

appropriate conclusions cannot be drawn from the currently available data and that high-quality randomized studies are needed. It is not an astonishing message, but it is the best we have at the present time with every robotic procedure.

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Editorial Comment on: Systematic Review and Meta-Analysis of Robotic-Assisted versus Conventional Laparoscopic Pyeloplasty for Patients with Ureteropelvic Junction Obstruction: Effect on Operative Time, Length of Hospital Stay, Postoperative Complications, and Success Rate

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The idea behind the application of a minimally invasive technique like laparoscopy or robotic surgery is to achieve the same result with the same safety for the patient with less traumatization when compared with open surgical procedures [1]. Since it was first described by Schuessler et al in 1993, laparoscopic pyeloplasty has emerged as a valid technique to correct ureteropelvic junction obstruction (UPJO), with a success rates of >90% [2].

Laparoscopic pyeloplasty, like robotic pyeloplasty, is a minimally invasive alternative in the treatment of UPJO; after an initial period of development, it actually can duplicate the high success rates achieved with open pyeloplasty, if performed by expert surgeons in centres with laparoscopic expertise [3–5].

The reported study [5] represents a interesting review of the literature concerning the evaluation of peri- and postoperative outcomes following robotic-assisted and conventional laparoscopic pyeloplasty for UPJO. Concerning the operative time, it is difficult to believe that robotic surgery was shorter than laparoscopy, if we consider the time needed to assemble the robot in an operation room. Nevertheless, the use of robotic surgery is currently only for centres with strong financial resources and does not present, as the authors concluded, any important advantages for the patients in comparison with traditional

laparoscopy. The real advantages are for the surgeons who did not have an early laparoscopic experience because it reduces the learning curve and makes it easier to learn this surgical technique.

The reported review did not address cost, which is an essential component of a clinic's choice of robotic surgery or laparoscopy. Because of different financial systems, we have to consider that costs are specific to each country. Perhaps we need other randomized multicenter clinical trials comparing these two methods before embracing one approach over the other [5]. Until then, it would be better to reflect carefully before celebrating the victory of robotic surgery over traditional laparoscopy.

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