

# WHAT YOU SHOULD KNOW ABOUT SURGERY FOR PROSTATE CANCER

**Know Your Stats**

About Prostate Cancer®

## WHAT ARE THE TYPES OF SURGERY FOR PROSTATE CANCER?

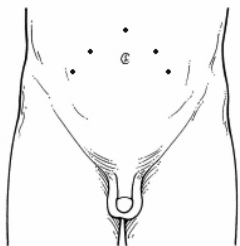
Surgery for prostate cancer most often involves removing the prostate gland, seminal vesicles and nearby tissue. The lymph nodes that drain from the prostate in the pelvis may also be removed. This method is called a "radical prostatectomy"

There are four types of Radical Prostatectomy surgeries, and they all call for a short hospital stay:

### Robotic Assisted Laparoscopic Radical Prostatectomy (RALP)

Robotic Assisted Laparoscopic Radical Prostatectomy (RALP) is the most common type of prostate surgery today. The surgeon is aided 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 the belly. As with most surgery, the success of this surgery depends on how skilled your surgeon is. The more surgeries your doctor has done, the better he/she will be.

### Laparoscopic Radical Prostatectomy

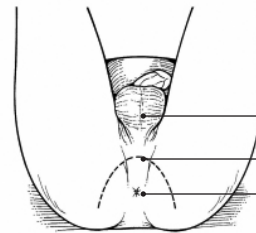


**Laparoscopic and Robotic-Assisted Incision**

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

Offered less often, this surgery uses small cuts in the belly to remove the prostate with small tools and a camera. This surgery has mostly been replaced with RALP.

### Open Radical Prostatectomy - Perineal

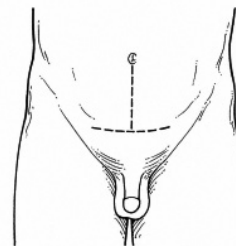


**Perineal Incision**

Scrotum  
Incision for RP  
Anus

With a perineal radical prostatectomy, the prostate is removed through a cut between the anus and scrotum. Because pelvic veins are avoided using this method, bleeding is rare.

### Open Radical Prostatectomy - Retropubic



**Retropubic Incision**

For this method, your surgeon will make a cut (incision) in your lower belly and remove the prostate through this opening. The whole prostate gland is removed. Your surgeon can get to the prostate gland and nearby tissue at the same time, while reducing injury to nearby organs.

## WHO IS A GOOD CANDIDATE FOR PROSTATE SURGERY?

Surgery is a good choice for men with prostate cancer who are healthy enough to handle major surgery, with at least 10 more years to live. It is best for men whose cancer is contained within the prostate, or just outside the prostate.

[www.KnowYourStats.org](http://www.KnowYourStats.org)



Facebook.com/KnowYourStats



@KnowYourStats

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



# WHAT YOU SHOULD KNOW ABOUT SURGERY FOR PROSTATE CANCER

**Know Your Stats**

About Prostate Cancer®

Surgery is a personal choice. Some men want their cancer fully removed. Others strongly think over how side effects from surgery will change their quality of life.

## WHAT ARE THE SIDE EFFECTS OF SURGERY?

The possible side effects from prostate cancer surgery are based on men's age, health and the type of surgery chosen.

Almost all men have brief erectile dysfunction and urinary incontinence (loss of urine control) after surgery. Most men have to find ways to handle these side effects until they heal.

- **Erectile Dysfunction (ED).** ED occurs when nerves or blood vessels near the prostate are harmed. This makes it difficult to keep an erection long enough for sex. If surgery causes ED, erectile function can return (unless both nerves were destroyed). The normal time for healing is between 4 and 24 months. Men under age 60 have a better chance of regaining erections. If problems carry on, there are medicines and devices to treat ED. Even with no erection, or a weak erection, men can orgasm.
- **Bladder Problems (incontinence).** Trouble controlling your urine after surgery is often brief. Still, it can last for 6 to 12 months. Stress urinary incontinence (SUI) is when leaks happen with pressure, like from coughing, laughing or exercise. Urge incontinence (known as OAB) is the sudden need to go to the bathroom. You could also have bladder irritation, an infection or a blockage. You may need to wear a pad for a few weeks to months. Physical therapy to learn Kegel exercises can often help bladder control. If problems continue, there are health changes, medicines and surgical choices to help.
- **Bleeding.** Surgery could cause enough blood loss to call for a transfusion. You may be asked to give your

own blood before surgery. Sometimes a hormone will be given to boost your blood counts.

- **Changes in Orgasm.** You may find that there is very little (if any) ejaculate after surgery, and orgasms may be less strong. Orgasm strength can grow over time.
- **Infertility.** After surgery, men lose the ability to father a child through sexual intercourse. If this is a concern, talk with your doctor about choices, like artificial insemination.
- **Changes in Penis Shape.** There is a risk of getting a curve to your penis after prostate surgery. There may also be a slight shortening of the length of your penis.

## AFTER TREATMENT CONSIDERATIONS

After the prostate has been removed, the urinary tract and the bladder are rebuilt. Then a catheter is used to drain urine out from the bladder while the new connections heal. Your catheter will often stay in for about one week after surgery.

After surgery, your surgeon will review final reports with you. Together, you will make plans for next steps.

[www.KnowYourStats.org](http://www.KnowYourStats.org)



Facebook.com/KnowYourStats



@KnowYourStats

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

