

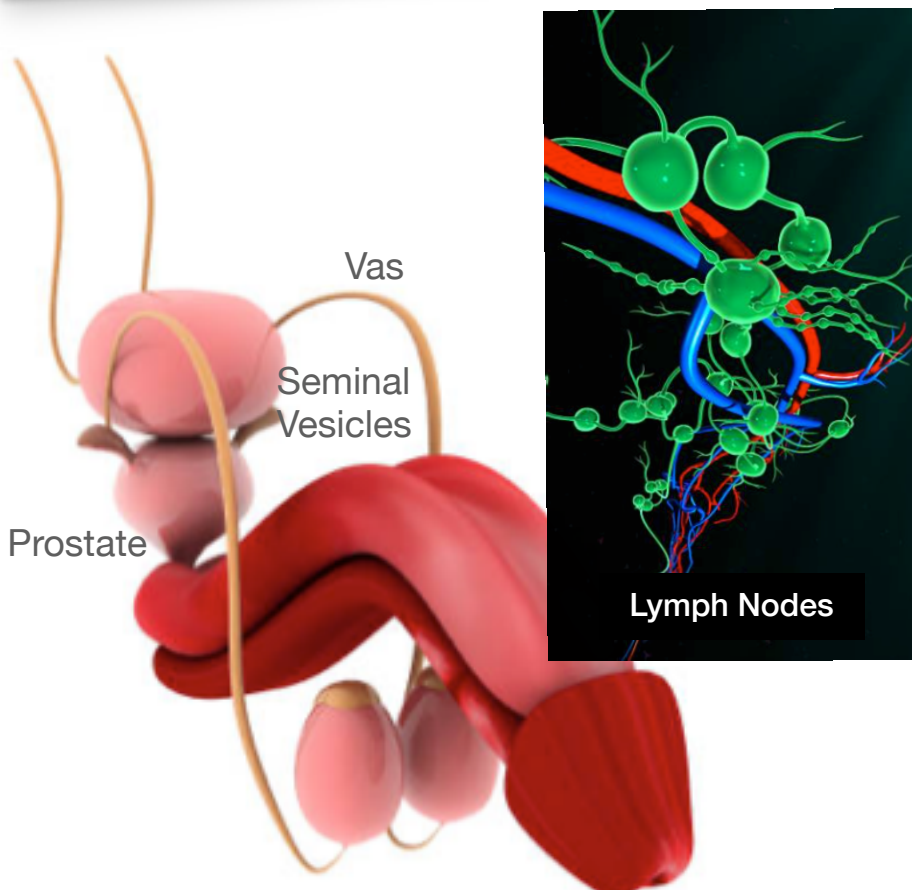
Surgery for Prostate Cancer

Prostate health is important for all men. Winning the battle against prostate diseases involves a team approach. Your urologist can be a solid head coach leading the way. Other healthcare providers, your family and your friends make up the team to put you on the path to victory.

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. Do select Radiotherapy With Curative Dose

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.
- Men whose cancer is contained within the prostate, or just outside the prostate.



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**”

If your cancer is confined to the prostate, then your cure rate is more than 90% with surgery.

Radical prostatectomy allows the doctor to learn about the cancer and how to manage it. If it is confined to the prostate, the cancer can be fully removed.

On the other hand, a surgery comes with risks and side effects. Incontinence of Urine ,Bleeding or infection can happen, so care will be taken to prevent or help these problems.

There are three primary 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.



[Robotic Radical Prostatectomy](#)

Laparoscopic Radical 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.

Retropubic Open Radical Prostatectomy

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

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 find ways to handle these side effects until they heal.

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.

Erectile Dysfunction (ED).

ED occurs when nerves or blood vessels near the prostate are Involved Cancer or harmed during surgery.

