COMMENTARY

Comment: ‘‘Laparoendoscopic radical cystectomy with orthotopic ileal neobladder through umbilical single port”’

Comentario: «Cistectomía radical laparoendoscópica con neovejiga ileal ortotópica a través de puerto único umbilical»

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We congratulate Dr. Angulo and colleagues for this interesting report looking at the currently available evidence on laparoendoscopic single site (LESS) radical cystectomy, and detailing the experience at their institution with this challenging procedure.

Orthotopic ileal neobladder currently represents the preferred continent urinary diversion in suitable patients undergoing radical cystectomy for muscle-invasive bladder cancer.1,2 Here at the Cleveland Clinic, we tested the feasibility of laparoscopic orthotopic neobladder in the animal model more than a decade ago.3 Soon after, we reported the successful completion of the first two cases of laparoscopic radical cystectomy and orthotopic ileal neobladder with a Studer limb performed completely intracorporeally by using a 6-port laparoscopic approach.4 The main limitation of the technique was represented by the extended operative time. Moreover, despite its growing role in the management of minimally invasive radical cystectomy, long-term oncological outcomes are awaited to confirm its "oncological safety".5

LESS might represent a further step toward minimal invasiveness in urologic surgery, although several issues remain to be addressed for this technique to be established and widely adopted.6 We had promising outcomes with LESS radical cystectomy,7 and, recently, there has been an increasing interest in the development of this approach, as Dr. Angulo and colleagues comprehensively report.

Taking a closer look at the technique reported by our Spanish colleagues, we would like to stress a few points: the use of an extra 10-mm trocar, which seems to be a smart strategy, especially early in the surgeon’s experience; the use of a reusable access device, which can be a cost-saving option, even if we think this should not be the only driving factor when approaching this kind of surgery; the use of barbed suture to facilitate the urethra-neovesical anastomosis. To note that the authors were able to remove an adequate number of nodes, and findings from the pathology report were reassuring from an oncological point of view, which is not a secondary issue, as cancer control remains our first target when managing these patients.

Given the inherent challenges of radical cystectomy, which are mostly related to its demanding reconstructive steps, we have been exploring over the last few years the application of robotic technology to this procedure, for either the laparoscopic approach6 and the LESS approach.8 Given the advantages that robotics can provide in terms of ergonomics, vision, and maneuverability, we expect that the paradigm shift in LESS will be actually represented by

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the application of a dedicated robotic platform, similarly to what has happened, at least in the US, for standard laparoscopy. In the meantime, all groups worldwide that are taking their time to start and develop a LESS\textsuperscript{10} program, and to explore the potential and the current drawbacks of this novel approach, should be commended, as their efforts represent a determining factor in the progress of minimally invasive urologic surgery.

References