

*Article by Dr Thomas Stuttaford originally from The Times, August 22, 2005*

PROSTATE cancer is the second most common form of potentially lethal cancer to affect men. It is being diagnosed increasingly frequently and it is only a matter of time before it becomes the most lethal male cancer, overtaking carcinoma of the lung; it is predicted that this will happen this year or next. It therefore becomes increasingly important that the United Kingdom, which has the worst five-year survival figures for prostate cancer in Western Europe, should start to improve. Even an aggressive, grumpy old doctor, as I may be becoming, would be the first to acknowledge that British urological surgeons are among the best in the world, and many of our leading surgeons have been trained by the masters of the discipline in the United States. The problem in this country is that we diagnose the disease too late, and we under-treat the patients once it has been diagnosed.

One reason for late diagnosis of prostate cancer is that the average British male, unlike his French, German or American counterpart, isn't prostate-conscious. The British male's denial of prostate cancer's potential to kill may even have been encouraged by some authorities, who fear the cost of widespread testing of older men and the disruption that this could cause to medical care.

Another reason why men don't insist that they have the necessary tests to assess their likelihood of having prostate cancer is that the gold standard treatment for early cancer of the prostate is a radical prostatectomy. This is major surgery; its mortality rate is not high but its morbidity rate (the incidence of significant adverse effects) is. Any bystander listening to the average bar-side chat of 50-year-old men, while they discuss prostates and radical prostatectomies, would assume that they would inevitably end up (if they were lucky enough to survive) impotent, incontinent, miserable and possibly even intellectually impaired. This is, of course, nonsense, but there are post-operative inconveniences, although no worse than that, and they are the price of survival.

The modified surgical technique, known as the nerve-sparing radical, is claimed to leave just over 50 per cent of men capable of potency, even if helped by Levitra, Cialis or Viagra. There may be some argument about whether urologists and patients agree about what represents potency; however, the sexless future predicted by the bar drinkers now affects a minority, rather than a majority. Incontinence is usually temporary. In a small minority of cases, the man may have to wear a tiny

pad, but it is now unusual for incontinence to be bad enough to interfere with lifestyle. The bar drinkers may have got it wrong, but there is room for improvement.

This may have come in the form of robotic surgery. St. Mary's Hospital in Paddington has installed a robot that can assist the surgeons to carry out a da Vinci radical prostatectomy. This month the first da Vinci prostatectomy was done in the private sector at the Princess Grace Hospital in Marylebone by Christopher Ogden of the Chelsea and Westminster Hospital and St Mary's, and the team set up by the Princess Grace.

John Feltham, of Northlew, near Okehampton in Devon, was the lucky patient whose life has in all probability been saved by the procedure. Mr Feltham, aged 58, a retired electrical engineer with two young children, had a carcinoma of the prostate diagnosed. Tests showed that the tumour, although small, would soon grow to devour Mr Feltham. There was no evidence that it had spread.

Mr Feltham went into hospital on a Friday, had his operation the same day and was fit for discharge on the Sunday. A week after the surgery, he told me that he felt as fit as a fiddle. His catheter will be removed this week and there is only a 1 per cent chance that he will even need to wear the slimmest of pads. Early findings from the St. Mary's patients suggest that the potency rate after the robotic surgery is even higher than after the modified radical procedure.

Chris Ogden is delighted with the operation. He is one of the four-man team of surgeons at the Princess Grace performing these operations. He was trained in this country and the US, where he worked under the world's leading surgeons, but learnt to work the robot in Paris, where there is a surgical training school. He has been involved in more than 30 other da Vinci prostatectomies at St Mary's since last November. He is astounded by the fast recovery of the patients, which results from having no wide incision but instead only keyhole laparoscopic cuts into their abdominal walls. The blood loss is minimal, much less than after a standard radical prostatectomy.

The great advantage from the surgeon's point of view, and therefore for the patient's future, is that the robot gives a much clearer 3-D close-up view of the nerves, blood vessels and muscles in the cramped, overcrowded and potentially blood-soaked male pelvis. As the surgeon can obtain a clear view of the narrow web of nerves over the bladder neck that supplies the penis and the other pelvic nerves and blood vessels, he can spare them. The patient doesn't bleed and there is a

much better chance that the patient's potency will be preserved. As well as reduced blood loss, the pelvic floor is also less likely to be weakened.