**Urologic Surgery**

When medication and other non-surgical treatments are either unavailable or cannot relieve symptoms, surgery is the accepted treatment for a broad range of conditions that affect the male reproductive organs and the organs of the urinary tract. These conditions include, but are not limited to, prostate cancer, ureteropelvic junction (UPJ) obstruction, bladder and kidney cancer and vesicoureteral reflux.

Facing any kind of urologic surgery creates a great deal of anxiety for most men. Among your concerns is: “Will my body function normally following surgery?” Traditional open urologic surgery – in which large incisions are made to access the pelvic organs – has been the standard approach when surgery is warranted. Yet common drawbacks of this procedure include significant post-surgical pain, a lengthy recovery and an unpredictable, potentially long-term impact on continence and sexual function.

Fortunately, less invasive surgical options are available to many patients facing urologic surgery. The most common of these is laparoscopy, which uses small incisions. While laparoscopy can be very effective for many routine procedures, limitations of this technology prevent its use for more complex urologic surgeries.

A new category of surgery, introduced with the development of the *da Vinci* Surgical System, is being used by an increasing number of surgeons worldwide for prostatectomy and other urologic procedures. This minimally invasive approach, utilizing the latest in surgical and robotics technologies, is ideal for delicate urologic surgery. This includes prostatectomy, in which the target site is not only tightly confined but also surrounded by nerves affecting urinary control and sexual function. Using *da Vinci*, your surgeon has a better tool to spare surrounding nerves, which may enhance both your recovery experience and clinical outcomes.

**Prostate Cancer & Treatment**

The prostate is a male reproductive gland that produces a fluid found in semen. Located below the bladder and in front of the rectum, the prostate surrounds the urethra — the tube that empties urine from the bladder.

Prostate cancer affects the prostate gland and may spread to surrounding structures. While most men with prostate cancer have no symptoms, physician can find prostate cancer during a regular checkup, using a combination of a blood test called a PSA and a digital rectal exam (DRE).
Nearly one in six American men will be diagnosed with prostate cancer during his lifetime.\(^1\) With greater awareness, prostate cancer detection is on the rise and mortality is declining. Moreover, better treatments are allowing more men to return to active and productive lives after treatment.

**Treatment Options**

If you have an early diagnosis of prostate cancer, there is usually a range of treatment options. These may include conservative management, radiation therapy with either external beam or brachytherapy therapy, cryosurgery and prostatectomy – surgical removal of the prostate. Your treatment options will depend on a number of factors, including the stage of the disease, your age and health or personal preference.

To find out more about Prostate Cancer and the da Vinci surgical robot, [click here](#) to see Dr. Hugh Solomon in a recent WDIV Good Health Segment.

Learn more about da Vinci at [www.davincisurgery.com](http://www.davincisurgery.com).

**Prostatectomy**

The gold standard treatment option for men under 70 with early-stage, organ-confined cancer is surgical removal of the prostate using nerve-sparing radical prostatectomy. Prostatectomy is also the most widely used treatment for prostate cancer today in the US.\(^1\)

The primary goal of prostatectomy is removal of the cancer. A secondary goal is to preserve urinary function and -- when applicable -- erectile function. Preservation of the nerves necessary for erections can be an extremely important goal for patients. These nerves run alongside the prostate and are often damaged when removing the prostate. A nerve-sparing prostatectomy attempts to preserve these nerves so that the patient may be able to return to his prior erectile function.
Types of Prostatectomy

Approaches to this procedure include traditional open surgery, conventional laparoscopic surgery or *da Vinci®* Prostatectomy, which is a robot-assisted laparoscopic surgery.

With a traditional open procedure, your surgeon uses an 8-10 inch incision to access the prostate. This approach often results in substantial blood loss, a lengthy, uncomfortable recovery and a risk of impotence and incontinence.

Conventional laparoscopy uses a specialized surgical camera and rigid instruments to access and remove the prostate using a series of small incisions. This approach provides your surgeon with better visualization than an open approach. In addition, it provides patients the benefits of a minimally invasive procedure.

Despite these advantages, conventional laparoscopy relies on rigid instruments and standard 2D video, technical limitations that can be challenging for the surgeon. Because of these drawbacks, conventional laparoscopy doesn’t lend itself well to complex procedures like prostatectomy. Therefore, very few urologists use this approach for prostatectomy. Moreover, neither laparoscopy nor open surgery can provide adequate visualization for a very precise, nerve-sparing prostatectomy.

Prostatectomy (dVP)

Referred to by many as robotic surgery for prostate cancer or robotic prostatectomy, *da Vinci®* Prostatectomy is more accurately a robot-assisted, minimally invasive surgery that is quickly becoming the preferred treatment for removal of the prostate following early diagnosis of prostate cancer. In fact, studies suggest that *da Vinci* Prostatectomy may be the most effective, least invasive prostate surgery performed today.¹
Though any diagnosis of cancer can be traumatic, the good news is that if your doctor recommends prostate surgery, the cancer was probably caught early. And, with da Vinci Prostatectomy, the likelihood of a complete recovery from prostate cancer without long-term side effects is, for most patients, better than it has ever been.

*da Vinci* Prostatectomy is performed with the assistance of the *da Vinci* Surgical System – the latest evolution in robotics technology. The *da Vinci* Surgical System enables surgeons to operate with unmatched precision and control using only a few small incisions. Recent studies suggest that *da Vinci* Prostatectomy may offer improved cancer control and a faster return to potency and continence.1 *da Vinci* Prostatectomy also offers these potential benefits:

- Significantly less pain
- Less blood loss
- Fewer complications
- Less scarring
- A shorter hospital stay
- And a faster return to normal daily activities

Listed below are IHA physicians that perform da Vinci Robotic Surgery. You could be a candidate for da Vinci Robotic Surgery. For more information about da Vinci Robotic Surgery contact any of the IHA physicians listed below for an appointment:

- S. Elena Gimenez, MD
- Jonathan Herschman, MD
- Eduardo Kleer, MD
- Hugh Solomon, MD

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While clinical studies support the effectiveness of the da Vinci® System when used in minimally invasive surgery, individual results may vary. Surgery with the da Vinci Surgical System may not be appropriate for every individual. Always ask your doctor about all treatment options, as well as their risks and benefits.

For additional information on minimally invasive surgery with the da Vinci® Surgical System visit www.davincisurgery.com

**Clinical References**

The following selected publications support the clinical efficacy of da Vinci® Prostatectomy. For additional citations on robotic surgery, please visit PubMed (Medline).

Please note: PubMed provides links to downloadable PDFs, which are usually available from the journal publisher for a fee. You may also contact academic libraries (for example, University of California) and inquire about their document delivery services.

**2005**


**2004**


Abstract

Abstract

Abstract

2003

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Abstract

Abstract

Menon M. Robotic radical retropubic prostatectomy. BJU Int. 2003 Feb;91(3):175-6.  
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Tewari A, Peabody JO, Fischer M, Sarle R, Vallancien G, Delmas V, Hassan M, Bansal A, Hemal AK, Guillonneau B, Menon M. An operative and anatomic study to help in nerve sparing


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