Robot-Assisted Radical Prostatectomy Interlocked Anastamosis

Upon completion of radical prostatectomy, the surgeon needs to reconstruct the urinary system. More specifically, the urologist must reattach the open bladder neck to the urethra. This reconnection of 2 tubular structures is referred to as an anastamosis. The anastamosis is routinely performed with suture, either in a continuous or interupted manner.

In the recent years, self-retaining sutures have been developed to help prevent back-slipping of suture and thus a loss of tissue tension. The novel engineering of the suture with unidirectional barbs helps maintain suture position in soft tissues. With conventional suture, there is often a loss of tension which may lead to urine leakage at the anastamosis. One of such self-retaining sutures (SRS) is called VLoc and made by Covidien. It is also unique in that it is an absorbable suture and has its own self-anchoring loop, thus eliminating the need for knot tying.

We have now incorporated the VLoc suture in our robotic radical prostatectomy cases. It has helped reduce anastamosis time and facilitated the anastamosis process for our nursing team.

The following video demonstrates robotic reconstruction with the VLOC suture. Since the last 2 cm are not being used (there are no more barbs 2cm from the needle), there is no need for knot tying to secure tension. The barbs are sufficient enough. A 300mL water bladder test (cystogram) is always performed prior to case completion to ensure that there is absolutely no leakage. This allows our patients to have their Foley catheters removed on the 4-5th day after surgery.

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