OVERVIEW OF da Vinci LAPAROSCOPIC PROSTATE SURGERY

“The latest in cutting edge, minimally invasive surgery for prostate cancer”

WHAT IS a da Vinci LAPAROSCOPIC PROSTATECTOMY?

DA VINCI LAPAROSCOPIC PROSTATECTOMY is the removal of the prostate gland, seminal vesicles, and sometimes lymph nodes for the purpose of curing prostate cancer. Instead of making one 5 inch cut through the muscle of the abdomen, the DA VINCI LAPAROSCOPIC APPROACH uses 5 small ¼ inch cuts that do not cut any muscle. Through these cuts instruments are placed into the abdomen along with a camera that enlarges the view to 12 times magnification. The DA VINCI ROBOT is a tool used by DR. FAGIN to hold the LAPAROSCOPIC INSTRUMENTS and camera improving the precision, vision, and skill with which DR. FAGIN can perform the operation. The operation entails removal of the seminal vesicles and prostate while selectively preserving the muscles that help with urinary control, and the nerves that help with erectile function. The prostate sits between the bladder and penis, with a portion of the urethra running through it like a tunnel. So, after the prostate is removed the bladder is re-attached to the urethra with stitches, just as in open surgery but with the magnification and delicate precision of LAPAROSCOPIC SURGERY and da Vinci Robotics.

WHAT ARE THE ADVANTAGES OF da Vinci LAPAROSCOPIC PROSTATECTOMY OVER OPEN SURGERY?

1) The negative margin rates (“getting all the cancer out”) with da Vinci laparoscopic prostate removal have been shown to be equal to, and in some reports better than, that of traditional open surgery.
2) There is dramatically less blood loss and rarely need for blood transfusion
3) There is much less pain after surgery (many patients do not require any pain medication)
4) Patients typically require a hospital stay of only 23 hours
5) Patients are back to daily activities in a matter of days
6) Continence can often be achieved as soon as a few weeks after surgery
7) Gives patients an excellent chance of getting erections when the nerves are spared
8) The abdominal scar is minimized giving an improved cosmetic result
WHAT ARE THE COMPLICATIONS ASSOCIATED WITH DA VINCI LAPAROSCOPIC PROSTATE SURGERY?

1) <1% chance of delayed return of bowel function
2) <1% chance of bowel injury requiring colostomy
3) <1% chance of injury to bladder or ureters requiring additional surgery
4) <1% chance of prolonged urinary leak requiring extension of the hospital stay by a few days or continued catheter drainage for a slightly longer period
5) <1% chance of bleeding resulting in hematoma or blood transfusion
6) <1% chance of wound infection or hernia formation
7) <3% chance of urethral stricture
8) <5% of patients have incomplete return of urinary control 12 months after surgery

HOW DOES THE ROBOT WORK?

The daVinci Surgical Robot allows Dr. Fagin’s hand movements to be scaled, filtered and translated into more precise movements of micro-instruments. A larger hand movement by Dr. Fagin is translated into a smaller robot movement, and smaller movements can then become micro-precise. By replicating and scaling Dr. Fagin’s movements in real time the robot allows Dr. Fagin to more precisely perform the operation improving outcomes for patients. The robot cannot be programmed nor can it make decisions on its own. It is under the complete control of Dr. Fagin at all times. Use of the robot also significantly reduces surgeon fatigue by allowing Dr. Fagin to remain seated in a natural, comfortable position while operating.

3-DIMENTIONAL OPTICS

Standard laparoscopic surgery uses one single camera and limits a surgeon's vision to a 2-D view similar to watching your television. The daVinci robotic camera consists of two high resolution fiber optic cameras which, like your eyes, produce a true 3-dimensional color picture available to the surgeon seated at the daVinci console. Magnification of up to 12x can be achieved with these cameras whose position is precisely controlled by Dr. Fagin using a central robotic arm.
ROBOTIC MICRO-INSTRUMENTS

Although visually similar to standard laparoscopic instruments, the robotic instruments have the additional advantage of being articulated. This means the instruments not only open and close but also fully turn and twist, allowing 7 degrees of motion. Unlike standard open surgical instruments these instruments are much smaller. Many of the jaws of the tools are shorter in length than your fingernail and about as thin as the edge of a half dollar. This allows very small and precise movements and surgical cuts to carefully dissect out the prostate.

MINIMIZING BLOOD LOSS

Similar to standard laparoscopic procedures, the lower abdomen is filled with carbon dioxide gas. The carefully regulated pressure of this acts like an invisible hand to reduce blood loss and gently sweeps bowel away from the site where the surgeon is operating. The gas is not harmful, does not affect cancer cells in any way, and is exhaled away after surgery. The enhanced visibility and magnification of the robotic cameras aid the surgeons in finding small blood vessels before they bleed, which translates into lower blood loss. Now surgeons can keep blood loss to a minimum, which means an increased clarity of vision to more carefully identify essential anatomy of the prostate: the edges of prostate (margins), the urethra (continence), and nerves and blood vessels which may aid potency.

HOW LONG DOES THE SURGERY TAKE?

Operating time in Dr. Fagin’s hands is usually less than 1 ½ hours but it can be slightly longer depending on the difficulty of the case. The time you will be away from your loved ones is a few hours longer because of the prep time in the operating room and the recovery time at the end of the case.

HOW LONG WILL I BE IN THE HOSPITAL?

Hospital stay is usually less than 24 hours. This can vary, however, depending on how each individual recovers.

WHAT CAN I EXPECT WHEN I GO HOME?

Urinary Catheter - You will have a catheter in your penis for about 8 days. This diverts the flow of urine away from where we delicately sewed things back together and allows the urethra to heal up. You will get an x-ray in the morning of your office appointment and Dr. Fagin will evaluate your x-ray to see if your body has healed up well enough to remove the
catheter that day. Please bring a padded undergarment the day of your appointment. After catheter removal it will be very difficult for you to hold your urine. This function does return with time (see “OUTCOMES” section below for details). While your catheter is in it can cause irritation of the bladder which you may sense as urges to go to the bathroom, pain below your pubic bone, or leakage of urine around the catheter. This is normal and there are medications you can take to help reduce this occurrence (see “MEDICATIONS” section below for details).

Drainage Catheter - An additional drainage catheter will be placed in the left side of the abdomen. Over 99% of patients are able to have this catheter removed before going home. Those few patients that need to go home with this catheter usually have it removed at the same time as the urinary catheter.

Pain - Most individuals after da Vinci laparoscopic prostatectomy have some “gas” like pain the night after surgery but then require only pain medication similar to Motrin when they go home. Dr. Fagin will prescribe an additional stronger pain medication that some patients use as needed to further reduce what discomfort they may have. This should decrease day by day.

