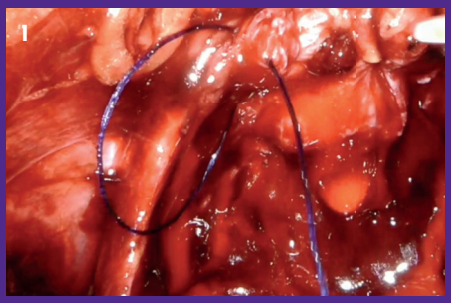
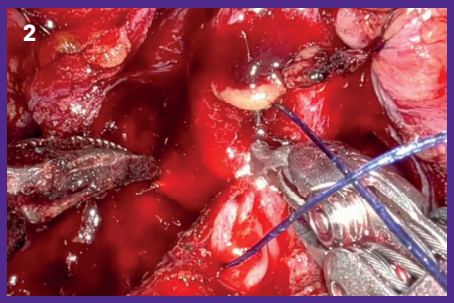
Case example:
Use of Quill® barbed suture in robot-assisted radical prostatectomy

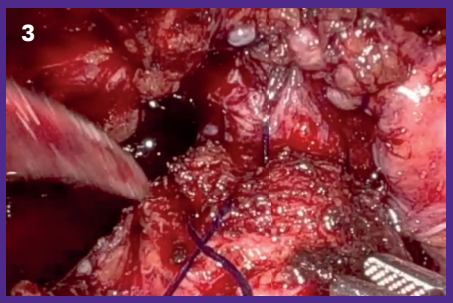
Intraoperative images showing treatment of a prostate cancer.



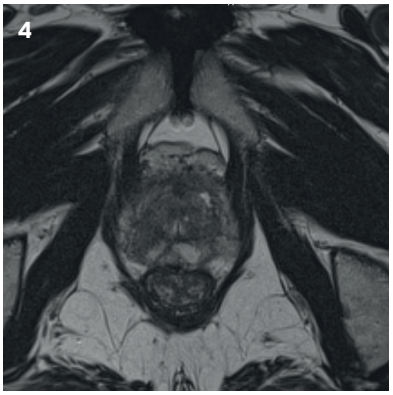
1: Closing of the Santorini's plexus with Quill®, PDO, Violet, 2-0.[1]



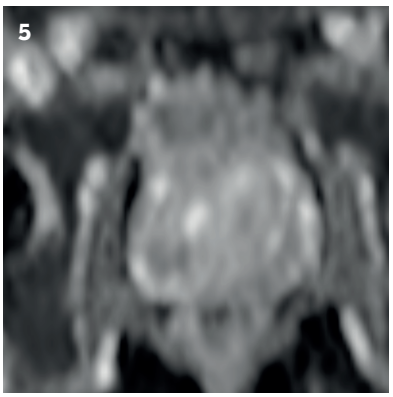
2: Posterior reconstruction between urethra and bladder neck with Quill®, PDO, Violet, 2-0.[2]



3: Modelling and closing of the urethrovesical anastomosis with Quill®, Monoderm, Violet, 2-0.[3]



4: T2-MRI showing lesions in right part of the prostate.



5: ADC†† Map (DWI¶ sequenz) of the prostate to characterise and differentiate the tumor.

Preliminary remarks:

- Prostate cancer is the second most frequent cancer diagnosis made in men.[1]
- Robotic Radical prostatectomy is becoming the gold standard as a curative treatment.[2]
- The two most common side effects after prostatectomy are urinary incontinence and erectile disfunction.[3]
- To preserve erectile function, nerve sparing-approach is suggested. Preoperative MRI can help to guide the approach.
- To reduce urinary incontinence is fundamental: therefore an accurate preservation of bladder neck, accurate preservation of urethra, posterior reconstruction and adequate anastomosis are important surgical steps.
- Each year around 500 prostatectomies are performed at European Institute of urology (IEO), Quill® is regularly used.

Patient history:

- Asymptomatic 63 years old man.
- No previous history of abdominal surgery.
- Comorbidities: diabetes mellitus type 2, BMI 27.
- PSA: 6,7 ng/ml.
- Digital rectal examination: cT2a.
- 10 mm PI-RADS*: 4 lesions in right part of the prostate.
- ISUP† grade group 2 prostate cancer diagnosed at prostate biopsy in the right part of the prostate.

* PI-RADS: Prostate Imaging Reporting and Data System. † ISUP: International Society of Urological Pathology.
†† ADC: Apparent Diffusion Coefficient. ¶ DWI: Diffusion weighted imaging.

Quill BARBED SUTURE

Case example:

Use of Quill® barbed suture in robot-assisted radical prostatectomy.

Intraoperative images showing treatment of a prostate cancer.

Surgical procedure:

- Primary intervention as robotic: 4 robotic trocars, 2 laparoscopic trocars.
- Access to Retzius space.
- Exposure of the prostate and removal of Retzius fat.
- Incision of anterior neck and then posterior neck.
- Dissection of the seminal vesicles and vas deferens.
- Approach to posterior plan.
- Nerve-sparing approach: Tewari grade I nerve-sparing.
- Prostatic venous plexus detachment.
- Apex dissection and prostate removal.
- Santorini's plexus closure with
  [1] Quill®, VLP-2050, PDO, Violet, 2-0, 15 cm, Taper Point, SH-1 ½ Circle, 22 mm, Uni-Directional.
- Posterior reconstruction between posterior urethra and posterior bladder neck with
  [2] Quill®, VLP-2022, PDO, Violet, 2-0, 15 cm, Taper Point, RB-1 ½ Circle, 17 mm, Uni-Directional.
- Anastomosis between bladder neck and urethra with
  [3] Quill®, RS-1004Q, Monoderm, Violet, 2-0, 16 cm x 16 cm, Taper Point, SH-1 ½ Circle, 22 mm, Bi-Directional.

Conclusion:

- Suture and needle was simple to handle.
- It was easy to close the Santorini's plexus with this kind of needle and barbed suture.
- The use of a self-retaining suture reduced the surgery time.
- The use of Quill® resulted in less traction on the urethra and bladder neck.
- Quill® enabled the complete closure of Santorini's plexus.
- The use of Quill® can be recommended for routine use.

Corza.com 1.877.991.1110 Service@corza.com
Quill® is available through distribution or direct. For procedural videos, follow Corza Medical on YouTube, Vimeo and MedTube.

References:
According to information and estimates from Dr. Stefano Luzzago, Department of Urology, European Institute of Oncology, IRCCS, Milan, Italy.
1. Rawla P. Epidemiology of Prostate Cancer. World J Oncol. 2019. 2. Chopra et al. Robotic radical prostatectomy: The new gold standard. Arab Journal of Urology. 2012.
3. Lim S.K et al, Current status of robot-assisted laparoscopic radical prostatectomy: How does it compare with other surgical approaches? International Journal of Urology. 2013.

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COR 421 R0 10/23

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