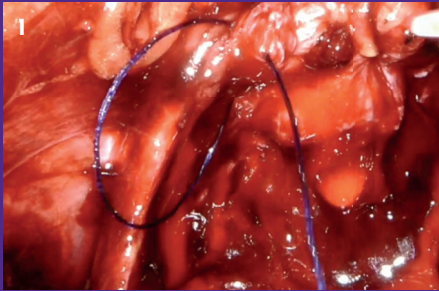
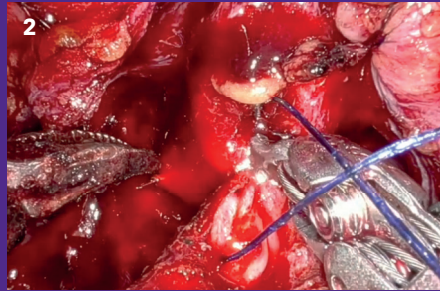


Case example: Use of Quill® barbed suture in robot-assisted radical prostatectomy

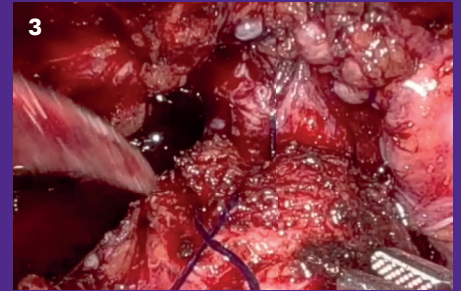
Intraoperative images showing treatment of a prostate cancer.



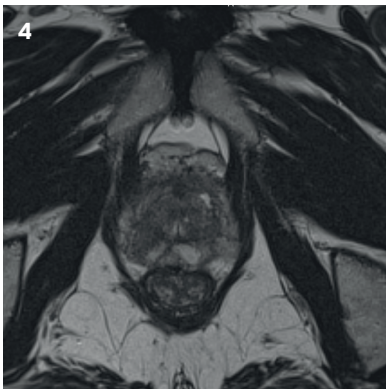
1: Closing of the Santorini's plexus with Quill®, PDO, Violet, 2-0.¹



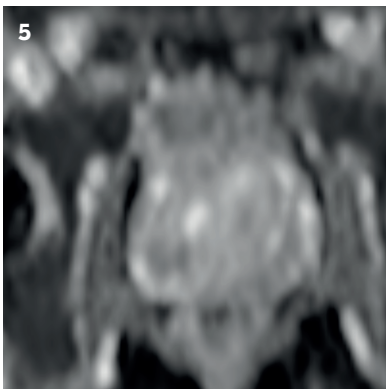
2: Posterior reconstruction between urethra and bladder neck with Quill®, PDO, Violet, 2-0.²



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 dysfunction.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.

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 with¹ 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 with² 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 with³ 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.

Quill® barbed sutures are indicated for soft tissue approximation. Absorbable barbed sutures shall be used where the use of absorbable suture is appropriate and non-absorbable barbed sutures are excluded from closure of the epidermis. Barbed sutures are not intended to be used by tying surgical knots. To avoid small bowel obstruction, care should be taken to not leave barbed suture ends adjacent to the peritoneum in extra-peritoneal tissue closure. As with all surgical sutures, adverse effects may include wound dehiscence, failure to provide adequate wound support, infection, minimal acute inflammatory tissue reaction at the wound site amongst others. For complete indications, contraindications, warnings, precautions, and adverse reactions, refer to the instructions for use (IFU).



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