

# Randomized trial comparing different methods of lymphogenic complications prophylaxis during robot-assisted radical prostatectomy

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## INTRODUCTION

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Pelvic lymphadenectomy is a therapeutic and diagnostic manipulation that provides evaluation of lymph node involvement and cancer staging. Lymphocele is a common postoperative complication in patients after radical prostatectomy and pelvic lymphadenectomy.

#### **OBJECTIVE**

The aim of this study was to assess the frequency of lymphocele in the follow-up period after da Vinci radical prostatectomy and develop effective lymphogenic complications prevention strategies.

#### MATERIALS AND METHODS

It was a prospective randomized single-center trial conducted in S.I. Spasokukotsky City Clinical Hospital from September 1 to December 1, 2022. The study involved 79 patients with prostate cancer (cT1-3N0M0) who underwent robot-assisted radical prostatectomy with pelvic lymphadenectomy and were randomized in three treatment groups:

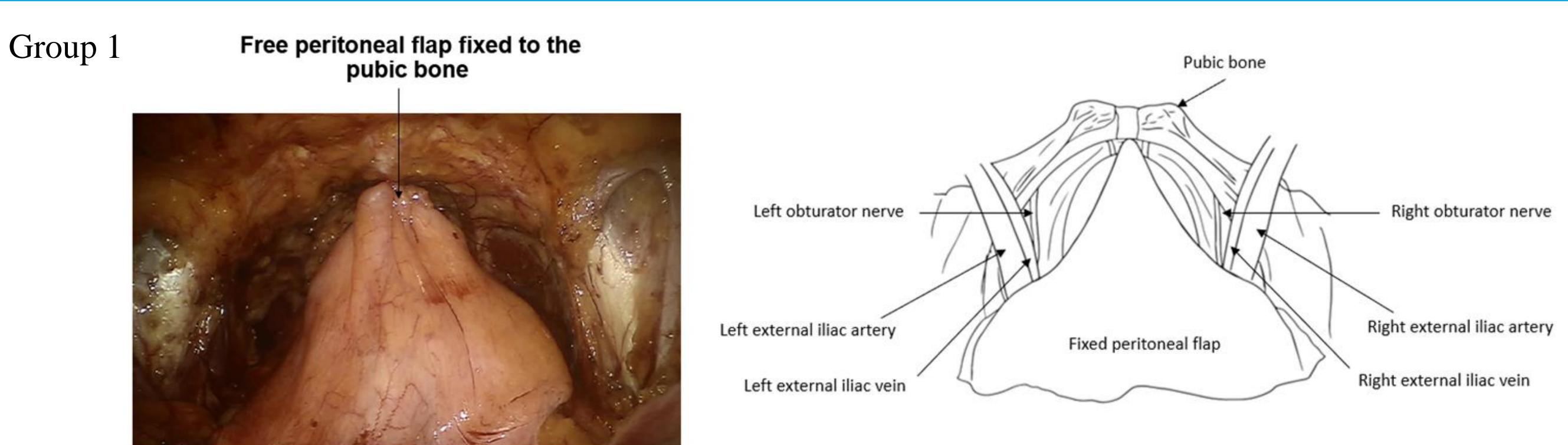
- . Patients with free peritoneal flap fixed to the pubic bone;
- 2. Patients who received "Lymphoblock: during the surgery;
- 3. Control group.

