

Dansk Urologisk Selskab
Abstract formular

Teksten inden for rammerne startes med foredragets titel (STORE BOGSTAVER). I ny linie skrives forfatternavne (almindelige typer), som understreges, efterfulgt af oprindelsesafdeling og institution. Hvert abstract må ikke fylde mere end ét manuskriptark, inklusive eventuelle figurer og litteraturreferencer. Det bedes i ledsagebrev angives om arbejdet har været præsenteret på andre møder/kongresser.

Skriv inden for den sorte ramme, helt ud til begge sider og med enkelt linieafstand.

SAMMENLIGNING IMELLEM ÅBEN OG LAPAROSKOPISK RADIKAL PROSTATEKTOMI
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Objectives: To compare the clinicopathologic data of 84 laparoscopic radical prostatectomies (LRPs) and 142 open radical prostatectomies (RRPs) performed at the Aalborg Sygehus from 2005 to 2008.

Methods: A total of 226 radical prostatectomies were analyzed for pre operative morbidity, positive margins, operating time, blood loss, post operative hospitalization, time to continence and potency.

Results: We found that 24% of the LRP group had positive margins versus 44% of the RRP group ($p = 0,0017$). The operating time for LRP was 215 minutes vs. 165 minutes for RRP ($p < 0,0001$). The estimated blood loss was 507mL for LRP vs. 1180mL for RRP ($p < 0,0001$). The post operative hospitalization was 2,2 days for LRP vs. 4,8 days for RRP ($p < 0,0001$). MRR for time to continence for LRP vs. RRP was 1,23 ($p = 0,31$). MRR for time to potency for LRP vs. RRP was 0,85 ($p = 0,62$). We found two recto-urethral fistulas in the LRP group vs. none in the RRP group. In the RRP group there were many more infections and sequela to the larger operating wounds.

Conclusion: We found that laparoscopic radical prostatectomy produced fewer positive margins than radical retropubic prostatectomy. Laparoscopic radical prostatectomy was associated with longer operating times, lower blood loss and shorter post operative hospitalization. The laparoscopic approach seems to give shorter time to continence and longer time to potency.