Activity - Although you will not be pain free, people feel very good after da Vinci laparoscopic surgery. Light activity can be resumed within 24 hours. Please remember that although you feel good on the outside, a lot of delicate work has been done on the inside and you need to wait 3-4 weeks before returning to full activity.

Medications – Dr. Fagin will prescribe an antibiotic (Levaquin or Bactrim DS) for you to take every day until the catheter is removed and for 3 days following catheter removal. You will also be given a stool softener (Colace). After any surgery the bowels tend to take some time before returning to regular function. Take your stool softener twice a day for a full month after the surgery to help your body get back into it’s usual routine. You will also get a medication for bladder spasms (Vesicare). Should bladder spasms arise take this medication once a day to reduce the frequency and severity of them. A pain medication (Vicodin) will also be prescribed to use as needed. If this is too strong Motrin, Advil, ibuprofen, or Tylenol may be used.

OUTCOMES

Urinary Control - Over 90% of patients have minimal urinary leakage 60 days after removal of the catheter, 92% are dry at 6 months, and 96% are dry at 12 months.

Erectile Function - 66% of patients under 65 years old, with bilateral nerve sparing are potent at six months and 76% at 12 months.

Cancer Control Rates – Cure rates vary depending on Gleason score and PSA. However, Dr. Fagin analyses his patient data regularly and is seeing negative margins (“getting all the cancer out”) in up to 91% of even locally invasive cancers.
SUMMARY

DA VINCI Laparoscopic Prostatectomy is not experimental. It is the latest in cutting edge surgery for cancer of the prostate. The cure rates, urinary control rates, and post-operative erectile function all compare favorably to traditional open surgery. In addition, blood loss, need for blood transfusion, hospital stay, and return to full activity are all significantly better when compared to open retropubic surgery.

da Vinci Laparoscopic Prostatectomy requires specialty training and outcomes are directly related to experience. Dr. Fagin obtained his training in laparoscopic prostate cancer surgery from the world’s experts in this technique. He has trained with the pioneers of this procedure in Paris, France and with the Head of Minimally Invasive Urologic Surgery at The Cleveland Clinic. As of June, 2005 Dr. Fagin has preformed over 500 radical prostate surgeries with over 350 via the da Vinci and laparoscopic technique. His operative times, blood loss, and outcomes are among the best internationally. He continues to perform 20 da Vinci prostate cancer surgeries each month which makes him #1 in the state of Texas and among the leading surgeons in the country.

da Vinci Laparoscopic Prostatectomy may not be appropriate for all patients. Risks and benefits vary from patient to patient, therefore your specific risks and benefits should be discussed with Dr. Fagin prior to you deciding on this operative procedure.
COMPARING daVinci LAPAROSCOPIC

Vs.

OPEN PROSTATE SURGERY

“Working to create improved patient outcomes”
Patients at The Urology Team have told us they are most concerned about several factors when deciding what type of prostate cancer treatment to undergo:

- Cancer Removal
- Continence
- Potency
- Safety
- Pain
- Blood Loss

**Cancer Removal**

Surgeons measure their success in eliminating cancer from a patient’s body by looking at the surgical margins – or the edges of tissue on the removed prostate. A pathologist will look at the removed prostate under a microscope, and if he sees cancer cells on the edge of the prostate, this is called a positive margin. The reverse of a positive margin is a negative margin – indicating all the cancer in the prostate has been removed.

Whether a cancer can be removed completely depends on two factors, the skill of the surgeon and how bad the cancer is. Thus any surgeon, no matter how good he or she is, will not be successful in removing all the cancer if the cancer is aggressive or particularly bad. Pathologists relate the aggressiveness of prostate cancer to tumor volume (how much cancer there is) and to tumor grade (how abnormal the cancer looks under the microscope). In the best of hands, reported literature shows that open surgery results in 76 percent of patients having negative margins or the complete removal of cancer.

With the daVinci Laparoscopic surgery, Dr. Fagin is able to completely remove the cancer in up to 91 percent of patients. da Vinci Laparoscopic surgery may be better at removing cancer completely because of the increased precision and magnification offered by the technique.

**Safety**

No matter how routine, there are risks to every operation. Complications during surgery can include a hernia at the “port,” where the scopes are inserted into the body, post-operative bleeding, deep venous thrombosis (DVT) or blood clots that develop in the veins of the legs and pelvis, or injury to surrounding structures including the bladder, ureters, and bowel. 85 percent of open surgical patients have NO complications whatsoever. Among Dr. Fagin’s da Vinci Laparoscopic patients, 98 percent have NO complications. This means that the da Vinci Laparoscopic approach is often a safer operation than the open prostatectomy.
Continence at Six Months

When the prostate is removed, one of three muscles that control urination is removed because this muscle lives in the prostate. The other two muscles are able to control urination in most men, but it will take some time until this happens.

Urinary control return in stages. In the first stage the bladder re-learns to store larger amounts of urine in the resting state. In the next stage patients are able to hold that urine while they are resting. In the final stage patients are able to control their urine while they are resting and while they are active. Until patients have gone through all of these stages they will leak urine, or be incontinent. Incontinent patients can wear pads to contain their urinary leakage.

For patients undergoing the open prostatectomy 25 percent have minimal urinary leakage at eight weeks, and 60 percent are NOT wearing pads six months after their surgery. For those patients having the daVinci laparoscopic surgery, 90 percent have minimal urinary leakage at eight weeks, and 92 percent are NOT wearing pads at six months. In other words, patients undergoing daVinci laparoscopic prostate surgery regain continence much faster than patients undergoing conventional surgery.

Potency at Six Months

One very common side effect of prostate cancer surgery (or radiation or hormone treatments) is impotence or the inability to have and sustain an adequate erection for sexual intercourse. While sexual desire, orgasm and sensation should be the same, most men notice a change in the quality of their erections. This is because the nerves and blood vessels required for erections often are pulled or cut during prostate surgery.

Over a period of 12-36 months erections will return for many patients. The rate of return depends on emotional factors, age, the partner, the level of current sexual activity and whether the doctor was able to preserve the nerves during surgery.

In the year 2002, reported literature showed that of patients having open surgery, 33 percent were able to have sexual intercourse six months after surgery. Among daVinci laparoscopic surgery patients, reported literature showed that 66 percent had erections strong enough for sexual intercourse six months after surgery and 76 percent at 12 months. As with continence, daVinci Laparoscopic patients appear to regain potency faster than patients undergoing open surgery, and it is likely that these results will improve with time. There also are many methods to improve sexual function, and we encourage using these.

