Article by Angela Brooks originally from the Daily Mail, Good Health, December 27, 2005

THIRTY thousand new cases of prostate cancer are diagnosed in Britain each year, making it the most common male cancer. Here Stephen Fitzpatrick, 54, an accountant who lives with his wife Joanna and their two sons in Surbiton, Surrey, tells ANGELA BROOKS about his prostatectomy – and his surgeon explains the procedure.

THE PATIENT

THE first inkling I had that I might have a prostate problem came after my annual company medical. The doctor asked if I had problems peeing or had to get up during the night- but had no trouble with any of that.

They carried out a routine PSA – prostate-specific antigen - test, which helps to detect prostate cancer, and I thought no more about it until a week later when I got a letter from the doctor to say my PSA was high and that she was going to refer me to a urologist.

That was a bolt out of the blue - but even so, I felt she was probably just taking sensible precautions.

Chris Ogden, the consultant urologist I saw privately at the Princess Grace Hospital In London looked at my results and said he felt there was a low risk of anything sinister going on. But he told me that as PSA isn't fool proof, and can be raised for a number of reasons, the only way to know for sure would be to have a biopsy.

I sensed something wasn't right when I went back to Mr Ogden for my results. He told me he was sorry to have to tell me but I did have prostate cancer. Because I knew so little about it – I'd avoided doing any research on the internet because I knew it would frighten the wits out of me – I simply took the news on board.

Although It was a shock, the one good thing was that it had been caught fairly early. He ran through treatment options with me which were quite hard to process at the time. I could have surgery to remove the prostate or, alternatively, ultrasound or radiotherapy, where they leave It in place but zap it to kill the tumour.

Finally, he told me about robotic prostatectomy - a technique his team had pioneered In this country. It is similar to keyhole surgery but is done by robotic arms and is much more precise so there Is less potential for causing damage.

The side-effect that men fear most in terms of prostate cancer treatment is being left impotent – because the nerves for an erection are on either side of the prostate and can be easily damaged when it is removed.

But from the start my feeling was that my wife Joanna and I have a very good marriage, and there are many things in life we get pleasure from. I took the view that my life was more important than my sex life, although preserving that would be a great bonus.

I decided to go for the robot-assisted prostatectomy because I felt it offered the best of both worlds – a very good chance of clearing the tumour while minimising the risk to the nerves.

I was admitted to the Princess Grace for my operation in August and found myself hooked up to all sorts of tubes to monitor my heart and blood pressure. I didn't have any pain, but what I hated was the catheter doctors had put in – a necessity until the tissues heal properly.

I was in hospital for a few nights and felt back to normal almost immediately. the catheter was removed at an outpatient appointment 12 days later. My waterworks were back to normal immediately and I returned to work a couple of days later.
The acid test of the operation's success Is the PSA test you have three months afterwards. Because the prostate has been removed, PSA in the blood should be undetectable, which mine was and that was fantastic news.

Things aren't quite back to normal with our love life, but we're getting there. Mr Ogden says it's very early days yet, and I have to give it six months – so I feel things look pretty promising.
I recovered so fast that sometimes I feel it's almost as if I never had prostate cancer.

THE SURGEON
CHRIS OGDEN, consultant urologist at Chelsea & Westminster Hospital, London, says:
THE prostate Is a walnut-sized gland at the base of the bladder. The water pipe – the urethra – runs through it from the bladder and then on into the penis.

Its main function is to facilitate the passage of sperm by producing a protein called PSA. This helps to nourish and liquefy the sperm. Raised

blood levels of PSA alert us to changes In the prostate that could signal cancer.

Being at the base of the bladder, any prostate enlargement will affect the waterworks. This can also be caused by an inflamed prostate or a condition known as benign prostatic hypertrophy.
Having to get up in the night to pass water or a slowing of the stream are the main symptoms that persuade patients to go to their GP. Caught early, prostate cancer has a 90-95 per cent surgical cure rate.

Consultants might also simply monitor older patients who have a low Gleason score – the system used for grading the aggressiveness of prostate cancer cells.

In younger people we have a low threshold for watchful waiting, simply because once the cancer has spread, there is no cure.

All treatments, whether radiotherapy or brachytherapy – when little radioactive seeds are put in the prostate to zap cancer cells – have pros and cons.

The advantage keyhole surgery has over open surgery is that patients recover faster and lose less blood. Robot-assisted surgery is an advance on this.

The robots allow us to see all the tissues magnified ten times, and the robot arms have such remarkable dexterity and precision that the chance of damaging surrounding structures is minimised.

These skills are paramount in prostate surgery where the objective is to clear away the prostate without damage to it. To do so could spill cancer cells which could take root elsewhere.
We also need carefully to release the cavernosal nerves, responsible for erection, which are bound to either side of the gland.

In surgery we make small access routes for the camera and robot arms through and around the tummy button. I sit at the console table which looks very similar to the gaming tables you see in arcades.

My hands are on two joysticks and the robot arms translate and respond to my hand movements on these.

I carefully manoeuvre the robotic arms through the outerlining of the abdominal cavity. Then, avoiding the main pelvic vessels, we expose the prostate by partng away the fat tissues around it.

We separate the bladder neck from the prostate and dissect out the storage sac for sperm, the vas deferens and the tube which takes sperm from the testicles to the prostate. Now, we painstakingly start releasing the neurovascular nerves from either side of the prostate.

With the prostate completely free, we pop it In a plastic bag and pull It out.

We now join the bladder neck to the urethra – first putting a catheter into place which will allow urine to drain away until the join heals. The prostate is sent for analysis to check for cancer on the outer edges – we hope for a clear margin of cancer-free tissue. The proof of success is the PSA test three months later. The levels should be undetectable.

Following surgery, 75 per cent of men will recover their erections and a further 15 per cent will maintain modified sexual function. Surgery means none of them will ejaculate on orgasm, but this should have no impact on intercourse.

ROBOT-assisted prostatectomy costs the NHS approximately £5,000. Privately it costs about £12,000.