

# Epidemiology of Prostatectomy, its Medical Indications, Risks and Complications

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## DESCRIPTION

The prostate gland may be completely or partially removed surgically (prostatectomy). This procedure is used to treat prostate cancer and other malignancies of the pelvis as well as benign diseases that lead to urine retention. Prostatectomies come in two primary varieties. Part of the prostate is removed during a simple prostatectomy, sometimes referred to as a subtotal prostatectomy. Simple prostatectomies are normally exclusively performed by surgeons for benign diseases. The vas deferens, seminal vesicles, and the entire prostate gland are all removed during a radical prostatectomy, which is used to treat cancer. Open surgery, which requires a significant incision through the lower abdomen, laparoscopic surgery with a surgical robot, through the urethra, or through the perineum are some of the options for doing the procedure.

## Epidemiology

In order to treat prostate cancer, radical prostatectomy was increasingly used between 1980 and 1990. The median age of men having a radical prostatectomy for locally advanced prostate cancer in 2000 was 62. Despite being a highly common procedure, the level of experience of the surgeon doing it has a significant impact on the results, frequency of complications, and side effects. The results are better when a surgeon performs more prostatectomies. Both minimally invasive and open prostatectomies can be said to be accurate in this regard.

## Risks and complications

There is a chance of bleeding, a chance of infection at the incision site or throughout the body, a chance of a blood clot forming in the leg or lung, a chance of a heart attack or stroke, and a chance of death following any surgical procedure, including a prostatectomy. If a latex catheter is placed in the urinary system of someone who is allergic to latex there will be severe irritation. Due to the open incision there and the

exposure lasting, say, two weeks, it is particularly severe in the case of a radical prostatectomy. Such a condition may be indicated by extreme pain. After a radical prostatectomy, men may suffer altered sexual behaviour, including alterations in penile morphology, orgasmic function, and sexual desire. The following complications are common after radical prostatectomy mortality is less than 0.3%, impotence is more than 50%, ejaculatory dysfunction is 100%, orgasmic dysfunction is 50%, incontinence is between 5% and 30%, pulmonary embolism is less than 1%, rectal injury is less than 1%, urethral stricture is less than 5%, and transfusion is more than 20%.

## Medical indications

**Benign:** Acute urinary retention, recurrent urinary tract infections, uncontrollable hematuria, bladder stones as a result of bladder outlet obstruction, significant symptoms of bladder outlet obstruction that are resistant to medical or minimally invasive treatment, and chronic kidney disease as a result of chronic bladder outlet obstruction are all indications for prostate removal in a benign setting.

**Malignant:** The cause of the radical prostatectomy is malignant cancer. The optimal course of action for prostate cancer frequently depends on the risk that the condition poses. Radiation therapy, watchful waiting, and active surveillance are additional treatment choices for the majority of prostate cancers that are categorised as "very low risk" and "low risk," respectively. Radical prostatectomy is one of these treatments. In addition to other forms of treatment, radical prostatectomy is frequently advised for men with intermediate and high risk prostate cancer. When there are known metastases and the cancer has gone via the prostate to the lymph nodes or other regions of the body, a radical prostatectomy is not advised. Imaging tests employing computed tomography, magnetic resonance imaging, or bone scans are carried out to confirm that the cancer has not spread outside of the prostate before choosing the best treatment option for higher risk tumours.

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