




Versatility of Retzius-Sparing Prostatectomy: Its Application in Renal Transplant Patient and En-bloc Abdominal-Perineal Resection

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The Retzius-sparing (RS) approach to prostatectomy has several proposed advantages over the conventional retropubic approach. This includes reduced post-prostatectomy stress urinary incontinence rates and better preservation of potency.^{1–3} While a smaller workspace may render this technique more technically challenging, this approach provides an advantage beyond functional outcome in certain clinical situations. We present two scenarios where Retzius-sparing robotic-assisted radical prostatectomy (RS-RARP) provided additional versatility that was translated into a more desired clinical outcome.

The first case was a 76-year-old renal transplant patient diagnosed with intermediate-risk prostate cancer. His well-functioning low-lying graft kidney in the left lower quadrant was in close relation to the prostate gland, precluding either conventional retropubic prostatectomy or radiotherapy as a treatment option. RS-RARP was performed for the patient, yielding satisfactory oncological and functional outcomes. The second case was a 61-year-old patient who had a rectal tumour with suspected prostate invasion on MRI. After neoadjuvant chemotherapy and radiotherapy, robotic en-bloc abdominal-perineal resection of the rectum,

using a Retzius-sparing prostatectomy technique, was performed to save the patient from total exenteration and double stomata. A modified RS-RARP was adopted to keep the surgical plane between the rectum and prostate. Both procedures were uneventful.

In conclusion, the Retzius-sparing approach is a versatile technique which helps the surgeon to conduct a prostatectomy when special anatomical considerations are at play.

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