We have analyzed oncological and functional results of the patients who underwent radical retropubic prostatectomy for treatment of localized prostate cancer. Material and methods: In the period of 4 years, from 2007. to 2011. on two analyzed urological departments there have been 32 patients who underwent surgical treatment for treatment of localized prostate carcinoma. All of the patients underwent radical retropubic prostatectomy. Patient age was in range from 57 to 70 years of age, with average value of 63 years of age. Gleason score values were: GS 8 - 2 patients, GS 7 - 6 patients, GS 6 - 10 patients, GS 5 - 9 patients, GS 3 - 4 patients GS 10 - 1 patient. Duration of the surgery was in the range of 55 to 95 minutes with the average blood loss between 220 and 640 ml. Fifty percent of the patients did not required blood transfusion. Results: After radical retropubic prostatectomy all patients are continent. Average urinary catheter removal time was 12 days after surgery. Postoperative surgical wound healing was prolonged for 4 patients. One patient had stenosis of urethrovessicle anastomosis with was resolved with urethral dilatation. Control PSA values for 29 patients three months after surgery was under 0.2 ng/ml. Three patients were diagnosed with local tumor recurrence who underwent radiotherapy and latter on with hormonal therapy protocol. All patients are alive. Conclusion: Results of surgical treatment of localized prostate carcinoma have shown that the radical retropubic prostatectomy is the safe method for treatment of the localized prostate cancer, with good oncological response and small amount of postoperative complications.

Keywords: localized prostate cancer, surgical treatment, radical retropubic prostatectomy.
Blood loss was in the range of 220 ml to 640 ml. Fifty percent of patients required no blood transfusion. All the conventional diagnostic procedures which are used in localized prostate carcinoma were performed preoperatively including pelvic CT scan and the bone scintigraphy.

Preoperatively for 25 patients PSA value was under 10 ng/ml and under 20 ng/ml for seven patients. For two patients preoperatively down staging was performed with administration of TAB therapy, one of the patients for 3 months and the other for 6 months. Zoladex and Androcur were administrated to those patients.

Gleason score values were: GS 8 - 2 patients, GS 7 - 6 patients, GS 6 - 10 patients, GS 5 - 9 patients, GS 3 - 4 patients GS 10 - 1 patient (down staging was performed with positive iliac lymph nodes).

**DISCUSSION**

Radical retropubic prostatectomy was originally described and popularized by Millin. The retropubic approach was modified subsequently by Campbell and Walsh. This approach has several distinctive advantages over the perineal approach.

Urologists in general are more familiar with the retropubic anatomy. The retropubic approach also provides the surgeon an opportunity to obtain wider surgical margins.

A theoretical advantage of radical retropubic prostatectomy is improved urinary continence, because the pelvic floor is not violated. The anatomic approach to radical retropubic prostatectomy as detailed by Walsh has reduced blood loss and operative time significantly. Radical prostatectomy has been advocated for the treatment of virtually every stage of prostate cancer.

The indications for radical prostatectomy should reflect an understanding of the natural history of the disease, the projected survival of the patient, the stage of the disease and presentation, and relative morbidity and efficacy of alternative therapeutic options.

Radical prostatectomy and additional therapy represent the therapeutic options that are currently offered for the cure of organ-confined disease. The optimal curative treatment for carcinoma of the prostate represents one of the most controversial issues in urologic oncology.

Our experience and results with usage of radical retropubic prostatectomy in patients with localized prostate cancer have shown that this is good surgical procedure which gives excellent functional and oncological results.

**CONCLUSION**

Results of surgical treatment of localized prostate carcinoma on these two urological departments were performed preoperatively including pelvic CT scan and the bone scintigraphy.

Preoperatively for 25 patients PSA value was under 10 ng/ml and under 20 ng/ml for seven patients. For two patients preoperatively down staging was performed with administration of TAB therapy, one of the patients for 3 months and the other for 6 months. Zoladex and Androcur were administrated to those patients.

Gleason score values were: GS 8 - 2 patients, GS 7 - 6 patients, GS 6 - 10 patients, GS 5 - 9 patients, GS 3 - 4 patients GS 10 - 1 patient (down staging was performed with positive iliac lymph nodes).

**SUMMARY**

**RADikalna Retropubična Prostatektomija - Iskustva dva urološka odeljenja**

Analizirali smo onkološke i funkcionalne rezultate kod pacijenata posle radikalne retropubične prostatektomije radjene zbog lokalizovanog karcinoma prostate.


Najmladi bolesnik je imao 57 a najstariji 70 godina. Srednja starosna vrednost je iznosila 63 godine. Vrednosti Gleason score-a iznosile su: GS 8 - 2 pacijenta, GS 7 - 6 pacijenata, GS 6 - 10 pacijenata, GS 5 - 9 pacijenata, GS 3 - 4 pacijenta GS 10 - 1 pacijent.

Vreme trajanja operacije je iznosilo izmedju 55 i 95 min, sa prosečnim gubitkom krvi izmedju 220 i 640 ml. Kod 50 % pacijenata nije bila potrebna transfuzija krvi.

Rezultati: Prosečno urinarni kateter je deplasiran 12. postoperativnog dana. Svi pacijenti tri meseca od operacije su bili potpuno kontinentni.

Kod četiri pacijenta je konstatovana infekcija rane i njeno poduženo zarastanje. Kontrolni nivo PSA kod 29 pacijenata tri meseca od operacije je iznosio ispod 0,2 ng/ml. Kod jednog pacijenta je postoperativno dijagnostikovana stenoza uretrovezikalne anastomoze nakon šest meseci. Ona je ušpesno rešena instrumentalnom dilatacijom uretre.

Kod tri pacijenta kod kojih je ustanovljen lokani recidiv, po odluci onkološkog konzilijuma primenjena je postoperativna zračna terapija a kasnije primenjena i hormonska terapija. Svi pacijenti su živi.

Zaključak: Rezultati pokazuju da je radikalna retropubična prostatektomija sigurna operativna procedura za lečenje lokalizovanog karcinoma prostate sa odličnim funkcionalnim i onkološkim odgovorom.

Ključne reči: lokalizovani karcinom prostate, operativno lečenje, radikalna retropubična prostatektomija.

**REFERENCES**


