Robotic radical cystectomy: changes in enhanced recovery protocols

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Radical cystectomy with urinary diversion is one of the most complex urologic procedures [1,2]. Despite improvements in surgical technique, anaesthesia and perioperative care, radical cystectomy is still associated with significant morbidity and prolonged in-patient stay after surgery [3,4]. Fast-track principles are standard procedure in radical cystectomy, to minimise complications. Robotic surgery has been performed in an effort to reduce surgical stress and decrease perioperative morbidity [5]. Despite the degree of dissection, it remains the gold standard for muscle invasive bladder cancer. The magnitude of the surgical insult is associated with the degree of stress response, particularly in ageing patients with multiple comorbidities [2]. However, there has been a growing trend towards Enhanced Recovery Protocols (ERP).

Enhanced recovery protocols are multimodal perioperative care pathways designed to achieve early recovery after surgical procedures by maintaining preoperative organ function and reducing the stress response following surgery [6]. The key elements of ERP include preoperative counselling, optimization of nutrition, standardized analgesic and anaesthetic regimens and early mobilization [6]. These also have the advantage of not compromising patient outcomes [7]. However, guidelines for perioperative care after open radical cystectomy for bladder cancer were recently published, but these recommendations may differ when considering a robotic approach [5]. Some protocols, have gone as far as incorporating re-operative recommendations may differ when considering a robotic approach [11]. Early nasogastric tube removal reduced morbidity, bowel recovery time and length of hospital stay [13]. Doppler-guided fluid administration allowed for reduced morbidity [13]. A quicker bowel recovery was observed with a multimodal prevention of ileus, including gum chewing and minimally invasive surgery [13].

In conclusion, ERP is a safe approach promoting standardization of post-operative care and reducing lengths of stay [12]. Early nasogastric tube removal reduced morbidity, bowel recovery time and length of hospital stay [13]. Doppler-guided fluid administration allowed for reduced morbidity [13]. A quicker bowel recovery was observed with a multimodal prevention of ileus, including gum chewing and minimally invasive surgery [13].

References

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