Anatomic radical retropubic prostatectomy is an effective method for long-term control of the prostatic carcinoma. In the current era of the anatomic prostatic surgery, blood loss is reduced, complication rate is low and control of the disease may be excellent. Some authors reported cancer-specific survival rate after the radical retropubic prostatectomy of 85-90% over the 10-year period and 82% over the 15-year period. The survival may be more favorable in the patients with lower Gleason scores. The former indicates that radical retropubic prostatectomy is an excellent therapeutic option for treatment of the localized prostatic carcinoma, while selection of patients is a crucial factor for true success of therapy based on this method.

Key words: karcinom prostate, hirurško lečenje, radijalna retropubčna prostatektomija, komplikacije

MATERIAL AND METHODS

Over the period January 2003 – February 2005, the total of 41 patients were surgically treated at the Department of Urology, CHC Bezanijska kosa for the localized prostatic carcinoma. All the patients underwent radical retropubic prostatectomy. In the year 2003 two operations were performed, 35 in 2004, while till February 2004, 4 operations were performed. The youngest surgically treated patient was 54 while the oldest one was 75 (mean age 66). Preoperative PSA values ranged between 4.35 ng/ml and 21 ng/ml. The preoperative PSA values below 4 ng/ml were not recorded. Total medicamentous androgen blockade was applied in 6 patients in preoperative stage C for the period of 3 months. All the patients were operated in general anesthesia.

RESULTS

Duration of the operation ranged between 75 and 105 minutes, while blood loss ranged between 200 and 1800 ml (mean blood loss 635 ml). Blood transfusion was not necessary in 3 patients. Pathohistological analysis of the removed prostates evidenced tumor grade I in 9 patients, grade II in 23 and grade III in 9 surgically treated patients. Indeed, the results deviated from those obtained preoperatively by TURS biopsy. The analysis of the postoperative Gleason scores evidenced that majority of the patients had Gleason scores 4 and 5 (Table 1). The analysis of the removed lymph nodes (iliac, hypogastric and obturator) evidenced unilateral involvement in three patients and bilateral involvement in two patients. It was also found that in 27 surgically treated patients the prostatic capsule was intact while in 14 patients it was affected with the tumor. Seminal vesicles were bilaterally involved by the carcinoma in 7 patients while unilateral tumor infiltration of the seminal vesicles was evidenced in one patient. Perineural cancer cell was observed in 16 surgically treated patients. Postoperatively, all the patients were continent. One rectal lesion was successfully resolved by two-layer suture and placement of the urethral catheter, which remained in place for 3 weeks. Nerve sparing procedure was performed in 22 patients – bilateral in 19 patients and unilateral in 3 patients. Erectile function was preserved in 15 surgically treated patients starting from the postoperative month 3. In the remaining 7 cases the potency was not preserved, however all of them were above 70 years of age. Urethral catheter was removed between postoperative days 10 and 12 while postoperative hospitalization lasted between 12 and 18 days. PSA values ranged between 0.002 and 1.64 ng/ml two months after the surgery.

DISCUSSION

Radical retropubic prostatectomy was applied in 35 patients with the localized prostatic carcinomas in stages A and B and in 6 patients with stage C as an optimal therapeutic method. The patients with stage C of the disease were previously subjected to total androgen blockade for 3 months. In addition to all classic diagnostic methods used for the localized prostatic carcinoma, 24 patients also
underwent computerized tomography and magnetic resonance imaging. All the patients were operated in general anesthesia while blood loss ranged between 200 and 1800 ml. No blood transfusion was required in 3 patients. Mean intraoperative blood loss reported in large series varied between 579 and 2000 ml. Undoubtedly, it depends on the surgeon’s skill and duration of the surgery. As for our series, duration of the surgery ranged between 75 and 105 minutes. Naturally, surgeons are gaining the necessary experience and skills over the time, particularly in case of teamwork, which leads to reduction of duration of the surgery and intraoperative blood loss. All our patients were continent postoperatively, although some authors report total continence rate of 95%\(^5,6,7\). In our series, rectal injury was evidenced in 1 patient who was subsequently successfully managed using two-layer suture. Otherwise, this type of complications is described in 1-3.6% of cases\(^8,9,10\). Nerve sparing technique was applied in 22 patients in order to preserve erectile function in younger patients. Intraoperatively, our attention was primarily focused on the radicality of the procedure. Erectile function was preserved in 15 patients (61%). Other authors\(^1,4\) reported preservation of potency in 63-68% in case of bilateral preservation of the neurovascular bundles. Urinary bladder neck was created in all the patients using the eversion of the urinary bladder neck mucosa and thus no cases of urethrovescical anastomosis stenoses as a complication of the procedure were recorded. Otherwise, some authors\(^12, 4,13\) described the complication in 0.5-17.5% of cases. Out results obtained so far suggest that radical retropubic prostatectomy is an optimal method in treatment of the localized prostatic carcinoma.

**REFERENCES:**


