



Radical Prostatectomy: What You Need to Know

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Have you developed a patient education tool that is effective in your practice? If so, consider writing for this column dedicated to different examples of patient education tools. For more information, contact Associate Editor Jeannine M. Brant, RN, MS, AOCN®, via e-mail at jeannine.brant@svh-mt.org.

One of the most important issues in men's health today is prostate cancer. It is the most common male cancer and the second-leading cause of death among American men (American Cancer Society, 2005). Treatment options for prostate cancer vary depending on the stage at diagnosis, grade of tumor, and patient's age and functional status. One option for localized and well-differentiated tumors is radical prostatectomy (see Figure 1) with the goal of curing the disease while maintaining a man's quality of life (Shah, Robbins, Melamed, & Lepor, 2003). If prostate cancer is discovered and treated early, the overall survival rate is high.

Radical prostatectomy is the complete removal of the prostate gland, seminal vesicles, and prostatic capsule followed by surgical repair of the bladder and remaining urethra.

The surgery can be performed with a retro-pubic or perineal approach and includes a sampling of the retroperitoneal lymph nodes for pathology. Patients may not be aware of the details surrounding the surgery without education from healthcare providers; therefore, the purpose of this article is to provide an educational tool, written at a basic reading level, for distribution to patients undergoing radical prostatectomy.

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T1a, T1b, T1c, T2a, T2b, and T2c

Radical prostatectomy, radiation therapy, or watchful waiting

T3 and T4

Radiation therapy alone or combination androgen ablation

FIGURE 1. LOCALIZED PROSTATE CANCER TREATMENT OPTIONS

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