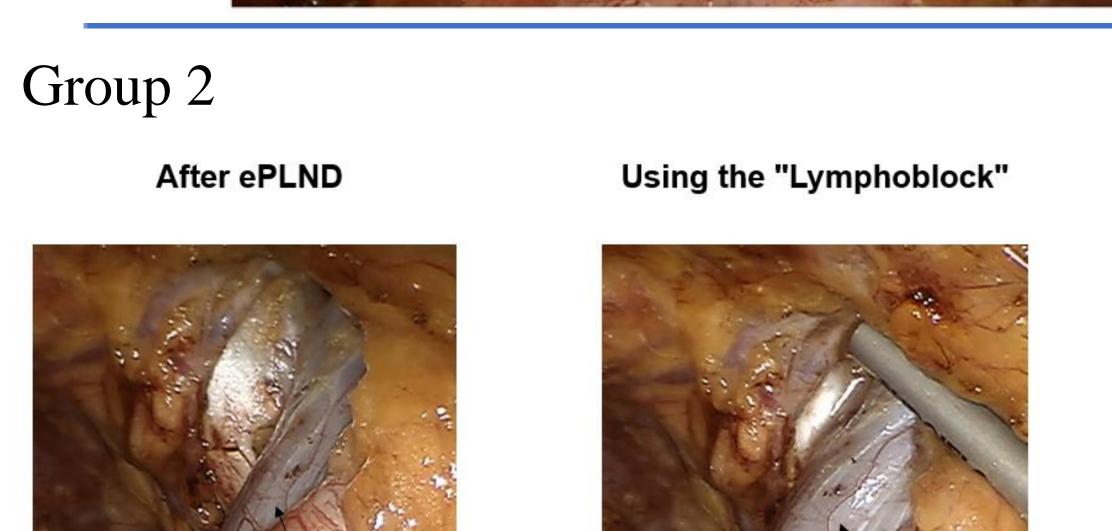
### **RESULTS**

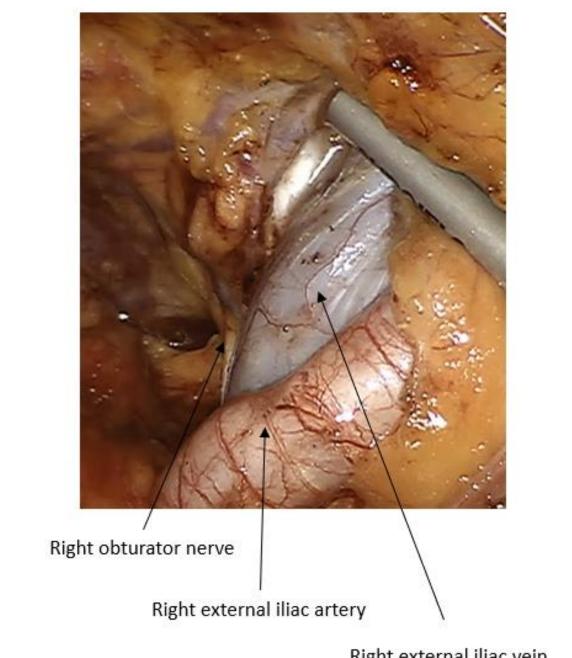
In total, 79 patients included in the study. The median follow-up was 90 d. No significant differences in clinical and pathological parameters were observed between the groups. The patients were divided into 3 groups: group 1 - fixation group (n-26), group 2 - «Lymphoblock» (n-26); group 3 — control group (n - 27). In postoperative period lymphocele was diagnosed in 8 (10.1%) patients: group 1 - 2 (2.5%) patients, group 2 - 1 (1.3%), group 3 - 5 (6.3%). Among groups 1 and 2 lymphocele had no clinical manifestation. Symptomatic lymphocele was diagnosed in 2 patients (2.5%) in the control group.

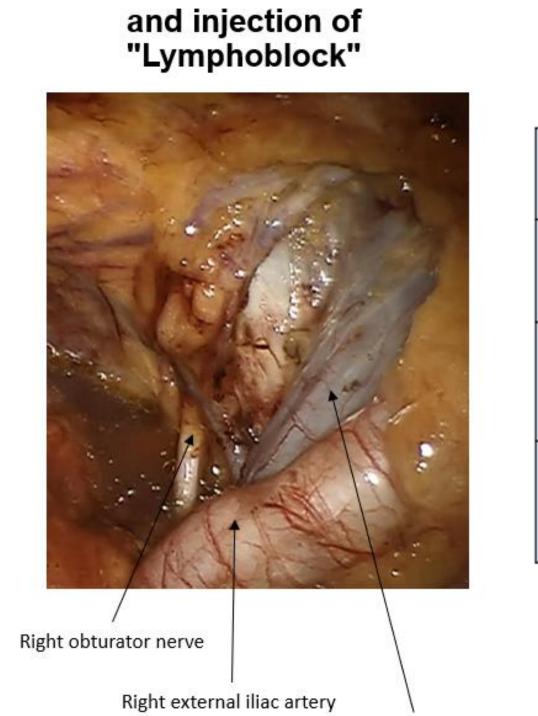
#### CONCLUSIONS

The surgical technique of a free peritoneal flap fixation to the pubic bone as well as usage of the «Lymphoblock» during robot-assisted radical prostatectomy with pelvic lymphadenectomy may reduce the incidence of lymphocele.







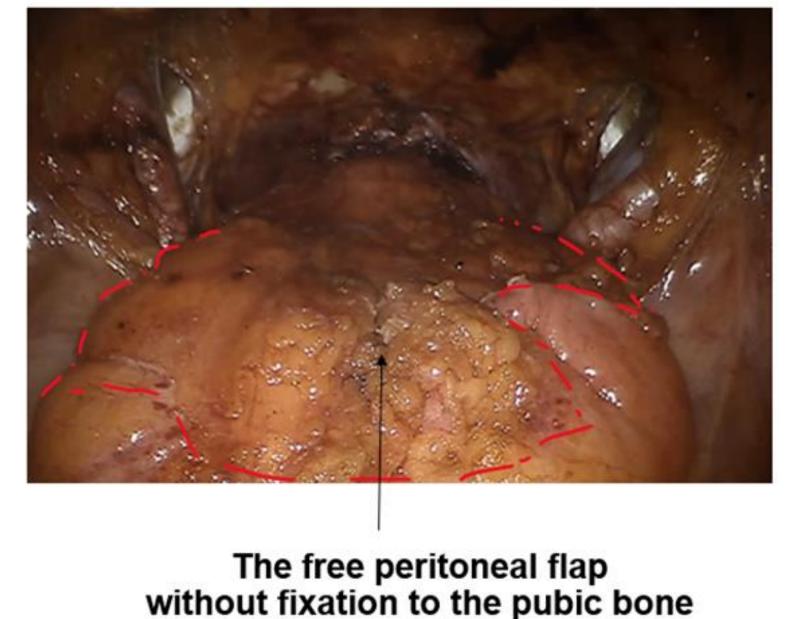


After ePLND

	Total cohort	Fixation group (n-26)	«Lymphoblock» group (n-26)	Control group (n - 27)	P value
Total incidence, n (%)	8 (10.1)	2 (2.5)	1 (1.3)	5 (6.3)	0.069
Asymptomatic ymphocele, n (%)	6 (7.6)	2 (2.5)	1 (1.3)	3 (3.8)	0.240
Symptomatic ymphocele, n (%)	2 (2.5)	0 (0.0)	0 (0.0)	2 (2.5)	0.413

Group 3

Right obturator nerve



after RARP with ePLND

