



## AB002. Left hand trainee challenges in robotic-assisted laparoscopic prostatectomy

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**Background:** Left-hand surgeon is rather uncommon. There is limited publication, for that I'd like to present my personal experience during current workplace. Hereby I discussed the challenges include approaches and port placement, and intraoperative manoeuvres. With training left hand urologist to do robotic-assisted laparoscopic prostatectomy (RALP), we faced new challenges. These challenges to be faced to acquire the skills to best care for our patients. We describe the potential difficulties directly related to alternating left-right-hand surgeon with right-handed surgeon setting and to examine our solutions to improve the safety of training left-handed surgeon in doing RALP.

**Methods:** Technical skills are of particular importance since the trainee learns right-hand techniques which he has to apply with right-handed setting. This finding can

only partly be overcome by the effect of stepwise training & the trainee should use alternate Maryland-ProGrasp to handle the tissues in order to progress in the dissection. Trainee should spend more time on the robotic simulator at least 240 minutes weekly. As result of that fellow in general is more prepared and therefore more autonomous as the program advance

**Results:** Forty men of mean age 65.5 years were treated. Mean Gleason score was 7 pre-post-treatment, *t*-test  $P < 0.000001$ . The mean improvement in skills was 66%. The one main help to maintain this was having dedicated assistant as part of the team. There was no reported consequence.

**Conclusions:** RALP have activity in treating intermediate and high-risk prostate cancer. The prolonged effect of left-handed trainee is unlikely. This study suggests a seeking advice from other centres is feasible.

**Keywords:** Left-handed trainee; robotic prostatectomy; robotic-assisted laparoscopic prostatectomy (RALP)

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