

Brignone J.I.¹, Bucchave Olsen A.², Poulsen J.², Fabrin K.², Tuckus G.², Koco E.²

¹Aalborg University Hospital, EBU Certified Robotic Host Centre, Dept. of Urology, Aalborg, Denmark, ²Aalborg University Hospital, Dept. of Urology, Aalborg, Denmark

Introduction & Objectives: After 1 year ccERUS RARP 2 fellow doctors finished the program, here we present the way each step of the procedure was learned. We analyzed also the learning curve after 10 weeks, will be possible to implement such an intensive plan in most of the ERUS host centers?

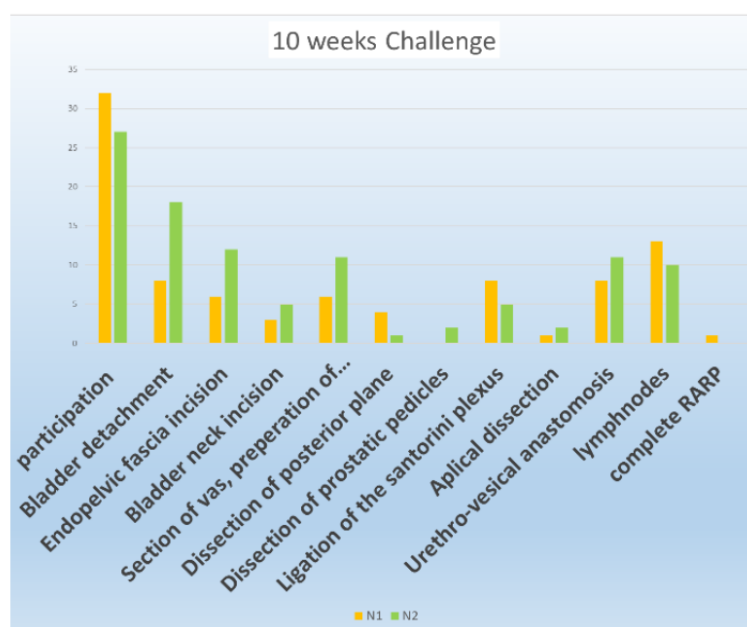
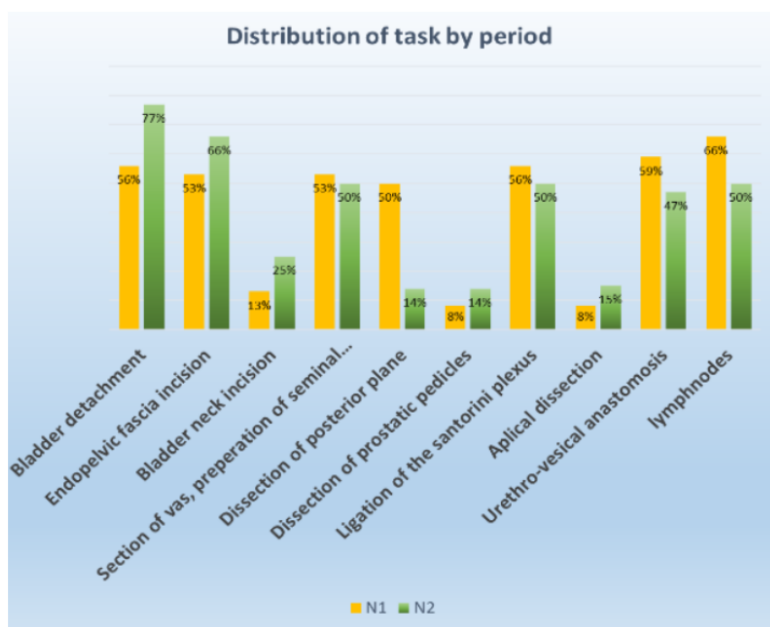
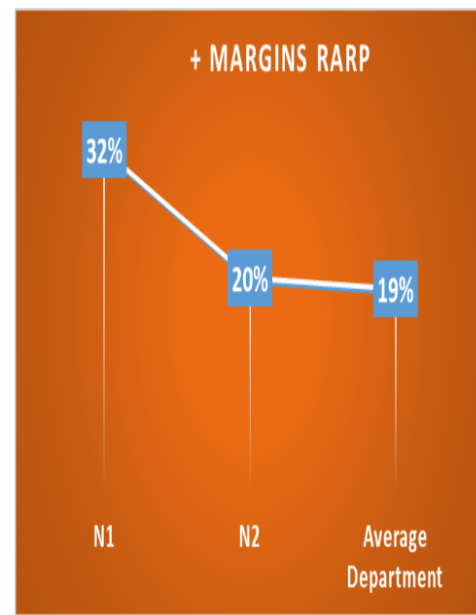
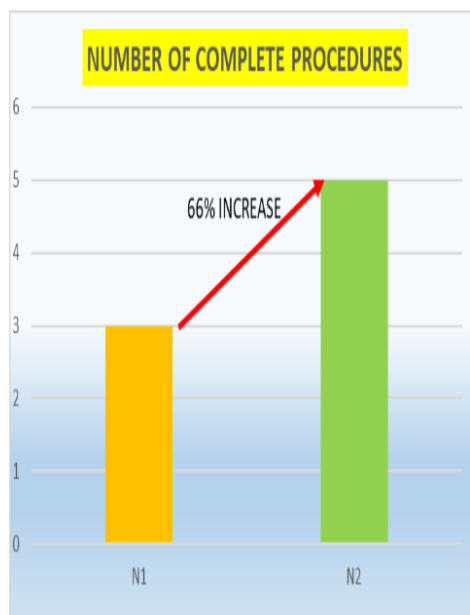
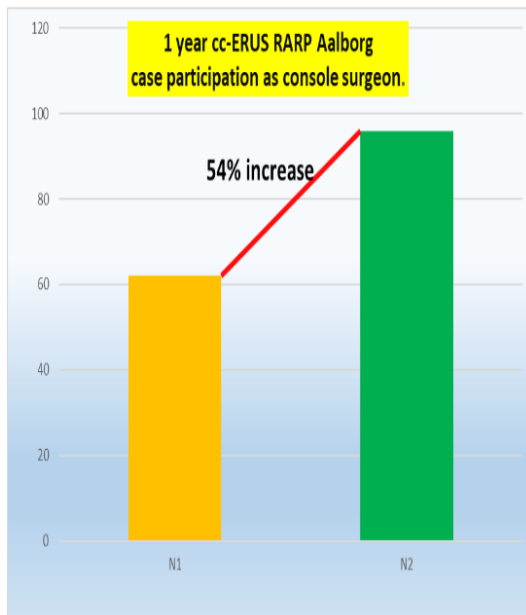
Materials & Methods: Fellow 1 participated in 62 RARP, and 2 in 96. All procedures were taught under the modular training system recommended by ERUS. For the second period of fellowship, simulation training mentored by a trainer and video analysis of surgeries were implemented.

