

Urological Surgery

Introduction

The urological department exists as a part of the pelvic surgery group in NCCHE and has restarted to diagnose and treat urological malignancies on May 2003. The most important mission of the urological division is to contribute to the development of new surgical methods for treating urological cancers and the standardization of neoadjuvant therapies for the prostate and urinary bladder cancers. We aim to preserve the sexual and/or voiding functions during pelvic surgery. We treated for extrinsic obstruction of the ureter that was involved by direct extension of adjacent malignancy or metastasis to the retroperitoneal lymph nodes. Internal stenting is better tolerated and preferred by most patients. JJ ureteral stent was replaced cystoscopically. Percutaneous nephrostomy was requested after a failed attempt at cystoscopic retrograde stenting.

Routine Activities:

Outpatient activities: Urogenital malignancies, especially the prostate cancer are diagnosed and treated at the clinics. The patient in a high-risk group (PSA>20 ng/ml, GS>8 or T3) of the prostate cancer

is treated with neoadjuvant hormonal therapy. Refracted prostate cancer in advanced stages is treated with hormonal and chemotherapy in cooperation with medical oncologists.

Inpatient activities: We performed radical prostatectomy for T1c, T2 and T3a prostate cancers. If the patient hopes preservation of sexual function, radical prostatectomy with preservation of the neurovascular bundle is performed. Our goal is cancer control, preservation of urinary control, and preservation of sexual function. Continent urinary diversion (ileal neobladder) was performed after radical cystectomy for invasive urinary bladder cancer. The patient could void spontaneously.

For locally advanced colorectal carcinoma: In a case with urinary bladder invasion, we performed partial cystectomy to avoid TPE. In a case of colorectal carcinoma invading to the prostate, we performed prostatectomy and cysto-urethral anastomosis. The patients could avoid urostoma and colostoma by performing colo-anal anastomosis. The patient can spontaneously void after two or three months.

● T. Suzuki ●

Number of operation

Years	2000	2001	2003
Radical cystectomy	8	9	1
Radical prostatectomy	13	22	4
Nephroureterectomy	6	5	1