Pain

After prostate surgery patients were asked to complete a pain evaluation test. A score of “1” indicated no pain at all, and a score of “10” indicated the worst pain imaginable. On average, patients undergoing the open procedure indicate an average pain score of “7-9,” and daVinci Laparoscopic patients indicate an average pain score of “2” with a range of “0-3”. In fact many patients (including physicians, surgeons, and lawyers) return to work in a matter of days after the daVinci laparoscopic surgery with minimal if any pain. In general, patients undergoing the da Vinci
Laparoscopic surgery have significantly less pain compared to patients having the open surgery and are able to get back to the activities of their life sooner.

**Blood Loss**

The prostate has multiple large blood vessels surrounding it. Therefore, bleeding during surgery is a common risk. Sometimes, blood loss is so significant that patients need a transfusion to replace what is lost. Average blood loss for an open surgery is over 1 liter resulting in the need for transfusion in up to 66 percent of patients having open prostate surgery. With the daVinci laparoscopic surgery blood loss is typically less than one tenth of a liter (less than one quarter of a soda can). Because of the dramatically reduced blood loss, less than 1 percent of patients undergoing daVinci Laparoscopic Prostatectomy by Dr. Fagin had to undergo a blood transfusion. Therefore, the risk of transfusion/blood loss with the daVinci Laparoscopic approach is much lower compared to open surgery.

Even though many patients undergoing open surgery do not require a blood transfusion, many of them are anemic when they go home. This results in a tired, washed out feeling. By comparison, daVinci Laparoscopic patients are NOT anemic when they go home. Thus, they are able to resume light activities in less than 23 hours and full rigorous activity in just a few weeks.

**Comparison**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Open Surgery</th>
<th>Da Vinci Laparoscopic Surgery</th>
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<tbody>
<tr>
<td><strong>Cancer Removal</strong></td>
<td></td>
<td></td>
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<tr>
<td>Negative Margins</td>
<td>76 percent</td>
<td>91 percent</td>
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<tr>
<td><strong>Continence at 8 weeks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[6 months]</td>
<td>25 percent</td>
<td>90 percent</td>
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<tr>
<td>(12 months)</td>
<td>[60 percent]</td>
<td>[92 percent]</td>
</tr>
<tr>
<td>(94 percent)</td>
<td></td>
<td>(96 percent)</td>
</tr>
<tr>
<td><strong>Potency at 6 months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erections firm enough for sexual intercourse</td>
<td>33 percent</td>
<td>66 percent</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td></td>
<td></td>
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<tr>
<td>No complications</td>
<td>85 percent</td>
<td>98 percent</td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td></td>
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</tr>
<tr>
<td>Patient response to Pain Score (1-10)</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td><strong>Blood loss</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for transfusion</td>
<td>33-66%</td>
<td>less than 1%</td>
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FREQUENTLY ASKED QUESTIONS

“Asking for, and getting, the very best”
FREQUENTLY ASKED QUESTIONS

General

Q: How many procedures has Dr. Fagin done?

A: Dr. Fagin has performed over 500 radical prostatectomies, and over 350 via the daVinci and laparoscopic technique (as of June 2005). He continues to perform 20 laparoscopic daVinci prostate cancer surgeries every month. He is the number one daVinci prostatectomy surgeon in Texas and is among the leading surgeons in the country performing this procedure. Dr. Fagin has been the invited guest to perform this operation for international audiences of Urologists and continues to teach surgeons from around the country his techniques. Dr. Fagin obtained his training in laparoscopic prostate cancer surgery with the world’s experts in this technique. He has trained with the originators of the procedure in Paris, France as well as with the Head of Minimally Invasive Urologic Surgery at The Cleveland Clinic.

Q: Does the daVinci laparoscopic approach result in a higher cancer cure rate than conventional surgery?

A: Because of the precision of the technique and the magnification of the laparoscopic camera, the completeness of cancer removal is reported to be as good and often higher for the daVinci laparoscopic surgery than with conventional open surgery.

Q: How long does the operation take?

A: Barring unusual circumstances, the actual procedure takes less than 1 ½ hours if the lymph nodes are not removed, and just under 2 hours if the lymph nodes are removed.

Pre-Operative

Q: Will I need to donate my own blood to have on hand during surgery if the need for a transfusion arises?

A: One of the many benefits of the daVinci laparoscopic approach is minimal loss of blood. In over 350 cases, Dr. Fagin has transfused less than one percent of patients having this surgery. Therefore, it is not necessary to have your blood.

Q: Will this operation render me sterile?

A: Yes, all patients undergoing radical prostatectomy will not be able to father children after the procedure. However, the nerves that give the ability to have erections can be sparing allowing many patients to continue to have erections after the surgery.
Post-Operative

Q: How long can I expect to stay in the hospital after the procedure?

A: 99 percent of daVinci laparoscopic prostatectomy patients are able to go home the day after surgery.

Q: After the daVinci laparoscopic prostate surgery, when will I be able to resume normal activities?

A: One of the major advantages of the daVinci laparoscopic approach is decreased pain which results in easier recuperation. Thus, most individuals undergoing this operation will be able to resume normal activities within 23 hours of surgery and can resume full unrestricted activity in 3 weeks. However, each individual heals at his own rate. You should listen to your body, and do what it tells you to do.

Q: After the daVinci laparoscopic prostate surgery, when will I have complete urinary control?

A: Results with daVinci laparoscopic prostate surgery indicate that 90 percent of patients have nearly complete urinary control (wearing less than 3 incontinence pads per day) as early as 8 weeks after surgery, 92 percent within six months, and 96% by 12 months. This is compared to conventional open surgery where less than 25 percent of patients have nearly complete urinary control at 8 weeks, 60 percent of patients within 6 months, and 94 percent by 12 months following surgery.

Q: After the daVinci laparoscopic prostate surgery, will I be able to have normal sexual relations immediately after surgery?

A: No. Even when the nerves are preserved, it takes time for them to heal and function. With conventional open surgery, if you are below 60 years of age and had normal sexual function there is a 33 percent chance of attaining erections by 6 months and a 76 percent chance that you will be able to resume sexual intercourse within 12 months. With a daVinci laparoscopic surgery 66% of patients resume sexual intercourse within 6 months of surgery and 76% by 12 months. Thus sexual function is recovered much quicker after daVinci laparoscopic prostate surgery than with conventional open surgery, but the long-term outcomes do not appear to be different.

Q: How long can I expect to be off of work after the procedure?

A: Many patients (including physicians, surgeons, and lawyers) are able to return to work in under one week. However, some patients take time off for one or two weeks after the daVinci laparoscopic prostate surgery. Long-term disability is not necessary after this procedure since complications are rare and recovery is typically rapid. Any further time off will be recommended if medically necessary.
General

How safe is the daVinci Robot for Laparoscopic Prostatectomy?

The daVinci is FDA approved for radical prostatectomies and is being used routinely in over 200 locations worldwide. (see intuitivesurgical.com for a current listing.) It is under the complete control of Dr. Fagin during the entire operation with no ability for independent movements. Each daVinci system is rigorously maintained, tested, and upgraded as necessary by Intuitive Surgical.

What happens if there is a malfunction in the daVinci System?

In the unlikely event of malfunction, or if Dr. Fagin feels that it is not safe to continue with the robot, the daVinci system will be withdrawn and the surgery can proceed laparoscopically without it. Dr. Fagin has one of the largest international experiences in daVinci laparoscopic prostate surgery and the instruments and supplies necessary to perform the surgery without the daVinci are kept on hand so that conversion, if necessary, can occur seamlessly.

Q: My doctor tells me that the surgeon loses tactile sensation with robotic surgery. How does this affect the outcomes of surgery?

A: Tactile sensation, the ability to perceive through touch, is an important part of open radical prostatectomy surgery. The surgeon usually uses this sense in the portions of the operation where he or she is not able to see clearly. Although with daVinci laparoscopic surgery true tactile sensation is lost, the ability to move the robotic camera to difficult locations within millimeters of where Dr. Fagin is working allows him to see things an open surgeon cannot, and do so with the 14 fold magnification of the robotic camera. Furthermore, Dr. Fagin has found that with experience, a pseudo-tactile sensation is developed and an appreciation of tissue texture and density is achieved. The combination of enhanced vision and experience with tissue handling more than compensates for the lack of real tactile sensation. This is why the results for daVinci laparoscopic robotic surgery are so good.

Q: Many urologists feel the benefits of daVinci laparoscopic surgery are unproven. What is your opinion?

A: Open radical prostatectomy is a highly sophisticated and finely developed operation. daVinci laparoscopic surgery achieves identical, and often better, cancer and functional outcomes when compared to the best open surgery. When it comes to surgery, whether you perform it through an open incision or via the daVinci laparoscopic technique, the same things matter: operative time, blood loss, negative margin rates (is all the cancer removed), post-surgical pain, time to recovery of urinary control, time to recovery of erections, time until recovery to full physical activity. All of this information is available on daVinci laparoscopic surgery and it shows equal, and more often, superior outcomes in all areas when compared to open surgery. The beauty of daVinci laparoscopic surgery is these exceptional outcomes are accomplished while minimizing bleeding and hastening recuperation and functional recovery of continence and potency. Why suffer if you don't have to?
Q: My Urologist tells me that it takes 15 years to know if a prostate cancer treatment really works. How can you tell that the da Vinci surgery works if it’s only been around for 5 years?

A: Waiting 15 years to analyze prostate cancer cure rates holds true for treatments that do not remove the prostate like radiation because you need to wait to see if all the cancer was killed or if it will eventually regrow in the prostate. With surgical removal of the prostate (da Vinci or the old open technique) the prostate is removed and once it’s out, surgical margins are the key. Surgical margins are the edges of the prostate gland and the Pathologist will look at this when the prostate is removed and tell you the answer to the question “did you get it all out?” If your surgical margins show no cancer at the edges, you got it all out. We have data from over 33,000 laparoscopic and da Vinci robotic prostate surgeries to show that the surgical margins are equal to, and in some cases, better than, what we were seeing with the old open surgery. So we don’t need to wait 15 years, because with surgery we know how good a job we did as soon as we get the pathology report after surgery.
Dr. Fagin is an Internationally Recognized Expert in Prostate Cancer Treatment

With one of the largest experiences in the world in Laparoscopic and daVinci Prostate Cancer Surgery Dr. Fagin is an internationally recognized expert in the field. He has been featured on NBC News, CBS News, FOX News, and has been interviewed on ESPN and Infinity Broadcasting radio. Dr. Fagin is the founder of da Vinci Robotic Surgery in Austin and is the Director of Robotic Surgery at St. David’s Medical Center. Dr. Fagin is the #1 daVinci prostate surgeon in the State of Texas and is among the leaders in this technique internationally. Patients travel from around the world to have Dr. Fagin perform their daVinci Laparoscopic Prostate Cancer Surgery and Surgeons travel from around the country to learn from Dr. Fagin his techniques.

Locations of patients who have traveled to have Dr. Fagin perform their daVinci robotic prostate surgery
Your daVinci Team

Dr Fagin is the #1 daVinci Surgeon in the state of Texas and one of the leading surgeons nationally. To bring you this exceptional level of care Dr. Fagin has put together one of the finest daVinci teams in the world. His team consists of five people.

1) The Anesthesiologist will be one of the skilled members from The Austin Anesthesia Group. This Anesthesia group has safely performed anesthesia for 100% of Dr. Fagin’s cases here in Austin and, as a part of Dr. Fagin’s team, has one of the largest anesthesia experiences with daVinci prostate surgery in the country.

2) There will also be a nurse and two surgical technologists who set up and manage the equipment necessary for Dr. Fagin to perform this complex operation. John Porter, Belinda Mirales, and Danae Pytell are the three who originally trained on the daVinci robotic system and were the first to bring their skills to the robotic program here in Austin. As the volume of surgeries Dr. Fagin performs each month has increased to over 20 cases, this core team has trained eight additional staff members to meet the demands of this surgical volume.

3) Sheri Moore is a Certified First Assistant licensed under both the Liaison Council on Certification for Surgical Technologists, as well as The Association of Surgical Technologists. She is also a Licensed Surgical Assistant with the Texas State Board of Medical Examiners and was hand picked by Dr. Fagin for her skill and knowledge to be a part of his daVinci team. Sheri began her career as a surgical technologist and went on to acquire additional training to become a first assistant. Sheri has been a part of Dr. Fagin’s team since 2003 and has performed over 300 daVinci and laparoscopic prostate surgeries with Dr. Fagin. In addition to Sheri’s twenty one years in the surgical field, her experience with Dr. Fagin in over 300 cases and her knowledge and skill as a daVinci first assistant, ranks her among the national leaders in this role. For a surgery as complex as daVinci prostatectomy, having a superior caliber first assistant like Sheri Moore at the patients side during the entire case is essential for the safety, efficiency, and exceptional outcomes Dr. Fagin has been able to achieve for his patients.
PRE-OPERATIVE INSTRUCTIONS

“What To Do, And Not To Do, Prior To Your Surgery”
**PRE-OPERATIVE INSTRUCTIONS**

**MEDICATION:**

<table>
<thead>
<tr>
<th>Medications You MAY Take Day of Surgery</th>
<th>Medications You May NOT Take Day of Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Take half of your insulin dose</td>
<td>• Water Pills</td>
</tr>
<tr>
<td>• Heart Pills</td>
<td>• Diabetic Pills</td>
</tr>
<tr>
<td>• Blood Pressure Pills</td>
<td>• Aspirin (stop minimum of 10 days prior to surgery)</td>
</tr>
<tr>
<td>• Seizure Pills</td>
<td>• Coumadin (generally stop 7 days prior to surgery – this must be cleared by the prescribing physician)</td>
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</tbody>
</table>

- Bring all medications in their labeled containers with you the day of surgery.
- DO NOT take aspirin or aspirin products within 10 days prior to your surgery date to reduce the risk of excess bleeding.
- Do not take Motrin or other non-steroidal anti-inflammatory drugs for 10 days prior to surgery. Do not take Coumadin or warfarin for 7 days prior to your surgery. **As noted above, you need to discuss stopping of coumadin/warfarin with your prescribing doctor.**
- Stop using certain herbal remedies such as Ginseng and St. John’s Wort for 10 days before surgery. Additionally, vitamin E and garlic supplements should also be stopped because they can increase the risk of bleeding during surgery.
- If you have taken any of these or if you have any other concerns, contact Dr. Fagin’s office at (512) 231-1444.

**PRE-OPERATIVE TESTING:**

- Once you have scheduled your surgery, the next step is to schedule your pre-operative testing. This generally consists of chest x-ray, some blood work and an EKG, which is an electrical picture of your heart. Be sure to do this 2 weeks prior to surgery so that if any of the results indicate the need for further testing this can be done without postponing your surgery.
DIET:

• **For the 2 days before your surgery:**
  o Follow a clear liquid diet.
  o Drink a bottle of *Citrate of Magnesia* at 9:00 a.m. each morning.
  o Drink plenty of fluids and avoid dairy products the day prior to surgery
  o do a Fleet’s enema at 5 p.m. the night prior to surgery
• **DO NOT eat or drink anything after MIDNIGHT the night before surgery** (including water, juice, coffee, chewing gum or lifesavers).
• NO alcoholic beverages 48 hours before or after surgery.

OTHER PREPARATION:

• Leave jewelry and other valuables at home. If you wear contact lenses, glasses, or false teeth, you must bring your case to store them during surgery.
• It is recommended that you start doing Kegel exercises six to eight weeks prior to surgery. Please see enclosed documents for more information on how to perform Kegel exercises.

ARRIVAL TIME:

• If you are the first surgery case of the day (before 9am), then arrive at the time Ambulatory Surgery recommends.
• If you are the second or third surgery case of the day, please arrive one hour earlier than what Ambulatory Surgery recommends. For instance, if your surgery is scheduled for 1 p.m., please arrive at 10 a.m. If your surgery is scheduled for 3 p.m., please arrive at 12 noon. This is necessary in the event that the preceding surgeries are finished earlier than expected.
POST-OPERATIVE INSTRUCTIONS

“What to expect after your surgery”
**POST-OPERATIVE INSTRUCTIONS**

*(AFTER YOUR SURGERY)*

**DIET:**

- Eat clear liquids such as Jello, broth, or juices (no soda or carbonated beverages) until you are regularly passing gas without difficulty or until you have a good bowel movement. You may then resume a regular diet. Avoiding gas-producing foods, such as beans and broccoli is still recommended.

**ACTIVITY LEVEL:**

- It is good for you to walk around.
- Do not sit in one place for long periods of time
  - When you do sit you may benefit from sitting on a donut shaped pillow since the area Dr. Fagin worked on is right where you sit.
- Absolutely no biking, motorcycling, or horseback riding for 4 weeks.
- You can do as much walking and stair climbing as you can tolerate.
- You may take a shower 48 hours after surgery. No tub baths, swimming or hot tubs for four weeks after surgery.
- Do not drive while taking pain medications.

**SKIN INTEGRITY:**

- You will have 5 port sites (small incisions that Dr. Fagin performs the surgery through) that will have steri strips (small pieces of tape) and Band-Aids over them.
- Band-Aids may come off in 48 hours. Steri strips may also come off as early as 48 hours post-surgery or they may stay in place until you are seen in clinic.
- Once your dressings are off, it is not uncommon to have a very small amount of drainage from where your dressings were. There are no staples or stitches to be taken out.

**URINARY CATHETER** (also called a Foley catheter):

- During surgery you will have a urinary catheter placed in your bladder. A urinary catheter is a tube carrying urine from your bladder to the outside of your body into a bag. This urinary catheter will stay in place for about 8 days to aid in the initial healing process where the bladder was sewn to the urethra. There is a balloon on the end of the catheter that prevents it from falling out of the penis. At home, the catheter should drain into a large bag. When you want to go out, you can wear a smaller bag under your pant leg. A separate information sheet in this packet details the care of this catheter.
- Putting antibiotic ointment (i.e. Neosporin) on the tip of your penis a few times a day while the catheter is in place can help to reduce the discomfort at the tip of the penis that some patients experience.
CLOTHING:

- After surgery, your abdomen may be bloated and it will be difficult to fit into your regular button pants. It is recommended that you wear elastic waisted pants for comfort.

MEDICATIONS:

- You may resume your daily medications as soon as you are discharged from the hospital. The only exception to this is Coumadin which is generally resumed after the foley catheter is removed.
- An antibiotic will be prescribed to you, to be taken by mouth. Start this the day you leave the hospital and continue taking this medication until 3 days after the catheter is removed. You will receive a prescription the day of your discharge.
- An anti-inflammatory pain medication will be prescribed for you, to be taken by mouth daily and an additional stronger pain medication will be prescribed to use if needed. You will receive these prescriptions the day of your discharge.
- A medication to reduce the frequency and severity of bladder spasms will also be prescribed and should be taken every morning until the catheter is removed.
- A stool softener should be taken by mouth two times daily. Senakot-S or Colace are good choices. You can buy this medication over the counter and do not need a prescription. All narcotic pain medications are constipating and a stool softener will help to prevent this.

