

MEditorial August 2010

"I Performed a Radical Prostatectomy Yesterday"

I performed a radical prostatectomy yesterday. This was to treat and hopefully cure a man with seemingly localized prostate cancer. In past years, this would not be a reason for citation or boast. I used to do three or more of these a month. However, given the fact I still do this operation "open" as opposed to robotically, the number of these cases, for me, have become somewhat lower.

By the way, the surgery, done through a 4 inch incision, went terrifically, and took under 2 hours. The anatomical dissection was clean and relatively blood-free; and based on the conduct of the surgery; I anticipate a full recovery, maintenance of bladder control and erections, and cancer cure. The patient could almost go home today-- but he needs a bit more time in the hospital, so tomorrow is more likely. He is pleased.

Over a month ago, I had the chance to discuss the issue of open versus robotic radical prostatectomy with my former, soon-to-retire Chief of Urology (from my residency days). He was quite honest in begrudging the slick "jump quickly on the bandwagon" marketeering of the robot for this use; and the innumerable false claims of its superiority over traditional open technique. He cited some studies pointing to a higher positive margin rate for cancer in robotic cases (more so when the "neophyte" robotic surgeon has an insufficient number of cases under his belt); as well as the drain on time, money, and resources imposed by the newer technique. Some have estimated the actual cost of this surgery to be 2-3 times as high as open radical prostatectomy. The amount of equipment needed is astounding (a large operating room can barely accommodate all that is needed), and the expense of limited reusable instruments significant. Who will actually be paying for this excess in the brave new world of universally accessible health care?

Some surgeons take greater than one hour just setting up the da Vinci robot and "docking" it to the laparoscopic sites; the technically astute "open" urologist almost has the prostate out within that time.

There are certain poorly understood issues related to robotic prostatectomy including the long-term effects on the abdominal (peritoneal) cavity of transgressing it with laparoscopic instruments for what is essentially a deep pelvic operation, as well as prolonged overdistending the cavity with carbon dioxide gas. Also, some question whether it could be injurious, for example, to the brain, to keep a man for the 3-4 hour duration of a robotic prostatectomy in a steep "Trendelenburg" position to gain better access though the pelvic organs (this means that the operating table is severely tilted so the head is close to the floor and feet high toward the ceiling). "Venous congestion" of the brain may not manifest itself in short-term morbidity, but what about long term effects, e.g. on cognitive function? Look at the degree of facial swelling of most men after the robotic prostatectomy. Roboticists would say there is no problem, but how does anyone really know?

The bottom line is: studies really do NOT demonstrate superiority of robotic prostatectomy over open technique either in cancer control or long-term potency and continence rates. Although I myself picked up an MBA during my educational journey, I am nothing for marketing when compared to those who seem to easily "sell" patients (including many I personally have diagnosed) on da Vinci prostatectomy. Claims about less pain and quicker recovery (e.g., to return to work) with the robotic technique may statistically have some truth; however, the (usually quite modest) pain after surgery is common to both types of radical prostatectomy and far more related to intolerance of the necessary indwelling urinary catheter as opposed to the difference between one 4 inch incision and five one-half to three-quarter inch puncture incisions.

When I am asked how I want my prostate removed "if and when" the day comes, my answer is "by a competent surgeon who I know to have good judgment and refined technique in the operating room-- and if this turns out to be an 'open' surgeon, I would have absolutely no qualms".

As stated before in many of my writings: "buyer (medical consumer) beware": choose a good surgeon and he will get you through the process using the technique he does well and feels is best for your case.

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