



# Focus on Urology

## This Issue: Focus on Minimally-Invasive Urology

This is the second issue of *Focus on Urology* from Monterey Bay Urology Associates. Our goal is to provide you with useful information on clinical topics in urology that you can use with your patients on a daily basis. Each issue will highlight one topic; this issue focuses on minimally-invasive urologic surgery. Please give us feedback about the value of the information to your practice and input on topics for future issues.....*MBUA Urology Associates*

### Laparoscopic Radical Prostatectomy The new "Gold Standard" for Prostate Cancer?

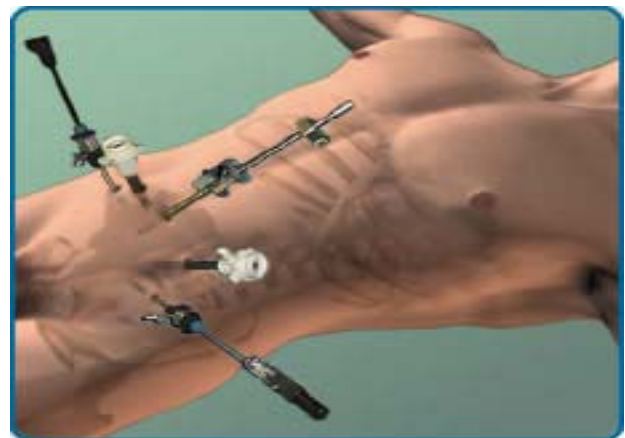
Prostate cancer is the most common non-skin malignancy in men and the second leading cause of cancer death in men. There are a number of effective treatments for localized prostate cancer, including surgery, external beam radiation, radioactive prostate seed implant, and cryosurgery. Most experts consider radical prostatectomy to be the "gold standard" against which other treatments are measured for effectiveness and safety. Many men are reluctant to undergo traditional, open radical prostatectomy because of the significant risk of blood loss and transfusion, post-operative pain and prolonged recovery. Within the past 5 years, laparoscopic radical prostatectomy has become widely accepted as a less invasive alternative to open prostate cancer surgery with less risk, faster recovery and equal cancer outcomes.

Laparoscopic radical prostatectomy is performed by a team of two urologists through 5 small puncture wounds in the abdominal wall. The laparoscopic telescope is held and maneuvered by a robotic arm that is voice-controlled by the operating surgeon. The robot, named Aesop, is able to hold the camera absolutely steady, which allows the surgeon to move the telescope deep into the pelvis around the prostate. The superior magnification given by the telescopic view of the prostate allows the surgeons to accurately perform the operation with

less bleeding and more precise dissection of the nerves responsible for penile erection. The magnification also allows a more precise anastomosis between the bladder and urethra, which shortens the time of postoperative catheterization.

Laparoscopic prostatectomy offers patients a number of benefits compared to open surgery. The average blood loss is 1/6<sup>th</sup> of the blood loss of open surgery, so patients leave the hospital with a higher blood count and more energy. The decreased trauma of laparoscopic surgery means that patients can resume work or exercise within a few weeks of surgery without the restrictions imposed after open surgery. Most patients require

see **laparoscopic prostatectomy** p.4



Laparoscopic prostatectomy



## Minimally-invasive surgery for stress incontinence and pelvic prolapse improve women's quality of life



*Minimally-invasive surgery for stress incontinence*

Bladder prolapse and urinary incontinence are common problems that exact a significant negative impact on women's quality of life. Non-surgical management, including pelvic muscle exercises, biofeedback therapy, and pessaries, give symptomatic relief but don't yield resolution of these difficult problems. In the past, surgical treatment risked significant morbidity and had a high chance of eventual recurrence of prolapse and stress incontinence.

Within the past 5 years minimally-invasive surgical techniques have given women new hope for long-term resolution of these difficult problems. The most popular brand of minimally-invasive urethral sling, TVT (Gynecare, Inc) has been successfully used in over 100,000 cases with excellent patient satisfaction.

Unfortunately, there have been a significant number of serious complications from TVT related to the design of the implant trocars. MBUA prefer the MONARC and SPARC sling systems (American Medical Systems, Inc.) because they use a safer implant system and yield the same outstanding results.

Recently we have received specialized training with the Apogee and Perigee mesh repair systems for pelvic prolapse. These revolutionary approaches build on the techniques of minimally-invasive urethral sling surgery and give promise for better long-term results with less morbidity than traditional surgical techniques. Learn more about the treatment of stress incontinence and pelvic prolapse at our website <http://www.montereybayurology.com/>.



## TransUrethral Needle Ablation: An effective and safer alternative to TURP for treatment of BPH



*TUNA procedure for BPH*

Transurethral needle ablation of the prostate (TUNA<sup>®</sup>, Medtronic, Inc.) is a minimally-invasive treatment for symptomatic BPH which offers several advantages compared to both medical therapy or invasive prostate surgery. TUNA was introduced in the U.S. more than 10 years ago and is considered a standard BPH treatment by the American Urological Association and the Centers for Medicare and Medicaid Services. TUNA uses a specially designed endoscope to deliver radiofrequency energy to the enlarged, inner portion of the prostate, which causes a decrease in prostate enlargement and symptomatic improvement.

TUNA is usually performed

under conscious sedation and does not require hospitalization. Most patients require a urethral catheter for only one night, and see gradual improvement in their urinary symptoms over 12 weeks.

