Reviewer's report

Title: Transurethral marking incision of the bladder neck: a helpful technique in robot-assisted laparoscopic radical prostatectomy involving post-transurethral resection of the prostate and cancers protruding into the bladder neck

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Reviewer: GIOVANNI BATTISTA DI PIERRO

Reviewer's report:

General comments:
Despite ongoing debate on cost-effectiveness and superiority than other techniques, over the years RARP is become the most employed surgical approach for localized prostate cancer. To date, many studies demonstrate the efficacy of RARP both in referral and low-volume centres and, since complication occurrence is a crucial parameter to evaluate the safety of any surgical procedure, several efforts have been also focussing on minimizing morbidity of RARP.

In the current manuscript, the authors analyze their experience with transurethral marking incision of the bladder neck before robot-assisted laparoscopic radical prostatectomy in 2 patients with previous transurethral resection of the prostate (TUR-P) and prostate cancer protruding into the bladder neck, respectively. The aim of their report was to examine whether this approach could make the procedure easier and minimize complications.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)
1- Bladder neck section is one of the most challenging steps of robot-assisted laparoscopic radical prostatectomy especially at beginning of robotic experience. With increasing case load, surgeons become more and more comfortable with this task. In light of this, it would be interesting whether the authors could specify if these two cases were performed at beginning of their learning curve or later.
2- Why did the authors not resected the solid tumour protruding into the bladder (Case 2) before proceeding to RARP? According to the symptoms and clinical signs, It could be an urothelial carcinomas too.
3- Due to high PSA level in Case 2 (30 ng/mL), how did they perform preoperative staging? Did they use TC and/or bone scan?
4- Given the absence of any symptoms or suspicion of complications, why did they perform a postoperative urethrocystoscopy at 3 months? It
appears an useless procedure.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1- What about length of stay for both patients?
2- Information about follow-up are unfortunately not available. Which length? How?
3- In “Conclusions” section, given the limited experience (just 2 cases!) and the absence of a control group, the sentence “The technique has been proven useful for securing negative surgical margins, safely preserving the ureteral orifices, avoiding increases in the diameter of the bladder neck, and providing a quality vesicourethral anastomosis that prevents the risk of suture-related tissue tears” seems too imperative.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests