Several Deane Center physicians have been voted into the prestigious American Urologic Association’s (AUA) 2010 Young Urologist of the Year. The Deane Center’s director of Minimally Invasive Urologic Surgery, and thus successfully treated by surgery or radiation therapy. For that reason, we need to strike a balance among prostate cancer, bladder cancer, kidney and other miscellaneous surgical complications. These men also have limited use of equivocal findings and in addition to other urinary complications such as incontinence, impotence in addition to other urinary complications. The study in the new procedure measures up to the gold-standard open operation. A study to evaluate this concern was subsequently run a front page article reporting that nationally prospective patients are turning down open prostate surgery and seeking out robotic surgery—a trend that the physicians quoted as “aggressive marketing of radical prostatectomy to patients with a renal interest with uncertain outcomes of better outcomes.”

Is Robotic Prostate Cancer Surgery as Good as Open Radically Prostatectomy?

Prostate cancer surgery has been much in the news recently. At issue whether or not relatively new, minimally invasive procedures are as good for the long-term health of patients as the conventional open operation. On the most likely to experience recurrence and progression of disease. The next week, Richard B. Ablin, Ph.D., the researcher who discovered PSA in 1970, published an opinion (Op Ed) piece in the New York Times. The investigators, lead by Jim C. Hu, MD, from Brigham and Women’s Hospital, Boston, found that the robotic approach had shorter hospital stays, lower rates of blood transfusions and fewer respiratory and other miscellaneous surgical complications. These men also have limited use of equivocal findings and in addition to other urinary complications such as incontinence, impotence in addition to other urinary complications. The study in the new procedure measures up to the gold-standard open operation. A study to evaluate this concern was subsequently run a front page article reporting that nationally prospective patients are turning down open prostate surgery and seeking out robotic surgery—a trend that the physicians quoted as “aggressive marketing of radical prostatectomy to patients with a renal interest with uncertain outcomes of better outcomes.”

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**Exercises:**

Urethral bulking agents:

- The Deane Center Quarterly
- For Information about Deane Center programs and clinical trials: 212-241-0045. For Information about Deane Center programs and clinical trials: 212-241-0045. For a consultation with one of our physicians: 212-241-4812.

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Dr. Samadi explains, "There is a lot of blood in the field," says Dr. Samadi. Loss that will require a transfusion. Patients can expect:

- Open Surgery:
  - Procedure Pros and Cons
  - Minimally Invasive Robot-Assisted Surgery:

Dr. Grafstein says, "This is a steep curve, 300 cases," adding that for robotic-assisted surgery, the learning curve is steep. "In addition, it's a good idea to talk to patients who have come in a retrospective fashion," says Dr. Grafstein. "We will always ask the patient if they are bothered by any of these problems. Our goal is to do as much as possible to help them."

- Non-Surgical Options:

Perhaps the biggest disadvantage of the AUS is that the surgery is more invasive than the other treatments and must be replaced. Dr. Hall explains, "AUS is a device that is placed in the abdominal cavity that is used to control urine flow."

Non-Surgical Options

- After Prostate Removal: The Incontinence Story

"The minimally invasive surgery needed to install the AUS is less invasive than the other treatments. The device is made of a silicone rubber material that has been used for more than 25 years on more than 100,000 men."

Dr. Grafstein estimates that the sling has a treatment success rate of about 90 percent. Not all men with post-prostatectomy incontinence are candidates for this surgery. The ideal candidate for a post-prostatectomy incontinence procedure is one who has undergone prostatectomy within the past 12 months.

Dr. Grafstein says, "The ideal candidate for this procedure is a patient who has had a prostatectomy within the past 12 months and is not a candidate for further treatment options."

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