

Urological Surgery

Introduction

The urological department exists as a part of the pelvic surgery group in NCCHE. We mainly treat cancers of pelvic organs such as the prostate cancer and the urinary bladder cancer. 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. Also, we treat extrinsic obstruction of the ureter that was involved by direct extension of adjacent malignancy or metastasis to the retroperitoneum. Internal stenting (JJ ureteral stent) is better tolerated than nephrostomy and preferred by most patients.

Routine Activities

Outpatient activities: The prostate cancer is diagnosed and treated at outpatient clinics. The localized prostate cancer in a high risk group (PSA>20 ng/ml, GS>=8 or T3) was treated with neoadjuvant hormonal therapy (maximal androgen blockade), following radical prostatectomy. Refractory prostate cancer in advanced stages is treated with hormonal therapy and chemotherapy in cooperation with medical oncologists. The superficial bladder cancer (G3, CIS or recurrence) after TUR-Bt is treated with a bladder instillation of BCG.

Inpatient Activities: We perform radical prostatectomy for localized prostate cancer (T1c, T2 and T3).

If a patient hopes preservation of sexual function, the nerve sparing radical prostatectomy is performed. Our goals are cancer control, preservation of urinary control, and preservation of sexual function. Continent urinary diversion (ileal neobladder) in two patient is performed after radical cystectomy for invasive urinary bladder cancer. Radical nephrectomy for the renal cell carcinoma and nephroureterectomy for the pelvic and ureteral cancers is scheduled to start this year.

Locally advanced rectal carcinoma: In a case with rectal cancer invading to the prostate, we perform prostatectomy and cysto-urethral anastomosis. In a case with prostate and urinary bladder invasion, the reconstruction of the bladder is performed by Studor's method. They can avoid urostoma and spontaneously void after three months.

New Developments

Bilateral sural nerve graft during radical retroperitoneal prostatectomy (RRP) has been started to preserve urinary continence and sexual function on October, 2004. The RRP and neurovascular bundle resection were performed. The sural nerve harvest and graft were performed by surgeons of plastic surgery group. Three patients received the treatment and the urinary continence might return earlier.

Radical nephrectomy assisted with laparoscopy for T1a renal cell carcinoma started on 2004. One patient received the treatment.

● T. Suzuki ●

Number of operation

| Years | 2000 | 2001 | 2003 | 2004 |
|-----------------------|------|------|------|------|
| Radical nephrectomy | | | | 12 |
| Partial nephrectomy | | | | 1 |
| Nephroureterectomy | 6 | 5 | 1 | 2 |
| Radical cystectomy | 8 | 9 | 1 | 6 |
| Radical prostatectomy | 13 | 22 | 4 | 12 |