RECOVERY TIME:

- The operation lasts less than 2 hours in Dr. Fagin’s hands and the hospitalization usually lasts less than 23 hours. All patients go home with a catheter in place continually draining the urine into a drainage bag.
- You will be seen about 8 days after surgery at The Urology Team Office to determine if the catheter will be removed at this visit. An x-ray that will be done the morning of your appointment, at a separate location, will help in making that determination.
- You can return to light activity within 23 hours and will be cleared by our team to return to unlimited activity generally 3 weeks after the surgery.
- Most men have difficulty with urinary control at the beginning and will require some form of protection, such as a pad that fits inside your underwear. That is why it is important at the first visit to bring Depend Guards for Men pads and a couple of pairs of Jockey underwear.
- Within one to three months, most men have achieved reasonably good control and require minimum protection, if any. Sometimes, the recovery of continence is slower, but rarely more than three to six months.
- Kegel exercises should be started/resumed after the Foley catheter is removed. These exercises help to regain your continence. At first it may be hard to find these muscles, but can be done by starting and stopping your urine stream. Once you find the correct muscles, repeat the flexing and relaxing of these muscles without urinating. Begin by squeezing the muscles for a count of 3, then relax for a count of 3. Work up to repeating these exercises for 2-3 minutes two to three times a day. These will help to strengthen your muscles around the bladder that help hold the urine. For more detailed information on how to perform Kegels, please see instruction sheet enclosed in this packet.
• The recovery of potency after a prostatectomy can be slow and time-dependent. Even though the nerves to the penis can be spared, there is still some injury from trauma or stretching from the operation. These damaged nerves need time to heal. At each follow-up visit, issues regarding sexual function will be discussed with you by your health care provider.

THINGS YOU MAY ENCOUNTER AFTER SURGERY:

• **Bruising around the incision sites:** Not uncommon and should not alarm you. This will resolve over time.

• **Abdominal Distention, Constipation or Bloating:** Make sure you are taking your stool softener as directed. If you don’t have a bowel movement 48 hours after surgery, try taking Milk of Magnesia as directed on the bottle. If after two doses of Milk of Magnesia, you still have not had a bowel movement, it is safe to use a Dulcolax suppository.

• **Weight Gain:** Do not be alarmed. This is temporary due to the gas and fluid shifts. Your weight will be back to your pre-operative weight in generally 5—7 days.

• **Scrotal/Penile Swelling and Bruising:** This is not abnormal and should not alarm you. It may appear immediately after surgery or may start 4—5 days after surgery. It should resolve in about 7—14 days. You may also try elevating your scrotum on a small towel or washcloth that you have rolled up when you are sitting or lying down to decrease the swelling. It is also recommended to wear Jockey or snug-fitting underwear for support, even with the catheter in place.

• **Bloody drainage around the Foley catheter or in the urine:** Especially after increasing activity or following a bowel movement, this is not uncommon. While this is often alarming, it is not uncommon and usually resting for a short period of time improves the situation. Call if you see clots in your urine or if you have no urine output for one to two hours.

• **Bladder Spasms:** It is not uncommon with the catheter in and even after the catheter comes out to have bladder spasms. You may feel mild to severe bladder pain or cramping, the sudden, urgent need to urinate, or a burning sensation when you urinate. You will be prescribed a medication called Detrol LA to take once a day to help reduce this discomfort.

• **Perineal Pain** (pain between your rectum and scrotum): Perineal discomfort may last for several weeks after surgery, but it will resolve. Call us if the pain medication does not alleviate this. You can also try elevating your feet on a small stool when you have a bowel movement, using Anusol ointment, and increasing the fiber and water intake in your diet. You may also benefit from using a donut shaped pillow to sit on.

• **Lower leg/ankle swelling:** This is not abnormal and should not alarm you. It should resolve in about 7—14 days. Elevating your legs while sitting will help.

FOLLOW-UP APPOINTMENTS:

• **8 Days after surgery:** You will come to see Dr. Fagin at The Urology Team office approximately 8 days after your surgery. The morning of that appointment a cystogram (an x-ray of your bladder) will be taken at an x-ray facility to see if enough healing has occurred in order to remove the Foley catheter. At this appointment, you will need to bring a pair or two of Jockey underwear and several Depend Guards for Men pads. Remember to continue your antibiotics until the catheter is removed and then for 3 days following the catheter removal.
• **6 weeks after surgery and every six months after that:** You will continue to follow up with Dr. Fagin at The Urology Team and will get a PSA drawn prior to each appointment to look for evidence of recurrence or re-growth of the tumor. If you are traveling from out of town your 6 week and every 6 month appointments can be with Dr. Fagin or your Urologist at home. Dr. Fagin cares about each one of his patients and enjoys staying in touch with all of his patients, even those that travel in from out-of-town to hear how they are doing. Dr. Fagin and his staff would love to hear how you are doing and have a great deal of experience assisting patients through their individual recovery. They are always available to answer questions and offer assistance if you should need.

**CONTACT INFORMATION:**

• Dr. Fagin and the doctors and nurses at The Urology Team are available for your questions, Monday through Friday from 8am until 5pm. For an after-hours emergency, please call
• (512) 231-1444 and you will receive instructions on how to call the Medical Exchange to reach the Doctor on call.

**CONTACT US IMMEDIATELY IF YOU ARE EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS:**

• Temperature over 101° F
• Urine stops draining from your catheter into the drainage bag
• Any pain so excruciating that pain medication is not relieving it
• Large amount of blood clots in urine.
• Bladder spasms that are not relieved with pain medication
CARING FOR YOUR FOLEY CATHETER

“What you need to know about your temporary urinary drainage tube”
CARING FOR YOUR FOLEY CATHETER

Home Care Instruction Sheet

GENERAL:
The Foley catheter, held in place by a balloon inside the bladder, allows continuous urine drainage into a collection bag.

- During the day, you will use the smaller leg bag that straps around your thigh. It lets you move around more easily, but it must be emptied every 3-4 hours, or as needed.
- During the night, you will use the larger, hospital-type bag. It does not need to be emptied as often. When you get into bed, be sure to arrange the drainage tubing so it does not kink or loop.

TO EMPTY THE COLLECTION BAG:

1. Wash your hands.
2. Remove the stopper on the small bag, or open the clamp on the large bag, and drain the urine. (DO NOT TOUCH THE END OF THE DRAINAGE SPOUT).
3. Replace the stopper, or re-clamp the drainage spout.
4. Wash hands.

TO CHANGE YOUR COLLECTION BAG:

1. Wash your hands.
2. Empty the collection bag.
4. Wash hands.

TO CARE FOR YOUR COLLECTION BAG:

1. Wash gently in warm (not hot) water.
2. Rinse with a solution of 1 tablespoon of vinegar in 1 quart of water.
3. Leaving the drainage spout open, hang the collection bag to air dry.
TO HELP PREVENT INFECTION:

1. Wash the area around the catheter at least twice every day, and as often as needed to keep the area clean and dry. Use soap and water.
2. NEVER pull on your catheter to try to remove it yourself.
3. Apply antibacterial ointment (ie. Neosporin) to the tip of the penis where it meets the catheter three or more times a day to lubricate the catheter and improve its comfort and reduce the risk of infection while it is in place.
4. Tape the catheter or attach the Velcro strap to your thigh for comfort.
5. Keep the drainage tubing free of kinks and loops.
6. ALWAYS keep the collection bag below the level of the bladder.
7. Drink at least eight (8) large glasses of water every day.

