urologic procedures and is furthering the applicability of this exciting technology. Hemal and colleagues recently reported the feasibility of robotic intracorporeal or extracorporeal ureteric tapering with ureteroneocystostomy for primary symptomatic obstructive megaureter, ureteroureterostomy for retrocaval ureter, ureteral stump excision and ureterosciatic hernia repair[39,40].

CONCLUSION

Robotic surgery is a significant advance in the realm of urologic surgery esp. for urogenital cancers and for reconstructive procedures. It is associated with ease in dissection, incision and suturing with less steep learning curve in comparison to laparoscopy. It provides all benefits of minimally invasive surgery.

The development of Robotic surgery is slower in Asian countries due to high cost of the robotic system and instruments. Robotic surgery is practiced in few hospitals in Asia. The overall cost of robotic surgery is less in Asian countries in comparison to USA and Europe with similar outcomes. For widespread use of robotic surgery, cost of the robotic system and instruments has to come down to make it affordable for a large Asian population. We hope the cost of the robotics and their instruments will come down to make it affordable for a large population.

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