TUNA can be an alternative to medical therapy for BPH in men who do not wish to take one or two medications on a daily, long-term basis. The improvement in urinary symptoms from TUNA also surpasses the improvement from medical therapy, so it is a viable option for men who fail to get adequate improvement from medications.

TUNA also represents an alternative to invasive prostate surgery. Transurethral resection of the prostate (TURP) has been the "gold standard"

## TUNA: An effective and safer alternative to TURP

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for BPH treatment for the past 50 years and still provides excellent relief of bothersome lower urinary tract symptoms. The risks of TURP include bleeding, transfusion, fluid absorption, retrograde ejaculation, incontinence, and the need for hospitalization. TUNA is less invasive than TURP, and offers patients a similar chance for symptom improvement with much less risk than TURP. TUNA, unlike TURP, does not change a patient's treatment options if prostate cancer is diagnosed in the future.

A recent 5-year U.S. multi-center trial randomized men with BPH to TUNA or TURP. Five years after treatment the improvement in AUA symptom score and quality of life scores were the same in each group. The TUNA group had significantly fewer side effects than TURP, including a minimal risk of bleeding,

transfusion, retrograde ejaculation, erectile dysfunction or urethral stricture.

MBUA have been performing TUNA procedures since 1995, and offer patients the entire spectrum of BPH treatments, including in-office treatments and laser prostate surgery. More information is available at our website by clicking [here](#).

Risk of TUNA vs TURP		
Adverse Event	TUNA	TURP
Retrograde Ejaculation	0%	41%
Erectile Dysfunction	3.1	21.4
Stricture/scar tissue	1.5	7.1
Urinary Incontinence	3.1	21.4
Re-treatment	13.8	1.8

From Hill B, et al; Journal of Urology vol. 171 June 2004 pp 2336-2340



*"...there are now many acceptable alternatives to TURP that are less costly per treatment episode...and that have less associated morbidity."*

*American Urological Association BPH Guidelines*

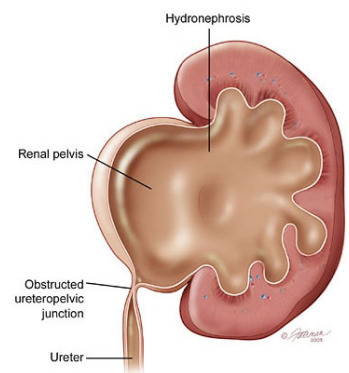
## "New Age of Kidney Surgery"

### Laparoscopic Kidney Surgery Now Standard of Care

A generation ago open renal surgery was the standard treatment for cancer, obstruction and kidney stones. The advent of ESWL and ureteroscopy in the 1980's and 1990's revolutionized the treatment of stones, and open stone surgery is now rarely performed. The 21<sup>st</sup> century has seen the widespread adoption of [urologic laparoscopy](#), and laparoscopic surgery is now standard for most kidney conditions that required open surgery in the past.

Laparoscopic nephrectomy is now the standard of care for all but the largest kidney tumors. Most patients are able to go home 1-2 days after surgery and the time to normal

activities has decreased from 12 weeks to 2 weeks. The remarkable improvement in recovery has led to a dilemma for patients with small kidney tumors. Many patients are opting for laparoscopic nephrectomy instead of open partial nephrectomy, even if the size of the tumor may not warrant removal of the entire kidney. Recent innovations have made it possible to treat these small tumors with laparoscopic cryosurgery or partial nephrectomy, which provide equal cancer control as total nephrectomy and less morbidity than open partial nephrectomy. Laparoscopic pyeloplasty has also replaced open surgery for the treatment of UPJ



*UPJ obstruction*



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**"New Age of Kidney Surgery"**

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obstruction. The 95% success rate equals the results of open surgery, and the risk, recovery time, and morbidity are dramatically reduced. The urologists at MBUA have completed

specialized training in renal cryosurgery and laparoscopic pyeloplasty, and your patients can now benefit from these state-of-the-art surgical techniques here in Santa Cruz.

**Deflux® endoscopic injection is minimally-invasive alternative to open surgery for vesico-ureteral reflux in children**

Vesico-ureteral reflux (VUR) is the medical term describing back-flow ('reflux') of urine from the bladder towards the kidneys during voiding. If the urine is infected when it refluxes, then there is a risk that the kidneys may be damaged. Open surgery to correct the VUR has largely been

replaced by endoscopic injection of Deflux®, a dextranomer/hyaluronic acid copolymer, into the ureteral orifice, which recreates the normal "valve" mechanism that prevents VUR. Deflux® treatment can spare children years of daily oral antibiotics or invasive surgery. MBUA are the first to offer this new treatment in Santa Cruz.

**Laparoscopic Prostatectomy**

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a catheter for only 7 days after laparoscopic prostate surgery, compared to 14-21 days after open prostate surgery. Numerous studies now show that laparoscopic prostatectomy provides the same cancer treatment success as open radical prostatectomy, but much less risk. Drs. Rosen and Benjamin have been performing laparoscopic radical prostatectomy since 1/03, and are available to consult with patients about prostate cancer treatment options.

**About Monterey Bay Urology Associates...**

Monterey Bay Urology Associates is committed to providing state-of-the-art urologic care to patients in Santa Cruz County. We are proud to be the leaders in our community in laparoscopic urologic surgery, minimally invasive prostate surgery, urologic oncology, female urology, and vasectomy/vasectomy reversal. We are happy to consult with you and your patients at any time.

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