

Open retropubic prostatectomy versus robot-assisted laparoscopic prostatectomy: A comparison of length of sick leave

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This is the first comparative study to look at length of sick leave and associated costs of paid sick leave following robotic-assisted laparoscopic radical prostatectomy (RALP) versus radical retropubic prostatectomy (RRP). This study shows that patients who underwent RALP required less postoperative hospital stay and needed fewer paid sick days than those who underwent RRP.

Materials and methods

- This cohort study from two institutions in Sweden and Denmark used registry data from 274 consecutive patients (127 RALP and 147 RRP patients) to compare length of sick leave before return to work following RRP and RALP.
- The patient population was restricted to males aged <64 at the time of surgery, enabling 1 year of follow-up.
- Confounding factors including age, prostate-specific antigen (PSA) level, Gleason score, tumor stage. BMI, physical workload and average monthly salary were considered at baseline. Hazard ratio for returning to work, associated with the surgical technique performed, was determined.

Results

- Patients in the RALP group took a median number of 11 sick days compared to 49 days for patients in the RRP group.
- After adjustment for confounders, patients in the RALP group were found to be twice as likely to return to work at any time during the follow-up (hazard ratio=2.13, 95% confidence interval 1.62-2.80).

Clinical data included in the study

	RRP (n=147)	RALP (n=127)
Age (years), mean	58 (42-63)	57.9 (43-64)
PSA (ng/mL), mean	11.7 (0.4-60)	7.7 (0.8-38)
Clinical stage		
T1	57.8%	61.1%
T2+T3 stage	42.8 %	38.9%
BMI, mean	26.9 (19.8-44.9)	25.9 (20.1-34.8)
<25 kg/m ²	26.5 %	37%
25-29 kg/m ²	57.2%	55.9%
≥30 kg/m ²	16.3 %	7.1%
Hospital stay, median	3 (1-9)	1 (1-13)
Paid sick leave, median	49 (0-365)	11 (0-355)

Conclusion

- *"Patients in the RALP group had shorter postoperative hospital stay and less need for paid sick leave than patients in the RRP group. These data indicate that RALP shortens the convalescence. Part of this difference may, however, be attributable to different selection of patients and different a priori expectations among patients and their doctors. A prospective randomized study is advocated, although blinding is unfeasible."*