

## AB024. Application of the lateral-posterior approach to separating bladder neck in robot-assisted radical prostatectomy

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**Background:** To describe our technique and initial outcomes of the lateral-posterior approach to separating bladder neck in robot-assisted radical prostatectomy.

**Methods:** A total of 37 prostate cancer patients were treated with robot-assisted radical prostatectomy from January 2017 to July 2018, the lateral-posterior approach to separating bladder neck technique was used during robot-assisted radical prostatectomy. When dissecting bladder neck, one side seminal vesicle was exposed as anatomic landmark, then the posterior of bladder neck was separated along the seminal vesical surface, the same operation was employed to contralateral side, subsequently the border of bladder neck and prostate was cut off, prostate was removed

and bladder neck was completely reserved. Data including operation time, blood loss during operation, positive margin on bladder neck, urinary continence and complications were recorded, mean values of numeric variables are reported with standard deviation.

**Results:** Mean operating time was  $98 \pm 21.5$  min, mean blood loss during operation was  $134 \pm 26.4$  mL, positive margin in bladder neck was found in 5 patients, no urinary leakage or hydronephrosis was found, only 2 case of trivial urinary incontinence was observed 3 months after operation.

**Conclusions:** The lateral-posterior approach to separating bladder neck technique is safe and efficient in robot-assisted radical prostatectomy. Seminal vesicle is applied as the anatomic landmark to divide bladder neck and prostate, which precisely controls bladder neck incision, facilitates anastomosis of bladder neck and urethra, and contributes to micturition control.

**Keywords:** Prostate cancer; the lateral-posterior approach; robot-assisted radical prostatectomy

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