Robotic-assisted single site (RASS) TAPP: an advantageous choice?

Author's reply

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In our small series of 32 patients, we investigated the feasibility of robotic-assisted single site-TAPP (RASS-TAPP), concluding that besides some well-known advantages of the robotic approach, the surgeon experience and the technical discomfort due to the conflict of instrumentation, influences negatively the choice of this approach [1]. Therefore, up to date it cannot be considered the best option of treatment.

In response to Bosi et al. [2], we would like to comment some concerns. Despite in our series no incisional hernia occurred at 1-year follow-up, we agree with the authors who support that the incidence of trocar hernias is directly related to the size of the device used [3, 4]. However, it is important to clarify that incisional trocar hernias are more frequent in the cases where a specimen extraction is required and the muscular fascia is widely retracted, as in the case of robotic prostatectomy [5, 6]. TAPP is a functional surgery and, therefore, no retraction on the trocar site is needed to extract a specimen. For all kinds of single-port robotic surgeries, we strongly recommend to close the abdominal wall layers using the small bites technique to minimize the risk of incisional hernia [7]. Randomized trials are needed to assess the best approach.

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Compliance with ethical standards

Conflict of interest CD, GL, and TE declare no conflict of interest.

Ethical approval Approval from the Institutional review board was not required for this study.

Informed consent All the patients gave their written informed consent before surgery.

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