

QUESTIONS TO ASK A UROLOGIST

For the patient: You should review these questions and determine if the answers would satisfy a better understanding of what to expect and ease your concerns. If there are other questions you have, or questions here you do not need answers, you can either add to or delete from this list. Then print out a copy of this list to take to your Urologist and ask that he/she take later time but before a future visit to address each question and either mail or email you the answers. At normal appointments there is only limited time and these questions are quite comprehensive and will require more time for the Urologist to address. Some of the questions are for those not yet receiving a biopsy of their prostate gland, others are to be answered in any case.

- a) I have several questions to ask you that are very important to me and I would hope you will give me the time to address each of those questions. I made a copy for you, and if you prefer, I am willing to leave the questions for you to answer and return to me either by mail or email. Would that be your preference or can I ask them now? If you will be mailing or emailing me the answers, you may be providing me some answers today, but I would still appreciate answering them again with a mail or email return of the questions I am providing you.
- b) Will my health insurance cover all your planned treatment, recognizing that if I don't have supplemental insurance, I may be responsible for a co-pay?
- c) What does my PSA level and Digital Rectal Exam indicate as far as having either an enlarged prostate gland or prostate cancer?
- d) Why do I require a biopsy, and what will it tell you and me?

- e) If I have an enlarged prostate gland, wouldn't it be better to reduce its size before a biopsy in order to then be able to do better sampling of a smaller, rather than large gland?
- f) If a biopsy is to be performed, I would hope it is your practice to administer a topical analgesic/anesthetic like prilocaine-lidocaine to ease any pain effect I could otherwise experience.
- g) If the biopsy indicates I only have early prostate cancer development with only one to three tissue samples with low percentage, wouldn't Active Surveillance be a reasonable option with you and I arranging pre-planned PSA, DRE, and other diagnostics on a regular schedule, and if not, why not?
- h) If I require early treatment and you recommend surgical removal of my prostate gland, which would you recommend, open surgery or robot assisted surgery, and along the same line, why not radiation?
- i) The often commented "learning curve" for robotic surgery is at least 175 or more and open surgery 250 or more, and performed regularly. (See: <http://tinyurl.com/oj9y48l> regarding robotic surgery). Have you reached that number, and if not, could you provide me reasoning to have the procedure performed by you rather than a surgeon who has provided well over these "learning curves?" I really don't want to be a "trainee" patient.
- j) With either open or robotic, are lymph nodes adjacent to the prostate gland - as well as pelvic bed lymph nodes - and seminal vesicles removed, since if any of these organs are not removed for

examination, how can we be absolutely certain no cancer has migrated to them?

- k) If open surgery, explain the size of the incision, or if robotic surgery what type of incisions are made and why?
- l) Also, if open surgery, should I be giving blood ahead of time in case it's needed during surgery?
- m) Can you explain just how you separate the neurovascular (nerve) bundles from the gland in order to "spare" them?
- n) Is there any chance of damage when separating the gland from the rectal wall, since I heard the gland is very close to the rectal wall?
- o) In regard to the two previous questions, and considering how intricate it is to make those separations, wouldn't this be even more reason to reduce the size of an enlarged prostate gland before surgery?
- p) I am aware that when you remove the prostate gland a portion of the urethra is removed. I'm concerned that when you reconnect the urethra to the bladder neck you insure a very tight and secure suturing to prevent any leakage. I've heard of some horror stories of later leakage from insufficient suturing and hematoma and even seroma that resulted causing major problems.
- q) Is this reconnection easier and more visible to accomplish with robotic surgery?

- r) What should be my PSA level after surgical removal?
- s) How long do I have to have the catheter before removed?
- t) Will surgery have an effect on my ability to have children?
- u) Can I expect to have a period of incontinence, and if so, for how long and what can we do to help return of continence?
- v) Can I expect to have a period of erectile dysfunction, and if so, for how long and what can we do to help to rehabilitate my penis to prevent atrophy as well as gain a return to an erection – I am aware that a vacuum erection devise can exercise my penis but not really rehabilitate it, so which medications do you recommend to both help an erection as well as get arterial blood and oxygenation to my penis – Viagra? Or Levitra? Or Cialis? And if Levitra, do you prescribe Staxyn, the type that melts under the tongue? And how long do I wait if these medications aren't helping before considering penile injections with papaverin or bimix or trimix? Also, (if married) do you have someone on your staff that can provide counsel to my wife/partner and I together regarding erectile dysfunction in order that we both have a better idea of what to anticipate so that neither of us are surprised by this possible side effect of treatment on my being unable to attain an erection for sexual intercourse?
- w) Please don't take offense, but what have been your results of surgical removal of the gland with previous patients, and would you explain what problems you may have run into, or could even run into with me, once you get inside the abdomen and a look at the gland and its surroundings?

- x) Do my diagnostics indicate I may need any other treatment like androgen deprivation medications for a period of time to accompany the surgical removal? If so, what medications, what does each medication perform, as well as what are the side effects I might expect from each such medication? Also, for how long do I have to take these medications?
- y) If prescribed androgen deprivation medications, what PSA level should I expect if they are effective?
- z) If not prescribed androgen deprivation medications, and my PSA later begins elevating indicating the surgery failed to get all the cancer cells, would external beam radiation be my next treatment option?
- aa) If it is considered that my cancer has metastasized, is it your practice to refer me to a Medical Oncologist for further treatment that will likely be various medications? If not, why not?

Do you know of a local prostate cancer support group I could go to to be among other men who have been or are being treated for this disease?

ADDED INFORMATION REGARDING WHAT “MAY” BE EXPERIENCED FOLLOWING SURGICAL REMOVAL OF THE PROSTATE – NOT NECESSARILY WILL:

<http://tinyurl.com/nc8no38>

UNFORTUNATELY, SIDE EFFECTS ACCOMPANY MOST TREATMENT OPTIONS. THE IMPORTANCE HERE IS THAT YOU ARE AT LEAST AWARE OF THOSE SIDE EFFECTS, BUT THEY COME WITH SAVING YOUR LIFE!

