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Point/Counterpoint of Controversial Topics in Robotic Surgery Editorial Comment

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Editorial Comment

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In this inaugural point/counterpoint of controversial topics in robotic surgery, the authors both make convincing arguments for their preferred approach for robotic prostatectomy. Dr. Crivellaro gives a nice perspective on the evolution of the procedure and makes a cogent argument for advantages of an extraperitoneal (EP) approach and that the single-port (SP) robot can facilitate the EP approach. Dr. Abaza gives a practical response in support of an intraperitoneal (IP) approach. His published outcomes speak for themselves and he is also able to achieve benefits with the SP robot using an IP approach, supporting that surgeon experience and technique are more important than approach. As with many things in surgery, there's usually no absolute right or wrong, but rather what works best for the surgeon to do the best job possible. EP may have theoretical advantages, but surgeons should not feel pressured that they must do an EP approach or use the SP robot in order to provide standard of care. Will availability of the SP robot potentially encourage more surgeons to adopt an EP approach? Perhaps, but this remains to be seen over time. Surgeons may want to consider expanding their skill set to include EP approach and SP so they have more tools in their toolbox in order to adapt to specific clinical situations. On the other hand, surgeons should not feel pressured to adopt an EP approach just because it is new and trendy or because an SP robot is available. Surgeons may prefer approaches that seem more reproducible, familiar, and with a longer track record and may take the approach "If it ain't broke, don't fix it". But surgery and technology continues to evolve, and when technological advances make an approach easier, more surgeons may consider adopting. When learning any new technique, patient selection is key. During my own learning curve for EP robotic prostatectomy using the SP robot, I found it useful to carefully select patients with smaller prostates (<50gm), lower risk disease (no extended lymph node dissection), and lower BMI. But with increasing experience, selection can be broadened. In the end, we use the tools and techniques that work best for us to do our best for our patients. We look forward to providing more point/counterpoint pieces on controversial topics in robotic surgery in the future.