



WHAT YOU SHOULD KNOW ABOUT Surgery for Prostate Cancer

Urology Care
FOUNDATION™
*The Official Foundation of the
American Urological Association*

WHAT TYPES OF SURGERY ARE AVAILABLE?

A radical Prostatectomy is often your surgical choice for prostate cancer. There are several ways radical prostatectomy surgery can be done. All have similar hospital stays and recovery times. Surgery for prostate cancer involves removing the prostate gland, surrounding tissue and a few lymph nodes. The entire prostate gland must be removed to make sure cancer cells aren't left behind. This procedure is called a radical prostatectomy or "RP."

ROBOTIC-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY

Your surgeon uses a robotic system (a mechanical device) that holds the surgical tools and a camera. The prostate gland is removed through several 1- or 2-inch incisions in your belly. The success of this surgery is dependent upon how experienced your surgeon is. The more surgeries your doctor has done, the better he/she will be at performing this procedure.

LAPAROSCOPIC RADICAL PROSTATECTOMY

Your surgeon will make six 1-inch incisions in your belly. Surgical tools and a small video camera fit through the incisions to remove the prostate.

RETROPUBIC OPEN RADICAL PROSTATECTOMY

Your surgeon will make a cut (incision) in your lower belly and remove the prostate through this opening. This type of surgery allows your physician to access the prostate gland and surrounding tissue at the same time, while reducing injury to other nearby organs.

WHAT CAN I EXPECT AFTER SURGERY?

You can expect to stay in the hospital for 1 to 3 days after surgery. You will be sent home with a catheter. This will be removed by your doctor at your first office visit, usually 1 to 2 weeks after surgery. If the cancer was confined to the prostate, your doctor will perform a screening test to check your prostate-specific antigen (PSA) level every 6 to 12 months. If the cancer has spread, your doctor may recommend additional therapy, such as radiation therapy and/or hormone therapy.

WHEN IS SURGERY THE BEST TREATMENT?

The decision of whether to have surgery can be difficult. Talk with your doctors and your family as you consider what treatment is best for you. It is important to consider the following:

- **Your cancer stage and grade.** Surgery is best for stages T1 or T2 prostate cancer (cancer confined to the prostate) and sometimes stage T3 prostate cancer (cancer spread outside the prostate).
- **Your overall health and age.** Surgery is offered to men healthy enough to handle a major operation and likely to live 10 years or more.
- **Your personal wishes.** Some men want their cancer completely removed. Others worry about how side effects from their treatment could affect their quality of life.

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WHAT ARE MY CHANCES OF BEING CURED WITH SURGERY?

If your cancer is confined to the prostate, the chance of cure with surgery alone at 10 years is more than 90 percent.

WHAT ARE THE SIDE EFFECTS OF SURGERY?

How serious your side effects may be is based on your age and health, and the type of surgery you select. But you may deal with:

- **Erection problems (impotence or erectile dysfunction).** Erections recover over the course of 24 months or longer and are, for some men, less rigid and durable. If problems continue, medications, devices or surgery can help. Your doctor may also prescribe medications and devices during recovery to help bring back erection function.
- **Bladder problems (incontinence).** Trouble controlling your urine is often temporary, but can last 6 to 12 months. You could also develop bladder irritation or infection, urine leakage and blockage of the urine flow. Physical therapy can improve bladder control.
- **Changes in penis shape.** There is a risk of developing a curve to your penis or a slight shortening of the length of your penis.
- **Bleeding.** You may be asked to donate your own blood before surgery or receive a hormone to boost your blood count.
- **Blood clots in the leg or pelvic veins.** This occurs in a very small group of patients.
- **Changes in orgasm.** You may find that there is very little (if any) ejaculate after surgery, and orgasms may be less intense. Orgasm intensity may increase over time.
- **Infertility.** After surgery, you can no longer father a child through sexual intercourse. If this is a concern, talk with your doctor about other options, like artificial insemination.

ABOUT THE UROLOGY CARE FOUNDATION

The Urology Care Foundation is the world's leading urologic foundation – and the official foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make health changes. Our information is based on the American Urological Association resources and is reviewed by medical experts.

To learn more, visit the Urology Care Foundation's website, UrologyHealth.org/UrologicConditions or go to UrologyHealth.org/FindAUrologist to find a doctor near you.

DISCLAIMER

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 talk to your urologists or health care provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications.

For copies of printed materials about Prostate Cancer and other urologic conditions, visit UrologyHealth.org/Order or call 800-828-7866.

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