

What should you consider before choosing a surgical treatment option?

Overall Health Status: Your health history, family history, current health and the seriousness of any other disease you may have can affect how long you may live and the risks or complications associated with surgery.

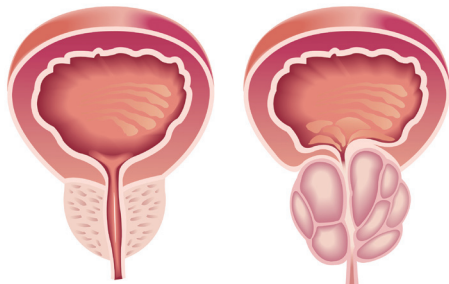
Personal Preferences: Values and preferences vary. Some men want their cancer completely removed. Other men worry about how certain treatments could affect their quality of life. As a result, they may choose a treatment that avoids certain complications.

Cancer Stage and Grade: Cancer stage is an estimation of the size and location of the cancer. This shows how far the cancer has already spread. The grade indicates the aggressiveness of the cancer; that is, how quickly it may grow and spread beyond the prostate.

Life Expectancy: How long you may expect to live, rather than age, is important in choosing a treatment option. When life expectancy is longer, localized prostate cancer may cause illness and death before other diseases. Men with shorter life expectancies are often affected by other diseases before their localized prostate cancer affects their health.

Who is a good candidate for radical prostatectomy surgery?

Prostate surgery is best if you have prostate cancer confined to the prostate, and in select cases where it has begun to spread outside of the prostate and may be in the seminal vesicles. Prostate cancer surgery is usually for those who are healthy enough to tolerate a major operation and have a 10-year or more life expectancy. Life expectancy is assessed by both age and health.



Normal prostate

Prostatic hypertrophy

For more information about the Surgical Management of Prostate Cancer and other urological conditions, please visit the AUA Foundation's website, www.UrologyHealth.org or call the Urology Health Line at 1-800-828-7866. The purpose of this document is to encourage a discussion between the patient and their healthcare provider. This was developed by the AUA Foundation and based on current medical and scientific knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please see your urologist or other healthcare provider regarding any health concerns and always consult a healthcare professional before you start or stop any treatments including medications.

The AUA Foundation is the world's leading nonprofit urological health foundation – and the official foundation for the American Urological Association – partnering with physicians, researchers, healthcare professionals, patients, caregivers, families and the public to support and improve the prevention, detection and treatment of urological disease. The AUA Foundation relies on contributions to make publications and information such as this available to everyone, including those without access to online resources. Please go to www.urologyhealth.org today to make an online donation to help us continue to make this information available and accessible to all. Thank you!

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WHAT YOU SHOULD KNOW ABOUT

Surgical Management of Prostate Cancer

PROSTATE CANCER SERIES



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What are the types of surgical treatments for prostate cancer?

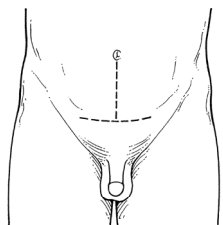
Radical prostatectomy is the removal of the entire prostate, the seminal vesicles, the tissue immediately surrounding the prostate, and some of the associated pelvic lymph nodes. Prostate cancer can be scattered throughout the prostate gland in an unpredictable way. The entire prostate must be removed to ensure that cancer cells are not left behind to continue to grow. Surgical options include the following:

- Open Radical Prostatectomy
 - Retropubic Prostatectomy
 - Perineal Prostatectomy
- Robotic-Assisted Prostatectomy
- Laparoscopic Prostatectomy

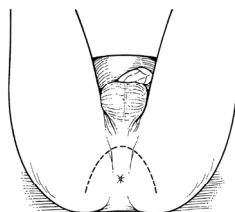
What is Open Radical Prostatectomy?

There are two types of radical prostatectomies:

- Retropubic Open Radical Prostatectomy is when the surgeon makes an incision through the lower abdomen that is about four inches in length. The prostate gland and the lymph nodes can be removed at the same time (generally with limited blood loss and preservation of the neurovascular bundles, which are responsible for maintaining erectile function). The surgeon is also better able to cut the tissue to remove all of the cancer.
- Perineal Open Radical Prostatectomy is when the surgeon removes the prostate through an incision between the anus and the scrotum. This approach requires less time in surgery, and your recovery time may be faster. Bleeding is uncommon and because there is a smaller incision, there is generally less pain. However, the pelvic lymph nodes cannot be removed through the same incision, and this approach makes nerve-sparing difficult.



Retropubic Approach



Perineal Approach

What is Robotic-Assisted Surgery?

With recent advances in minimally invasive surgery and robotic technology, the prostate gland can be removed through several 1 to 2-inch incisions in the patient's abdomen. A surgeon operates a surgical robotic system—a device that holds surgical instruments and a camera to see inside the abdomen and remove the prostate gland through small incisions.

Advantages of this procedure are less pain, reduced blood loss and faster recovery time due to the smaller incisions. Nerve sparing is possible so sexual function is retained.

The technology may not be found in every medical center. The most important factors in the success of the surgery are likely to be the skill and experience of your surgeon.

What is Laparoscopic Prostatectomy?

Laparoscopic surgery is a form of minimally-invasive surgery. The surgeon will make six 1-inch incisions, with one being slightly larger in order to extract the prostate gland from the abdomen. Through these small incisions, surgical instruments, including a camera, are inserted. The camera allows the surgeon to view inside the abdomen to perform the surgery and remove the prostate.

Laparoscopic surgery is less traumatic on patients because of the small incisions and may result in less pain and scarring, and your recovery time may be quicker. Nerve-sparing is possible with this approach and you may regain sexual function in a shorter period of time. However, you could also experience a longer period of bladder-control problems.

What are some short-term and long-term effects of surgery?

You should consult with your doctor about how your surgical treatment choice will affect you in the short-term and long-term. Surgery requires anesthesia, and you may be in the hospital for one to three days and sent home with a catheter. This will be removed by your physician during your post-operative visit, which can be anywhere from one to two weeks after surgery. Bleeding is the most common complication of surgery and is due to injury of blood vessels during the operation. Less common complications may include bladder neck contracture (scar tissue that narrows the bladder neck and causes a weak urinary stream), blood clots, or damage to the rectum or ureters.

Long-term complications after surgery may include urinary incontinence and erectile dysfunction. If the cancer has already spread, then removing the prostate may not cure your cancer and additional treatments may be needed.

The main benefit of surgery is the removal of the entire prostate gland and your cancer. However, it's very important when choosing a surgical option to have an open conversation with your surgical and treatment team, which includes all physicians and family who will be a part of your recovery.

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