NOTIFY US IMMEDIATELY IF:

1. Urine stops draining from your catheter into the drainage bag
2. There are clots in your urine
3. You experience bladder spasms that are not relieved with pain medication
4. Temperature over 101 F
Kegel Exercises

“Exercising the muscles that will bring back your urinary control”
Pelvic muscle exercises strengthen the group of muscles called the pelvic floor muscles. These muscles relax and contract under your command to control the opening and closing of your bladder. When these muscles are weak, urine leakage may result. However, you can exercise them and in many cases, regain your bladder control.

To achieve the best results when performing these exercises, imagine yourself an athlete in training. You need to build the strength and the endurance of your muscles. THIS REQUIRES REGULAR EXERCISE.

It is recommended that you start doing Kegel exercises six-eight weeks prior to surgery.

Begin by locating the muscles to be exercised:

1. As you begin urinating, try to stop or slow the urine WITHOUT tensing the muscles of your legs, buttocks, or abdomen. This is very important. Using other muscles will defeat the purpose of the exercise.
2. When you are able to stop or slow the stream of urine, you know that you have located the correct muscles. Feel the sensation of the muscles pulling inward and upward.

TIPS

- You may squeeze the area of the rectum to tighten the anus as if trying not to pass gas and that will be using the correct muscles.
- Remember NOT to tense the abdominal, buttock, or thigh muscles.

Now you are ready to exercise regularly:

1. After you have located the correct muscles, set aside time each day for three to four exercise sessions (morning, midday, and evening).
2. Squeeze your muscles to the slow count of five. Then, relax the muscle completely to the slow count of five. The five second contraction and the five second relations make one “set.”
TIPS

• When your pelvic floor muscles are very weak, you should begin by contracting the muscles for only three to five seconds. Begin doing what you can and continue faithfully. In a few weeks, you should be able to increase the amount of time you are able to hold the contraction and the number of exercise sets you are able to do. Your goal is to hold each contraction for ten seconds, to relax for ten seconds, and to complete 25 to 30 sets in each of the three to four exercise sessions per day.

• In the beginning, check yourself frequently by looking in the mirror and placing a hand on your abdomen and buttocks to ensure that you do not feel your belly, thigh, or buttock muscles move. If there’s movement, continue to experiment until you have isolated just the muscles of the pelvic floor.

• If you are unsure that you are contracting the correct muscles, at your next exam, ask your urologist to help you identify the proper muscle contraction.

• Your bladder control should begin to improve in three to four weeks. If you keep a record of urine leakage each day, you should begin to notice fewer instances of bladder leakage.

Exercise your pelvic muscles regularly for a lifetime to improve and maintain bladder control.

• Pelvic muscle exercises also improve orgasmic function. Whether you are doing pelvic muscle exercise to improve or maintain bladder control or improve orgasmic function, or both, they must be done faithfully. Make them part of your routine.

• Use daily activities such as eating meals, watching the news, stopping at traffic lights, and waiting in lines as clues to do a few pelvic muscle exercises.

• If you are not finding the improvement in control we typically expect over the first 8 weeks you may benefit from bio-feedback or pelvic floor rehabilitation. This is essentially a physical therapist that can act as a personal trainer to work on the muscles you need to regain your urinary control.
SEXUAL FUNCTION AFTER 
DAVINCI LAPAROSCOPIC PROSTATE SURGERY

“When will my erection return”
SEXUAL FUNCTION AFTER

daVinci Laparoscopic Prostate Surgery

General

It is important to remember that regaining erectile function takes time after prostate surgery. Nerve tissue, even when spared by Dr. Fagin, takes time to recover from the inflammation and scarring that occurs after surgery. Recent studies, however, show that when the nerves are spared early use of medications like Viagra help to regain erections sooner.

Potency data for daVinci laparoscopic prostatectomy is limited to the small number of highly skilled surgeons in this procedure. Dr. Fagin, however, is one of the nation’s leaders in terms of experience with this procedure and records his data on patient outcomes. What follows is 2 years worth of his data in outcomes for nerve sparing.

<table>
<thead>
<tr>
<th>Nerves Spared</th>
<th>&lt;60 yr</th>
<th>60.1-65yr</th>
<th>65+year</th>
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<tr>
<td>Both (Bilateral)</td>
<td>76%</td>
<td>60%</td>
<td>50%</td>
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<tr>
<td>One (Unilateral)</td>
<td>61%</td>
<td>45%</td>
<td>35%</td>
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As one can see, the chance of regaining potency diminishes with age and with the number of nerves damaged.

Why Wouldn’t You Want To Spare Both Nerves?

Even though it is usually technically possible to spare the nerves, sometimes the nerves themselves can be invaded by cancer and must be removed in order to remove all of the cancer. If the cancer has not reached the nerves controlling erections, the Dr. Fagin is able to spare the nerves with exceptional precision provided by his experience and the visual capabilities of the daVinci robot. Although Dr. Fagin can spare the nerves there is no way to guarantee these nerves will function properly after surgery due to variability in patient anatomy, scarring, and condition. It is important to realize that some men never regain the ability to maintain an erection after daVinci prostatectomy regardless of nerve sparing.
How can I maximize my chances of regaining erections after surgery?

Some recently presented and published studies have found that daily and every other day doses of 100mg of Viagra for 6-9 months following prostate surgery increased ability to attain full erections when compared with groups who did not receive any medication. Because of this exciting new information Dr. Fagin prescribes Viagra 100mg every other day beginning one week after surgery.

When Can I return to Sexual Activity?

Let the surgery heal for three to four weeks before attempting anything. Stimulation of the nerves is thought to be a first step on the journey back to potency so take your Viagra and make regular attempts at stimulation beginning 4 weeks after surgery. Remember that you can still experience pleasures and sensual stimulations without full erections. The average time to recovery for erections adequate for intercourse (in those who do recover) is 6-12 months, but in some men it is even longer.

I Don't Have Erections After Surgery, Am I Impotent for Life?

Think of your erections as a well conditioned athlete, who has been injured. This injury is going to take time to heal. You should try to remain patient, and remember that this will be an ongoing battle for many months and even years. Rehabilitation of potency is much like a sports injury. Proper conditioning and medical treatment may potentially speed up recovery, but it is not guaranteed.

If you see any fullness in your erections in the months after surgery, this is a positive sign that some of the nerves are working or re-growing. You are taking the first steps down the potency recovery path.

