



Editorial

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From Bench to Bedside, to Hospital: A New Role for the *International Neurourology Journal*

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The Surprisingly Complicated Question of “How to Use After Buying Robot”

To measure the effect of robotic surgery in the hospital setting is a pivotal decision that weighs on almost all modern medical institutions. Few surgical disciplines could be discussed in modern advancement without the implementation of robot assistance. In fact, the discipline of surgery itself now follows a regular continuous update depending on robotic technological update, a clear sign that surgery itself is now inextricably associated with robotic development. As such, adopting robotics into the surgical theatre cannot be disputed as a direction to future surgery.

Despite this, there is a notable sparsity of literature that sufficiently satisfies the medical professionals involved when the discussion of introducing robotics to the hospital setting arises, especially a comprehensive presentation of impact on the overall surgical theatre of a hospital [1-3]. How many robots, for which field, how to distribute resources, whether it will affect laparoscopic surgery and how, whether it can be utilized as an emergency resource and how, whether it can become a burden in terms of surgeon time and allocation of medical resources or is it simply just the next step.

These are important issues, yet mostly the discussion revolves around a disjointed series of estimates designed outside the surgeon's realm, involving economic evaluations or administrative explorations on one hand, while comparing surgical techniques between conventional and robotics by the surgeon on the other.

The effect of introducing a robotic system to the hospital will affect a single surgical procedure in the beginning but can also elicit changes in nonrobotic surgeries through development of skills and additional insights, patient management through shortened stays and specific needs, surgical timing through management of limited resources and delays, et cetera [3-6]. This may not be a decision that could or should be made in a single discipline approach [7].

When we consider how to bridge the decision between the judgement of the hospital administrator who is only provided economic and administrative data, and the needs of the surgeon who compares the act of surgery without clear cut understanding on how this affects the practice, we can identify the gap in knowledge that requires an approach alternate from those previously provided. However, the requirement to fill this gap involves communication of needs across varied tiers of investigation.

From Bench to Bedside, to Hospital

The dissonance of specialties has been in the spotlight for a long time. Many journals are keen to point out how one dogma in one field is a heresy in another. Yet, the dissonance between the wet lab and the hospital shows us another directional layer of blindness we are subjected to but have been less aware, probably because in our minds we have already determined a general operational solution on how to resolve this issue, without considering whether this tactic was effective.



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When we consider the layered transfer of knowledge from the bench to the clinic, and then to the hospital, we vaguely imagine a disjointed connections of abstract associations centered around the clinical and/or academic medical practitioner's personal life experience. On how one aspect of our research transitions into another, we consider neither often nor thoroughly enough on the specifics. Instead, we substitute the vacancy in our knowledge with anecdotal instances of our limited experience, of a brief exposure to a tenure in administration, or a vague extrapolation of what we gleaned off gossip.

The solution to this dissonance is always knowledge. However, with the pace of progress in accumulation of knowledge, it becomes more and more difficult even to fully comprehend different subspecialties within our given field of profession, let alone broader scopes of the operational milieu.

The study by Choo et al. [8] is not a study restricted to a single discipline. Its outcome measures are too broad and teetering on the edge of social science to be easily digested by clinicians accustomed to picking out biases, or to the scientist carefully constructing an experiment. But it is important knowledge, nonetheless, and an important facet of it which both drives and is influenced heavily by the other two approaches.

Role of the *International Neurourology Journal*

The *International Neurourology Journal* has so far maintained its position as a journal catering to both the bench and the clinic, to meld the gap of understanding between neurology and urology, to foster joint investigations and translational research [9].

The potential role presented here in this study shows us a new chapter going forward. One which presents a broader scope than the bench and the clinic. The clinic cannot be blind to what goes on in the bench, but it also cannot ignore what is happening in the hospital.

This journal can serve as a single platform that marries the bench, the clinic, and the hospital, a multidimensional aspect of healthcare. It is not enough to merely facilitate the communications between disparate disciplines. A single platform of communication allows hospital administration to gain insight into translational research, to artificial intelligence research, to joint

discipline research and interpret and utilize the knowledge directly. The same single platform can allow bench side researchers to understand the needs of the patient, understand the direction of medical health care in general, and adapt to the changing needs of the future.

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