

Urological Surgery

Introduction

The urological department exists as a part of the pelvic surgery group in NCCHE. We mainly treat for pelvic organs such as prostate cancer and 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 urinary bladder cancers. We aim to preserve the sexual and/or voiding functions during pelvic surgery. Also, we treat for extrinsic obstruction of the ureter that is 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 clinics. The localized prostate cancer is treated without neoadjuvant hormonal therapy (maximal androgen blockade), following radical prostatectomy. Regional lymphadenectomy is performed in high risk group. Refracted 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 a bladder instillation of BCG.

Inpatient Activities: We perform radical prostatectomy for localized prostate cancer (T1c, T2 and T3). If the patient hoped preservation of sexual function, the nerve sparing radical prostatectomy (T1c, PSA= \leq 10 and GS \leq 7) is performed. In more advanced cases, radical prostatectomy without NVB presevation is performed. Twenty-seven patients

undergo radical prostatectomy. Our goal is cancer control, preservation of urinary control, and preservation of sexual function. Continent urinary diversion (ileal neobladder) in two patients is performed after radical cystectomy for invasive urinary bladder cancer. They can void spontaneously. Radical nephrectomy for the renal cell carcinoma is performed in 16 patients. 4 of 16 patients are treated laparoscopically.

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 retropubic 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. Eleven patients received sural nerve interposition and were followed up over 6 months. One of 11 men had return of spontaneous, medically unassisted erectile activity sufficient for sexual intercourse with vaginal penetration. PSA failure has not been observed in any patient.

Laparoscopic radical nephrectomy for T1a renal cell carcinoma has started on 2004. Four patients received the treatment. There was no recurrence in any patient.

● T. Suzuki ●

Number of operation

Years	2000	2001	2003	2004	2005
Radical nephrectomy				12	16
(Laparoscopic)				(1)	(4)
Partial nephrectomy				1	2
Nephroureterectomy	6	5	1	2	4
Radical cystectomy	8	9	1	6	5
Radical prostatectomy	13	22	4	12	27