

Questions to ask your surgeon / oncologist?

1. Is treatment of prostate cancer his/her area of special interest?

I am the Lead Clinician for urology cancer at Bradford and over 80% of my practise involves dealing with patients having a urological cancer.

2. How many operations did he carry out in the last year?

I carried out approximately 2 major cancer procedures a week in the last year, approximately one procedure a week was a radical prostatectomy – 41 radical prostatectomies in 2006

3. Does he perform both laparoscopic and open procedures, if not why?

I offer my patients both the procedures but restrict laparoscopic surgery to patients with low PSA, low volume tumours. This may change in the future.

4. What was the average hospital stay for his patients in the last year?

The average hospital stay for all the radical prostatectomy patients was 3 days

5. What was the blood transfusion rate during or following surgery?

None of my patients required a blood transfusion during or after surgery.

6. What were the major complications during or after surgery?

The most common problem was nausea and vomiting which delayed discharge by a day (3 to 4 days) in 4 patients, this is often a result of the post op epidural analgesia for pain relief, We are looking at alternate means to provide effective pain relief

Two patients required prolonged catheterisation for 12 days and one patient required a repeat catheterisation. None of the complications were life threatening or had long term consequences.

7. How long did the patients need a catheter after their operation?

On average the catheter was removed 5 days after open radical prostatectomy and 7 days after laparoscopic procedure.

8. What is my chances of remaining free of PSA progression at 5 yrs, 10 years and 15 years

We can calculate your chances of PSA progression free survival at 5years using Kattan's normograms before and after the operation. Patients with undetectable PSA at 5 years are assumed to be cured.

You should be provided written information or access to a website which gives you information about continence rates and potency rates after the procedure.

The following questions should be asked from the oncologist (radiotherapist)

Questions about External Beam Radiotherapy (EBRT)

9. Do you offer only EBRT or also offer brachytherapy to your patients?
10. Why am I being offered EBRT and not brachytherapy or a combination treatment?
11. What is the dose of radiation being offered to me and is this in line with the recommended doses in international literature?
12. What is my chances of remaining free of PSA progression at 5 yrs, 10 years and 15 years
13. What data are available for response rate and complication rates for this treatment at the centre treating you.