

# Urological Surgery

## Introduction

The Urological Department exists as a part of the pelvic surgery group at NCCHE. We mainly treat diseases of the pelvic organs such as prostate cancer and 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 adjuvant therapies for urinary bladder cancers. We aim to preserve the sexual and/or voiding functions during pelvic surgery. We also treat extrinsic obstructions of the ureter that directly result from enlargement of an adjacent malignancy or metastasis to the retroperitoneum. Internal stenting (JJ ureteral stent) was better tolerated than percutaneous nephrostomy and is preferred by most patients.

## Clinical Activities

Outpatient-related activities: Prostate cancer is diagnosed and treated at clinics. Prostate biopsies were performed on 56 patients. Localized prostate cancer was treated without neoadjuvant hormonal therapy (maximal androgen blockade), following radical prostatectomy. Regional lymphadenectomy was performed in high-risk groups. Refractory prostate cancer at advanced stages was treated with hormonal therapy and chemotherapy in cooperation with medical oncologists. Superficial bladder cancer (G3, CIS or recurrent) after TUR-Bt was treated with instillation to the bladder of BCG. Forty-one patients received JJ ureteral stents and 8 underwent nephrostomy as a result of

obstructive uropathy.

Inpatient activities: We performed radical retropubic prostatectomy (RRP) in 37 patients with localized prostate cancer (T1c, T2 and T3). If the patient asked for preservation of sexual function, nerve-sparing radical prostatectomy (T1c, PSA  $\leq$  10 and GS  $<$  7) was performed. In more advanced cases, RRP without NVB preservation was carried out and bilateral sural nerve grafting was performed to recover sexual function. Our goals are cancer control, preservation of urinary control, and preservation of sexual function. Transurethral resection for urinary bladder cancer was carried out in 42 patients. Continent urinary diversion (ileal neobladder) in seven patients was performed after radical cystectomy for invasive urinary bladder cancer. Patients could subsequently urinate at will. Radical nephrectomy for renal cell carcinoma was performed in 20 patients. Six of 20 patients were treated laparoscopically. Two patients received partial nephrectomy. Six patients with pelvic or ureteral cancer underwent nephroureterectomy.

Locally advanced rectal carcinoma: In a case with rectal cancer invading the prostate, we performed concomitant prostatectomy and cystourethral anastomosis. In a case with prostate and urinary bladder invasion, reconstruction of the bladder was performed by Boari's method and the psoas hitch procedure. These patients were able to avoid urostoma and could urinate at will after three months.

● T. Suzuki, T. Tanaka ●

Number of operative cases in 2001-2006

	2001	2003	2004	2005	2006
Radical nephrectomy (laparoscopic)			12 (1)	16 (4)	20 (6)
Partial nephrectomy			1	2	2
Nephroureterectomy	5	1	2	4	6
Radical cystectomy	9	1	6	5	8
Radical prostatectomy	22	4	12	27	37