

What is Radical Prostatectomy (Surgery) for Prostate Cancer?

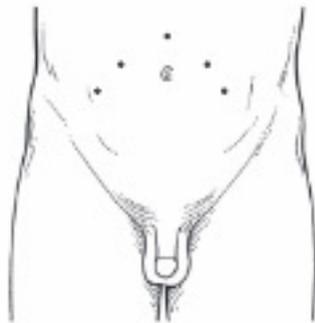
Radical prostatectomy is surgical removal of the prostate gland and the seminal vesicles (little organs attached to the prostate which make semen). The goal of prostate removal is to cure a man of prostate cancer by removing the diseased organ from his body. It is a validated, safe treatment option with high cure rates and high patient satisfaction reports.

You will need general anesthesia and a short hospital stay (usually one night).

As with all surgery, there is risk for bleeding, infection and pain in the short term. Erectile dysfunction and urinary incontinence may also be of concern. In general, smoking, older age, diabetes and obesity increase risks for these problems.

Robotic Assisted Laparoscopic Radical Prostatectomy (RALP)

Robotic Assisted Laparoscopic Radical Prostatectomy (RALP) is the most common type of prostate surgery today. The surgeon is assisted with a robotic system that holds and guides the laparoscopic surgical tools and camera. It also allows the prostate to be removed through tiny ports placed in your belly. There is also less blood loss with robotic surgery than other methods. The operation usually lasts four hours.



**Laparoscopic and
Robotic-Assisted
Incision**

*Incisions (cuts) made for
laparoscopic
and robotic-assisted prostatectomy*

What to Expect After the Prostate is Removed

After the prostate has been removed, the urinary tract and the bladder are reconstructed and reconnected. A catheter is passed through the urethra into the bladder to drain the urine while the new connections heal. The catheter usually will stay in place for 10-14 days. One suction drain is also left in the pelvic cavity after surgery and brought through the lower belly to drain fluid from the wound. This is to lower the risk of infection. The drain is removed before you are discharged from the hospital.

After surgery, your surgeon will review the final pathology report. This is usually done in 10-14 days although some pathology reports may take longer. Together you and your surgeon will make plans for next steps. Depending on the final pathology, your surgeon may recommend sending a genetic test on the specimen or radiation therapy to the pelvis. Often times, nothing needs to be done and your PSA will be monitored for surveillance.

What Are The Benefits, Risks and Side Effects of Surgery?

The main benefit of a radical prostatectomy is the prostate with cancer is removed. This is true as long as the cancer hasn't spread outside the prostate. Surgery also helps the healthcare provider know if you need more treatment.

The goal of surgery is to get a PSA value of less than 0.1 ng/mL for 10 years. Surgery is often a good choice if prostate cancer has not spread beyond the prostate because it offers a chance for cure as well as peace of mind the disease is out of the body.

Surgery always comes with risks. Some complications from surgery can happen early and some later. Bleeding or infection can happen with any major operation, so you will be monitored to prevent or manage these problems. Some men may not be surgical candidates depending on pre-existing medical conditions and previous surgeries. Your surgeon will discuss this with you if that is the case.

Not everyone has the same side effects for the same amount of time. With surgery (and with radiation therapy), there are two main side effects to consider: **erectile dysfunction (ED)** and **urinary incontinence** (a loss of urine control). For some men, surgery can relieve pre-existing urinary

obstruction. Most men have to find ways to manage these side effects over time, whether with physical therapy, medications or small surgical corrective procedures.

Erectile Dysfunction and Sexual Desire

All men have some form of erectile dysfunction after prostate surgery. Erectile dysfunction is the inability of a man to have an erection long enough for satisfying sexual activity. Nerves involved in the erection process surround the prostate gland, and they can be affected by surgery. They can also be affected by radiation treatment however. The causes of ED are due to damage to the nerve bundles that control blood flow to the penis. The length of time ED lasts after treatment depends on many things. Some functions may take up to one year to recover. In the meantime, your doctor may have ED treatment options for you. If it's possible, nerve-sparing surgery may help prevent long-term damage. Older men have a higher chance of permanent ED after this surgery.

It may surprise you to know that men are still able to have an orgasm (climax), even after a radical prostatectomy. An erection is not needed to climax. There will be very little, if any, fluid with an orgasm. In addition, you can no longer cause a pregnancy after surgery. This is because the prostate, seminal vesicles, and connections to the testicle were removed and the vas deferens was divided during surgery.. Planning for fertility preservation in advance of surgery is an option for men who want to have children. Read our Fertility Preservation fact sheet to learn more on this.

It is important to know that sexual desire is not lost with this surgery or radiation treatment. The exception to this is if hormones are also given as part of treatment, (usually given temporarily with radiation therapy).

Most men with good erections will recover their erections within 6-12 months after surgery.

Your surgeon may begin an aggressive “penile rehabilitation” program after surgery to help restore your erections. This may include a daily low-dose phosphodiesterase inhibitor (ie, Viagra or Cialis), vacuum erection device (penis pump), low-intensity shockwave therapy to the penis or other medications.

Incontinence

Incontinence is the inability to control your urine. After prostate cancer surgery, you may experience one or more type of Incontinence.

Stress Incontinence - is urine leakage when coughing, laughing, sneezing or exercising. It is the most common type of urine control problem after radical prostatectomy.

Overactive Bladder (Urge Incontinence) - is the sudden need to go to the bathroom even when the bladder is not full because the bladder is overly sensitive. This type of incontinence is the most common form after radiation treatment.

Mixed Incontinence - is a combination of stress and urge incontinence with symptoms from both types.

Continuous Incontinence - is the inability to control urine at any time. It is not very common.

Because incontinence may affect your physical and emotional recovery, it is important to understand your treatment options.

Your surgeon will recommend an aggressive regimen of pelvic floor physical exercises to strengthen your pelvic muscles, which support the urethra and help restore urinary continence. Over the course of 6-12 months, most men are continent after radical prostatectomy.

Secondary Therapies

Your surgeon may recommend additional therapies after you have healed from surgery, including genetic testing of the prostate specimen, radiation therapy or hormone injections. This all depends on what is found in the prostate after removal. Occasionally the cancer is worse than what was found on initial biopsy or there is evidence the cancer has tried to spread beyond the prostate. Genetic testing means the prostate specimen's genes are evaluated for "aggressive" features. It may help guide whether any secondary therapies need to be performed. Radiation therapy after prostatectomy is usually reserved for special cases where the disease is more advanced. This may be used in combination with hormone injections to lower a man's testosterone, which slows the cancer's activity.