Medical Therapies for Erections

Medical therapy requires a prescription from a doctor. Therapies include medications (Viagra, Cialis, Levitra), treatments (Muse), devices (Vacuum Pump) and small injections (Caverject, Trimix). All of these therapies have their respective costs and benefits.
Sildenafil (Viagra) has some, not 100%, success in prostatectomy patients. Nonetheless, existing literature on its use after radical prostatectomy suggests it may significantly aid potency. Certain heart medications and Viagra are potentially fatal. Viagra can sometimes produce headaches, skin flushing, and other side effects. Always obtain permission from your physician before starting Viagra.

Viagra works best if taken 1/2 hour before sexual activity. It should also be taken on an empty stomach, and remember that alcohol suppresses its effectiveness.

If you take viagra, and nothing happens, you may try it again. Viagra can be taken at anytime during the potency process, and will work better as the nerves heal. Thus it is possible, that it may begin to work later, even after not working initially. Viagra (R) is a product of Pfizer Inc., please visit their site for more information.

Tadalafil (Cialis) conceivably works similar to Viagra to encourage a faster return to erections. Just as with Viagra, potentially lethal combinations with certain other medications exist, so consult your physician before beginning Cialis. As advertised, Cialis can begin to work within 30 minutes, but notably, can work for up to 36 hours. Cialis is made by Lilly, you can learn more by visiting their site.

Vardenafil (Levitra) has been studied for use after radical prostatectomy, similar to Viagra, and is believed to aid the return to potency due to the positive results of such studies. As with both Cialis and Viagra, serious side effects with certain medications are possible, so consult your physician before use.
A tiny wax suppository is used to stimulate the erection, and is inserted with a small plastic device into the urethra. As many as 70% of men who fail to achieve erection with Viagra will be responsive to Muse therapy. There is, however, a potential irritating burning pain during the first several erections, and it costs more per use than the above oral medications. Muse videos demonstrating the process are free and can be sent to you upon request. Muse is made by Vivus, visit their site for more information.

**Vacuum Pump**
The vacuum pump is a non-invasive method to obtain erections that has been around for quite some time and offers a non-medicinal way to obtain erections.

*Caverject*, made by Pharmacia Corporation, effectively produces erections in approximately 80% of men, and may work in men for whom Viagra did not work. One drawback is that Caverject must be directly injected into the penis via a small syringe and needle by the patient, or the patient's partner, at home. However, it does reliably give a rigid and functional erection and studies have shown men using Caverject after radical prostatectomy have an earlier return to potency. An alternative to caverject is Trimix. This is a generic, and less expensive, mixture similar to Caverject which some men report is less uncomfortable to use due to the mixture of substances that make up the combination. You can ask Dr. Fagin about this mixture and which pharmacies can supply it to you.
In Conclusion

Many options remain available to enable men after prostate surgery to attain “natural” and artificially induced erections. While regaining erections is not possible for all men, it is important to remember that erection is just one part of a satisfying sex life. The other parts remain intact despite surgery. Sexual feelings, sexual fulfillment, climax and the sensation of orgasm are still available without erection.

The return of potency is dependent on several factors:

- **Previous sexual function before surgery.** Unfortunately, prostatectomy will at best return you to your level of sexual function pre-surgery. It will not improve upon what you already had before surgery.
- **Age.** The younger you are, the better your chances. Men under 65 have a better chance of regaining potency than those over 65.
- **How many nerves are spared.** As discussed previously, ideally both nerves can be spared and this will give you the highest chance of regain erections. However, even men with no nerve sparing can regain function.

**Ejaculation** (the release of fluid during orgasm) will no longer occur in any patient. This is because the seminal vesicles (which store fluid for ejaculation,) and the vas deferens (the tubes that carry sperm to the prostate), are removed and cut during the surgery. This means that you will no longer be able to father children by intercourse.

Talk with Dr. Fagin about what options may be right for you.
Important Information as you Make your Decision

“How do I know what questions to ask?”
WHAT SHOULD YOU LOOK FOR IN THE SURGEON YOU CHOOSE?

Make sure your surgeon does a high volume of daVinci prostate surgery. Studies have shown that outcomes from surgery are not only dependent on the total experience of the surgeon but the regularity with which he continues to perform the operation. For prostate surgery studies have quoted a minimum of 50 cases per year as a number a surgeon needs to perform to achieve consistent outcomes in the top tier of national results. The learning curve to become competent in daVinci laparoscopic prostate surgery is 40-60 cases. Dr. Fagin has performed over 350 daVinci and laparoscopic prostate surgeries and based on his current surgery volume will perform over 250 daVinci laparoscopic prostate surgeries in 2005 alone. He is currently ranked amongst the top 10 surgeons in the country performing this operation*.

HOW CAN YOU DETERMINE WHAT YOUR CHANCES OF A GOOD OUTCOME ARE?

If a doctor quotes you statistics on what outcomes you can expect to achieve with his technique find out if he is giving you nationally published data or data from his patients. If he tracks his own patient outcomes the information on his outcomes should be readily available to you. You want a doctor who can tell you what to expect in his hands, not just what has been published in the literature. Dr. Fagin tracks all his data and updates his outcomes monthly. All of the outcomes listed in this packet are his own and reflect his series of over 350 daVinci prostate cancer surgeries.

HOW DO YOU REALLY KNOW WHAT TO EXPECT AFTER SURGERY?

Ask your doctor to provide you with names and phone numbers of patients he has operated on to call. Talk to these people and get a feel for what it was like to go through that procedure. Dr. Fagin has a list of dozens of patients who have volunteered to have their phone numbers given out so they can be called by those individuals considering daVinci surgery. You can also visit with the local chapter of UsToo (a prostate cancer support group) to speak with patients that have had all forms of treatment with perfect and less than perfect outcomes. Their stories can be helpful in allowing you to make a fully informed decision. Mike Jones is the chapter leader in Austin and his phone number is available to you if you are interested in speaking to him or attending a meeting.

SO MANY OUTCOMES SOUND SO SIMILAR. HOW DO I CHOSE?

It is true that many treatments for prostate cancer carry similar cure rates. However, the side effects a treatment can result in, the ability to fix those side effects if they occur, and ability to treat a cancer that comes back differs greatly between treatments. Don’t just go for what sounds “easy”. Dr. Fagin prefers to treat prostate cancer with daVinci robotic surgery not only because he has seen it provide some of the highest cure rates, highest urinary continence rates, highest potency rates, and fastest recovery rates, but he also finds that it provides the greatest ability to fix the few less than perfect outcomes that do occur, and keeps the most options open if the cancer comes back. Since nobody can promise a perfect outcome, knowing that there is the greatest ability to fix a less than perfect outcome, and the most options open if the cancer comes back should play an important role in your decision as to what treatment you choose.

* intuitive surgical data based on annual surgical volume
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