



Surgery for urological cancers

Urological cancers, particularly prostate and bladder cancer, represent some of the most commonly diagnosed malignancies. As such, globally they account for a large burden of suffering, health-care resources and deaths. Like many other malignancies, the care of urological cancers has increasingly become multi-disciplinary, with surgery, radiation and systemic therapies each playing an important role supplemented significantly by nursing and allied health interventions.

Nonetheless, surgical procedures retain a central role in managing these cancers, whether it be for diagnosis as in prostate biopsy or bladder tumour resection, definitive curative treatment by tumour excision, staging by pelvic or inguinal lymphadenectomy, or salvage therapy as in retroperitoneal lymph node dissection. The range of surgical approaches to urological cancers have evolved significantly over time and continue to do so—driven by technological developments and crucial imperatives of organ-sparing and minimally invasive approaches where feasible.

This special series of reviews on the important surgical procedures for urological cancers, each aiming to describe the surgical principles and summarise the literature on outcomes and complications. For newer and developing procedures such as robotic partial nephrectomy and penile-sparing surgery, these reviews should enable additional uptake and dissemination. Conversely, for well-established procedures such as bladder tumour resection and pelvic lymphadenectomy, they will serve the purpose of reinforcing good surgical technique and appropriate patient selection. I hope the end result will be further improvement in the surgical management of urological cancers.

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