

## Erratum 1

# Experience of 100 Laparoscopic Radical Prostatectomies Performed by a Single Surgeon: An Analysis of Surgical and Functional Outcomes

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Abstracts is error. The abstracts should be corrected as follows.

## Abstracts

**Purpose:** We analyzed the surgical and functional outcomes of 100 consecutive laparoscopic radical prostatectomies (LRP) performed by a single surgeon.

**Materials and Methods:** Between October 2007 and May 2010, a total of 100 consecutive patients underwent LRP for prostate cancer at our institution. We retrospectively reviewed the medical records of these patients to determine surgical and functional results. We compared surgical and functional outcomes between three groups divided on the basis of operation period (Group 1; first 40 cases; Group 2; next 30 cases; Group 3; last 30 cases).

**Results:** The operative time decreased significantly as the surgeon's experience increased over time ( $p < 0.01$ ). The learning curve for operative time was surpassed after approximately 40 cases. The overall positive surgical margin (PSM) rate was 17.5% in Group 1, 16.7% in Group 2, and 10% in Group 3. For organ-confined disease, the PSM rate was 2.5%, 6.7%, and 3.3% in Groups 1, 2, and 3, respectively. The continence rate (absence of a pad) was 73.2% and the social continence rate was 94.7% at 12 months after surgery. There was a significant difference in continence (absence of pad) between the early (Group 1) and late group (Group 3) at 1, 3, and 6 months ( $p < 0.0001$ ). The continence rate was not affected by whether the pubic bone-anchoring procedure or the Rocco suture method was used. The overall potency rate was 16.7% and 48.6% at 6 and 12 months, respectively. For bilateral nerve-sparing cases, the potency rate was 20% and 57.1% at 6 and 12 months, respectively.

**Conclusions:** Our surgical and functional outcomes indicate that even in this 'robotic era', LRP is still an attractive treatment option for patients with localized prostate cancer, especially in areas with limited access to surgical robots.