

A New Gold Standard?



Robotic-assisted laparoscopic radical prostatectomy

By Robert A. Batler, MD

In 2002, Dr. Mani Menon and his colleagues at Henry Ford Health System in Detroit reported on their initial experience performing the robotic radical prostatectomy with the DaVinci robot (Intuitive Surgical Inc, Sunnydale, CA). Five years later most prostate cancer surgery in the United States is done robotically. (See charts.) In 2002, Dr. Mani Menon and his colleagues at Henry Ford Health System in Detroit reported on their initial experience performing the robotic radical prostatectomy with the DaVinci robot (Intuitive Surgical Inc, Sunnydale, CA). Five years later most prostate cancer surgery in the United States is done robotically. (See charts.)

Physicians at Urology of Indiana adopted the technology early. David W. Hollensbe, MD, and John W. Scott, MD, of Urology of Indiana performed the first robotic radical prostatectomy on performed January 22, 2003. Now four teams of surgeons at Urology of Indiana at four different hospitals systems have combined experience with the procedure of more than 2,000 cases – the fourth

highest in the world. Why?

Prostate cancer surgery has an extirpative as well as a reconstructive component. The cancer must be resected with the intent of achieving “negative margins.” At the same time, it is essential to preserve the quality of life for our patients. Laparoscopic robotic surgery allows the surgeon to operate under magnification

with excellent dexterity. Clearly, debate exists on whether robotic surgery is any better than a standard open procedure. Certain points, however, remain undebatable.

First, robotic radical prostatectomy has consistently, in virtually every series, shown a lower risk of blood loss. Blood transfusion rate is lower (less than 1 percent) than the standard open surgical approaches to prostate cancer surgery (10 percent to 30 percent, depending on series). Additionally, hospital stay (usually one day compared to two to five days) and convalescence is shorter. Cancer control (margin status) has been shown to be equal if not better.

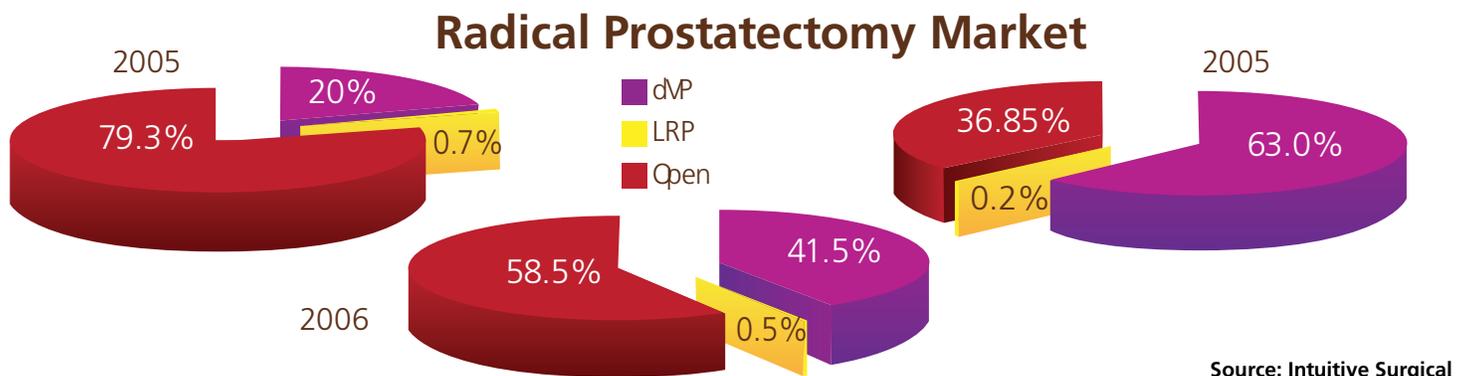
While patients with more extensive disease, larger prostates, previous abdominal surgery, or higher body-mass indexes (heavier patients) may still be offered open surgery, we now routinely

offer most patients the robotic surgery and have achieved excellent outcomes.

Most urologists agree that laparoscopic robotic technology is “here to stay.” Robotic surgery is now part of the routine training that Urology residents receive at many institutions. As with any new technology or procedure (laparoscopic cholecystectomy, laparoscopic nephrectomy and partial nephrectomy), there is always a period of time to learn and transition. In the last five years, we have witnessed a very rapid transition from open prostate cancer surgery to robotic laparoscopic prostate cancer surgery.

“Laparoscopic robotic surgery allows the surgeon to operate under magnification with excellent dexterity.”

The debate may continue for years on whether it is the new gold standard. However, the ultimate winners are our patients who are routinely offered this procedure when appropriate by some of the worlds most experienced surgeons. The Urology of Indiana laparoscopic robotic surgery team performs robotic radical prostatectomy at Clarian North Medical Center, Community North Hospital, St. Francis Hospital and St. Vincent Hospital. The team includes David W. Hollensbe, MD; John W. Scott, MD; Robert A. Batler, MD; Scott B. Farnham, MD; Kenneth G. Ney, MD; John C. Ramsey, MD; David M. Scheidler, MD; Jeffery D. Vaught, MD; and Gregory R. Wahle, MD.



Robert A. Batler, M.D. was born in Chicago, Illinois. He is a graduate of Northwestern University, in Evanston, Illinois, where he received his BA in Psychology. He then earned his medical degree from the University of Illinois at Chicago College of Medicine. He completed his Urology residency at Northwestern University. He has a strong research background, which began as an undergraduate where he worked as a Research Assistant in the Department of Biochemistry, Molecular Biology and Cell Biology at Northwestern University, Evanston, Illinois. During medical school he was a Research Assistant in the Department of Genetics at the University of Illinois at Chicago College of Medicine, Chicago, Illinois and was awarded the NIH Intramural Training Grant in which he served as a Research Assistant in the Department of Endocrine Physiology at the National Institute of Child Health and Human Development, Bethesda, Maryland.

Dr. Batler is a member of the American Urologic Association and the Chicago Urologic Society. He is widely published and has been a presenter at the 20th World Congress on Endourology, the American Urologic Association 2001 and 2002 Annual Meetings, and the 2001 International Bladder Symposium. His areas of special interest include laparoscopic, robotic and endoscopic techniques in urologic surgery.