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Prostate cancer – an overview of surgical treatments

**Overview by Professor Raj Persad** 

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### Profile

International Index of Erectile Function (IIEF)

BAUS prostate procedure leaflets

## NICE position on Photo Dynamic Therapy

The main emphasis on this page concerns surgical treatments for prostate cancer performed by a Urological Surgeon.

Some high risk cancers and those that have spread outside the prostate and require brachytherapy, radiatiotherapy and/or chemotherapy which are discussed in detail in the non surgical treatments overview page.

The aim of all prostate cancer treatments is to preserve "Quality of Life" without sacrificing control of the cancer.

Because focal therapies, Cyrotherapy and HIFU, are far less invasive then radical surgery and radiotherapy, there are less side-effects in terms of quality of life. Outcomes including incidence of erectile dysfunction and sexual problems are much reduced as compared to open or laparoscopic (key hole) surgery. See IIEF link.

If you need surgery as minimally invasive treatments are not an option, then we recommend Robotic prostatectomy which has oncological (cancer eradication) results which are as good as other forms of surgery but with fewer side effects in terms of 'quality of life' and faster recovery time.

The treatment options available to you are determined by:

- Risk category (dependent on cancer stage and grade)
- Patient's preference

Prior to offering any treatment each patient's case is discussed in detail by a specialist multi-disciplinary team of experts in urology, surgery, uro-radiology and oncology. The outcome of this meeting is then discussed between the patient and their consultant, allowing them to make a decision together and decide on the most appropriate treatment plan.

#### Which treatments are available?

Below we have summarized the potential surgical treatment options available and a general comment about radiotherapy.

There are other emerging focal therapies, specifically Nanoknife. This treatment involves Irreversible electroporation (IRE) and uses short, repetitive, non-thermal highenergy pulses of electricity to destroy cancer cells. It can be used for tumours which are difficult to reach. At the moment it is only offered privately by the eminent Professor Mark Emberton, who pioneered the use of mpMRI, and transpereneal biopsy as well as HIFU treatment. You can find out more information on the Nanoknife treatment page. Another treatment that was being proposed as an adjunct to active surveillance was photo dynamic therapy. Though strictly speaking it is a chemo therapy rather than surgical. However NICE does not now support its use.

Please be aware that this is only a guide, as deciding on an appropriate treatment strategy is multi-factorial and you may be eligible for a treatment even though it is not highlighted below.

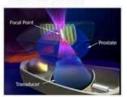
For a full description and eligibility criteria of each treatment option please visit the individual treatment page.

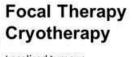
Finally, BAUS, The British Association of Urology have produced a set of leaflets and videos on surgical treatments for prostate cancers which you can access via the link under my profile.

	Active Surveillance	Focal Therapy	Radical Prostatectomy	Radiotherapy
Low-Risk	V	High volume cancer		
Intermediate- Risk		~	In those not suitable for focal therapy	In those not suitable for focal therapy
High-Risk			~	V

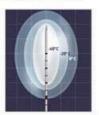
Focal Therapy
High Intensity Focused Ultrasound
(HIFU)

Localised tumour Posterior Can be bilateral Intermediate Risk Disease Low Side-effects





Localised tumour Anterior Can be bilateral Intermediate Risk Disease Low Side-effects



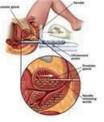
# Whole Gland Treatment Robotic Prostatectomy

High volume tumour High Risk Disease Higher Side-effects



## Whole Gland Treatment Radiotherapy Brachytherapy

High volume tumour High Risk Disease Higher Side-effects



Prostate cancer treatment – Immunotherapy

Prostate cancer – Assessing response to treatment



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