable functional urethral reconstruction) technique.

“Helmet” technique is actually a modified “veil” technique. The main advantage of this technique is that it preserves more fascia structure under the premise of good cancer control, providing greater possibilities for preserving urinary continence and sexual potency. In addition, the technique does not require suturing the dorsal venous complex (DVC), which can shorten the operation time and reduce the damage of the apex nerve and urinary control-related structures, and does not significantly increase the estimated blood loss.

SUTURE technique is a new type of ligation technology proposed by the surgeon. By ligation in the “canopy” under the puboprostatic ligament, it reduces the damage to the external urethral sphincter and the effect of the tough tissue on the surface of the DVC on the suture. At the same time, it can use the puboprostatic ligament to fix the position of the suture to avoid the slippage of the suture, so as to achieve the purpose of controlling DVC. It can also suture the disrupted end of the puboprostatic ligament and the DVC to the anterior wall of the bladder, and reconstruct the function of the puboprostatic ligament to support the stable urethra.

SFUR technique is a new technique proposed by the surgeon recently. It would provide adequate urethral length with bladder neck tubularization and sustainable

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periurethral support with peritoneal flap, with the objective of providing satisfactory early continence recovery. Clinical follow-up results have proved that it is safe, feasible and easy to handle, especially for those who are high-risk, with large prostate size, or who are not eligible for bladder-neck sparing or nerve-sparing procedures.

Positive surgical margin (PSM) is an independent risk factor for biochemical recurrence. The PSM rate in our center is comparable or better than that in other centers [1,5–7]. During the follow up, no significant reduction was observed with increased experiences mainly due to a higher proportion of high-risk patients. Compared with foreign countries, locally advanced and metastatic prostate cancer account for 28% and 30% [8], respectively. The rates in foreign countries are significantly lower than the domestic [9]. In addition, the proportion of high-risk patients enrolled in this study was significantly higher, and the experience by Sooriakumaran et al. [10] revealed that greater surgical experience resulted in an improved PSM rate, but this required over 1 600 cases for a PSM of <10%. We believe that, with the increased experience and some new technologies, especially the application of SFUR technique and other new techniques, not only the urinary continence function will be significantly improved, but also the PSM rate can also be significantly reduced.

### Conflicts of interest

All authors declare no conflict of interest.

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