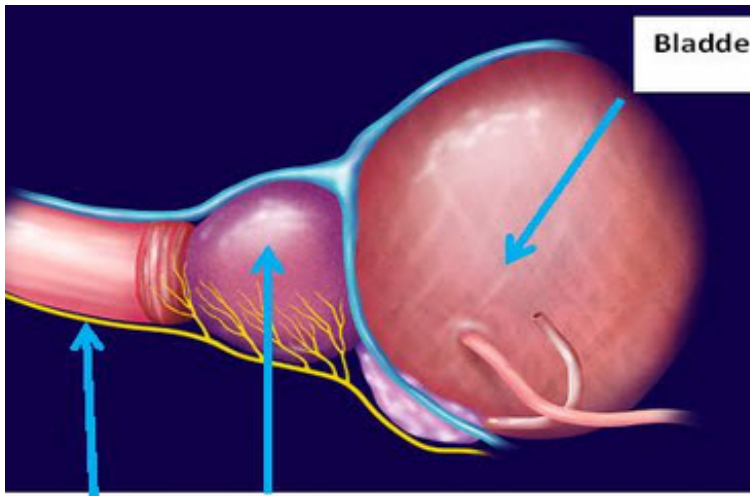
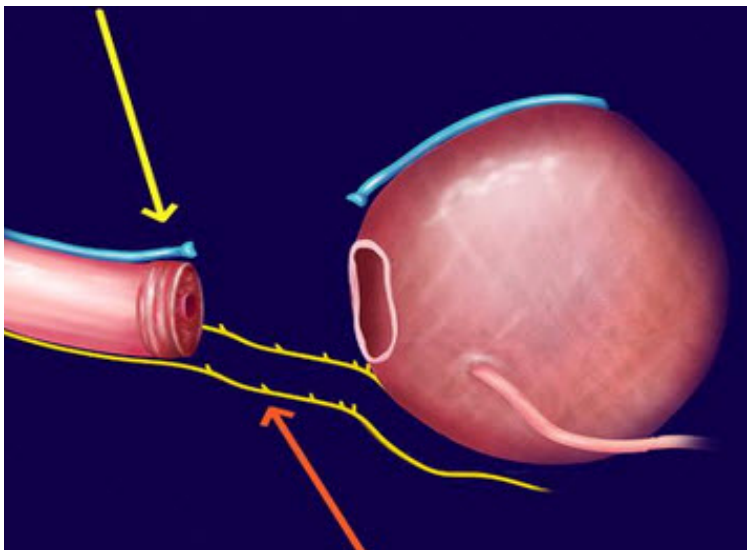
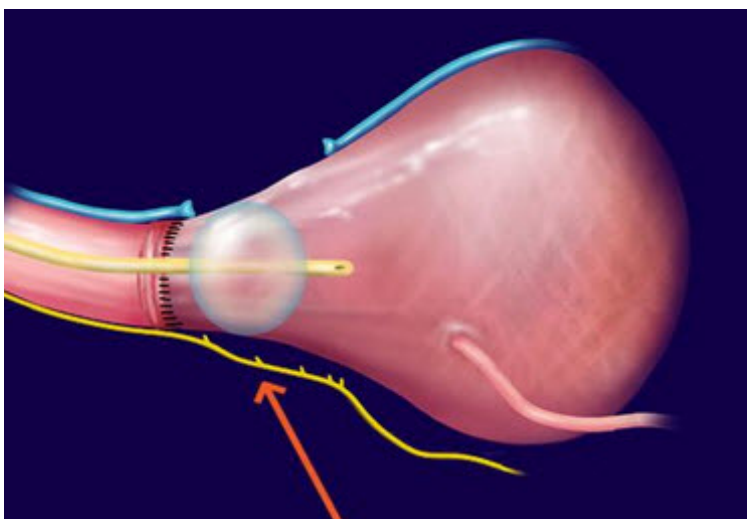


Diagram: Prostate has intricate relations with the Nerves related to internal genital organs. These are responsible for Erection. Delicate dissection in Robotic Assisted Prostatectomy reduces the chances of Impotency Post operatively

This makes it difficult to keep an erection long enough for sex. If surgery causes ED, erectile function can return (unless both nerves were harmed).



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 reach orgasm.

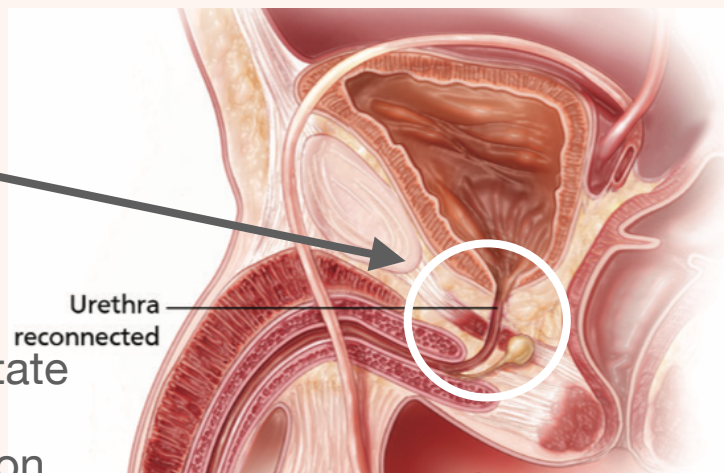


Bladder Problems (incontinence).

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. Treated with Medications or Endoscopically

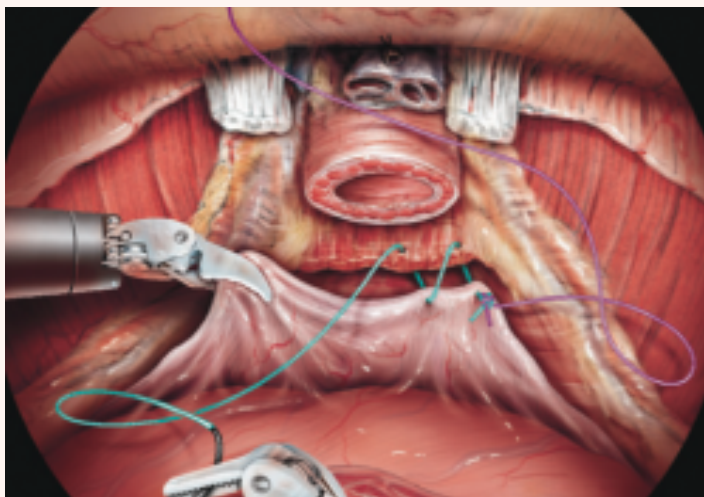
You may need to wear a pad for a few weeks to months. Physical therapy to learn Kegel exercises can often help bladder control. If problems continue, there are health changes, medicines and surgical choices to help.



After Removal of Prostate

Incontinence is common

Rocco Repair - To Support the Junction



Creating A Sling Support To Urethra