

PROSTATE CANCER

Suspension stitch aids post-RALP continence recovery

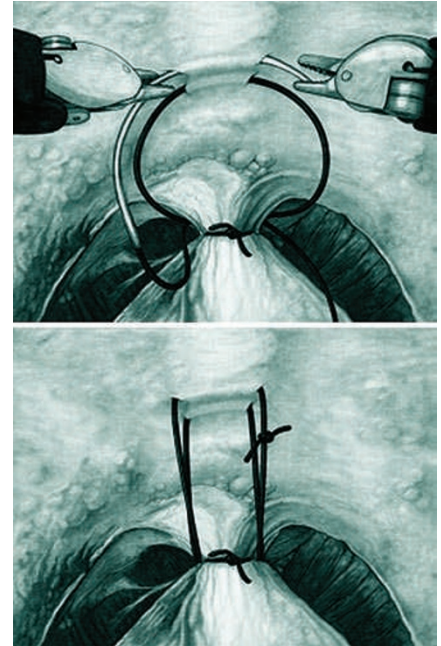
The use of a periurethral retropubic suspension suture during robot-assisted laparoscopic radical prostatectomy (RALP) can significantly improve early recovery of urinary continence, according to Rafael Coelho and colleagues at the Global Robotics Institute, Florida. “Continence outcomes in the first 3 months after RALP have been variable, and this has been attributed to differences in the surgical technique,” explains Coelho. “We noticed that patients with the suspension stitch had an early return of continence and decided to analyze our data.”

The investigators retrospectively studied 331 consecutive patients who underwent RALP. 237 patients received the suspension stitch, which passes between the urethra and dorsal venous complex and then through the periostrium of the pubic bone. The control group ($n = 94$) were given an unsuspended stitch. Continence was

defined as no urine leakage and no use of pads for 4 weeks, based on patients’ answers to a validated questionnaire. The mean interval to recovery of continence was notably shorter in patients who had the suspension stitch (7.4 weeks versus 9.6 weeks), and at 3 months after surgery 92.8% of the suspension group reported full continence, compared to only 83% of patients in the control group. Continence rates at 6 and 12 months were not significantly affected.

How the suspension stitch affects early continence recovery is unclear. The authors suggest suspension of the anastomosis might mimic the puboprostatic ligaments, providing support to the striated sphincter and stabilizing the urethra in position. Coelho and co-workers are now routinely using the periurethral retropubic stitch in all patients undergoing RALP.

Sarah Payton



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