

Surgical Considerations

While surgery has traditionally been considered the “gold standard” for curative therapy of prostate cancer, it has to be noted that in over 30% of cases the cancer will return. It is of critical importance that you determine whether the cancer is confined within the prostatic capsule or not. To maximize the potential for successful surgery, the cancer should be totally confined.

The following questions should be asked before you decide on a surgical approach:

Are you certain that my cancer is confined to the capsule? Should other diagnostic tests be done to be certain, e.g. endo-rectal MRI, etc.?

Which technique do you recommend:

- Radical prostatectomy
- Nerve sparing prostatectomy
- Laparoscopic radical prostatectomy (with a robotic assist?)
- Cryosurgery

What specific training and experience do you have with the procedure you're recommending?

How many of these have you done and how many do you perform each week?

I still want to have children; do you provide a way for me to bank my sperm?

How will this procedure affect my ability to have sex? What is the risk for sexual dysfunction based on your experience with cases like mine?

What is the risk for urinary incontinence after this procedure? How long will it last after the surgery? How many of your other patients have become incontinent after the surgery?

If I have either of the above problems, what will be done?

With cryosurgery is it possible to have the procedure more than once? Under what conditions?

Will there be significant blood loss during the procedure?

How long will I be in the hospital? What is the anticipated recovery time before I can return to work and other normal activities?

How often will my PSA need to be checked after the procedure? What will be the normal level after surgery?

What happens if my PSA starts to go up?