Results: Based on number of cases done during fellowship, the first steps to achieve proficiency by trainee are: bladder detachment, endopelvic fascia dissection, vas deferens and seminal vesicles dissection, dvc suture, anastomosis and extended lymph nodes dissection. Trainers were more reluctant to share critical steps of the surgery such as: bladder neck (F1 13%, F2 25%), control of prostate pedicles (F1 8%, F2 14%), apical dissection (F1 8%, F2 15%). The percentage of positive surgical margins during the first period was 32%. The implementation of a simulation training program and video analysis was a key tool to increase the number of procedures where the fellow participated as console surgeon (54% more participation) and probably play an important role in reduction of positive surgical margins (20%, 1% above the average of the department). There was also a 66% increase in the number of complete RARP done by fellows. The analysis of the first 10 weeks of the fellowship program shows the following trend in tasks done:

F1: bladder detachment=8; EndF=6; Bladder Neck=3; Vd and SV=6; pedicles=0; DVC=8; Apical diss=1; Anast=8; lymphnodes=13; complete RARP=1

F2: bladder detachment=18; EndF=12; Bladder Neck=5; Vd and SV=11; pedicles=2; DVC=5; Apical diss=2; Anast=11; lymphnodes=10; complete RARP=0

No major preoperative or postoperative complications were recorded.



Conclusions: The results show that a ten weeks programs might be insufficient to achieve proficiency in centers of mild volume as ours (~150/year) and will represent an enormous challenge in terms of quality of teaching/learning and achievement of proficiency in a complex procedures such as RARP. A cc ERUS RARP program of 6 months could be implemented without complications at mild volume centers. The complementation of a simulation training program and video analysis are valuable tools and can boost velocity of the learning curve.