

The Impact of Centralisation on Radical Prostatectomy Outcomes: Our Outcomes

Authors : Jemini Vyas, Oluwatobi Adeyoe, Jenny Branagan, Chandran Tanabalan, John Beatty, Aakash Pai

Abstract : Introduction: The development of robotic surgery has accelerated centralisation to tertiary centres, where robotic radical prostatectomy (RP) is offered. The purpose of concentrating treatment in high volume specialist centres is to improve the quality of care and patient outcomes. The aim of this study was to assess the impact on clinical outcomes of centralisation for locally diagnosed patients undergoing RP. Methods: Clinical outcomes for 169 consecutive laparoscopic & open RP pre-centralisation were retrospectively compared with 50 consecutive robotic RP conducted over a similar period post-centralisation. Preoperative risk stratification and time to surgery were collected. Perioperative outcomes, including length of stay (LOS) and complications, were collated. Post-operative outcomes, including erectile dysfunction (ED), biochemical recurrence (BCR), and urinary continence, were assessed. Results: Preoperative risk stratification showed no difference between the two groups. The median time from diagnosis to treatment was similar between the two groups (pre-centralisation, 121 days, post-centralisation, 117 days). The mean length of stay (pre-centralisation, 2.1 days, post-centralisation, 1.6 days) showed no significant difference ($p=0.073$). Proportion of overall complications (pre-centralisation, 11.4%, post-centralisation, 8.7%) and complications, above Clavien-Dindo 2, were similar between the two groups (pre-centralisation 1.2%, post-centralisation 2.2%). Post operative functional parameters, including continence and ED, were comparable. Five-year BCR free rate was 78% for the pre-centralisation group and 79% for the post centralisation group. Conclusion: For our cohort of patients, clinical outcomes have remained static during centralisation. It is imperative that centralisation is accompanied by increased capacity, streamlining of pathways, and training to ensure that improved quality of care is achieved. Our institution has newly acquired a robot, and prospectively studying this data may support the reversal of centralisation for RP surgery.

Keywords : prostate, cancer, prostatectomy, clinical

Conference Title : ICU 2022 : International Conference on Urology

Conference Location : Baku, Azerbaijan

Conference Dates : October 06-07, 2022