

Guest editorial: robotic techniques in urologic oncology

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Received: 21 March 2013 / Accepted: 27 March 2013 / Published online: 18 April 2013
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It is our pleasure to be Guest Editors for this issue of the *World Journal of Urology* focusing on robotic techniques in urologic oncology. It is interesting to reflect on the integration of laparoscopic and robotic technology in urologic oncology over the past 10 years. Although driven by many factors, including market and financial forces, we think the primary driver was interest in improved outcomes, particularly less pain, blood loss and the shorter hospital stays possible with minimally invasive surgery. Many of us who were early adopters of laparoscopic techniques in urologic oncology recognized that extirpative procedures (nephrectomy and prostatectomy) were relatively straightforward laparoscopically with adequate training and experience. However, reconstructive procedures, vesicourethral anastomosis, partial nephrectomy renorrhaphy, and intracorporeal diversion remained difficult. So, the robotic platform, with its wristed instruments and stable surgeon-controlled camera, gave us an attractive tool to expand the benefits of minimally invasive surgery to more complex procedures. This issue offers some excellent reviews and original contributions spanning the range of the current extensive integration of robotic technology and urologic oncology techniques.

The article by Drs. Mirheydar and Parsons is a provocative analysis of the safety of new technology integration. We should embrace more standardized training and better competency assessments prior to credentialing

surgeons for new procedures. We also have outstanding contributions concerning graded nerve sparing and outcomes of robotic-assisted radical prostatectomy (RALP) by Tewari et al., a clinical study by Nunez-Nateras et al. of novel new microporous polysaccharide hemispheres for hemostasis, a study of the impact of minimizing tension during nerve sparing by Kowalczyk et al., and an update on the most extensive series of extraperitoneal RALP in the literature by Ploussard et al. Our group (Liss et al.) analyzes the outcomes and complications of standard and extended pelvic lymph node dissection during RALP. Also included in the prostate section is an excellent review of the outcomes of robotic salvage prostatectomy by Drs. Wetherell, Bolton and colleagues.

Patel et al. provide a thorough analysis of the outcomes and complications of retroperitoneal robotic partial nephrectomy by one of the most experienced surgeons using this technique.

Two articles concerning the robotic radical cystectomy and urinary diversion are included: a review of the literature by Drs. Liss and Kader, and a summary of the complications and recommendations to avoid them by one of the most experienced groups in the world led by Dr. Pruthi.

We hope these articles add to your knowledge and enhance the outcomes and safety of the urologic cancer operations that you perform.

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