

AB025. SOH22ABS088. Robotic trans-vesical Freyer prostatectomy for a large 500 gm prostate: operative technique

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Background: Open simple prostatectomy remains an option for a large benign prostatic hyperplasia (BPH) and concurrent pathologies. Minimally invasive laparoscopic simple prostatectomy is technically challenging. Robotic platform has potential to make such procedure technically feasible. We present a challenging case of hugely enlarged BPH robotic trans-vesical Freyer prostatectomy (RTFP).

Methods: A 64-year-old-male who presented with acute urinary retention and failed urethral catheterization for which suprapubic catheter was inserted and 1,200 mL of clear urine was drained. Additionally, he complained of severe lower urinary tract symptoms specially prolonged voiding, poor flow, urinary hesitancy and perineal discomfort while cycling. Work up, including imaging revealed a 500 gm prostate and prostate specific antigen (PSA) of 35 µg/L. Trans-rectal ultrasound guided prostate biopsy showed benign hyperplasia of the prostate. After counselling the patient elected to proceed with RTFP. He underwent RTFP using the da Vinci Xi dual console robotic system. We describe operative details and our technique in the video.

Results: Despite the large size of the prostate, RTFP was performed without any intra-operative and post-operative complications. Total theatre time was 180 mins with estimated blood loss of 200 mL. He was discharged

on post-operative day 2 after the removal of urethral catheter. Subjectively he was asymptomatic after RTFP and very happy with the outcome. Objectively, uro-flowmetry showed Q-max of 21 mL/sec with a voided urine volume of 500 mL and residual volume of 20 mL.

Conclusions: RTFP is a feasible and safe approach even for a massively enlarged prostate with excellent patient outcome.

Keywords: Benign prostatic hyperplasia (BPH); robotic; simple prostatectomy, urinary retention; trans-vesical

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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