

# Should I have surgery or radiation for prostate cancer?

Based on



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You may want to have a say in this decision, or you may simply want to follow your doctor's recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

## Prostate Cancer: Should I Have Radiation or Surgery for Localized Prostate Cancer?

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Your Summary

### Get the facts

#### Your options

- Have radiation treatment to the prostate.
- Have surgery to remove your prostate.

This topic is for men who have cancer that hasn't spread outside of the prostate (localized cancer) and who have already decided that they want to treat their cancer with either radiation or surgery. (Men with low-risk localized cancer—and some men with medium-risk cancer—may choose active surveillance or watchful waiting instead of treating their cancer right away.)

This topic is **not** for prostate cancer that has grown or spread outside of the prostate or for cancer that has spread throughout the body. Treatment choices are different for that stage of cancer.

#### Key points to remember

- Radiation therapy or surgery may be used to treat your prostate cancer. Both treatments work well. With either treatment, the chance of your cancer spreading is low.
- Both treatments have side effects, such as bladder, bowel, and erection problems. Radiation therapy is more likely to cause bowel problems. Surgery is more likely to cause leaking urine or erection problems.
- If your goal is to treat the cancer by having your prostate removed, then you may want to choose surgery. For some men, the idea of "getting the cancer out" brings a sense of relief. For other men, avoiding radiation may be what is important to them.
- If your goal is to treat the cancer and avoid the risks of major surgery, then you may want to choose radiation therapy. For some men, preserving their sexual function for as long as possible is what they value most. Having radiation rather than surgery may help avoid erection problems.
- One treatment may be better for you than the other because of how long you might live (your life expectancy), your other health problems, and how you feel about each treatment. You and your doctor can talk about your situation.

## What is localized prostate cancer?

Prostate cancer is the abnormal growth of cells in the prostate gland. Localized prostate cancer has not spread outside the gland. Early prostate cancer usually doesn't cause symptoms.

Prostate cancer is the most common cancer in men. Most men who get it are older than 65. If your father, brother, or son has had prostate cancer, your risk is higher than average.

African-American men have the highest rates of both prostate cancer and deaths from it.

About 12 out of 100 men in the U.S. will get prostate cancer.<sup>1</sup> But most men who are diagnosed with prostate cancer don't die from prostate cancer.

Unlike many other cancers, prostate cancer is usually slow-growing. When prostate cancer is found early—before it has spread outside the gland—it may be cured with radiation or surgery.

Prostate cancer that has grown beyond the prostate is called advanced prostate cancer. Treatment choices are different for that stage of cancer.

## Why is it important to know the risk level of your cancer?

Knowing whether your cancer is low-risk, medium-risk, or high-risk is important when you are making treatment choices.

The risk level of your cancer is based on the results from your tests and exams, such as the PSA test, digital rectal exam, and prostate biopsy.

- Low-risk means that the cancer isn't likely to grow right away. There is a chance it may grow so slowly that it never causes symptoms.
- Medium-risk means that the cancer is more likely to grow. Most men will likely need treatment with radiation therapy or surgery.
- High-risk means that the cancer will most likely grow right away. Men will likely need treatment with radiation therapy or surgery.

Your doctor can help you understand your test results and the risk level of your cancer. Then you can compare your treatment options and make the choice that seems best to you.

- **Surgery** takes out the prostate and any nearby tissue that may contain cancer, including lymph nodes. This surgery is called a radical prostatectomy (say "pros-tuh-TEK-tuh-mee"). A doctor can do it as open surgery by making a cut, or incision, in your belly or groin. Or he or she can do laparoscopic surgery by putting a lighted tube, or scope, and other surgical tools through much smaller cuts in your belly or groin. The doctor is able to see your prostate and other organs with the scope. In many places, robot-assisted laparoscopic prostatectomy is common. In this type of surgery, the surgeon controls the robotic arms that hold the tools and scope.
- **Radiation** uses X-rays and other types of radiation to kill the cancer cells. This may be done with:
  - External-beam radiation, in which a machine aims high-energy rays at the cancer.
  - Brachytherapy (say "bray-kee-THAIR-uh-pee"), in which tiny pellets of radioactive material are injected into or near the cancer.
  - Both kinds of radiation.

Radiation and surgery are treatments that destroy or remove localized prostate cancer. Both treatments also have long-term side effects, like bladder, bowel, and erection problems.

In the first 2 to 5 years after treatment, the chance of having erection or bladder problems is higher with surgery. And the chance of having bowel problems, such as an urgent need to move your bowels, is higher with radiation. But at 15 years, the chance of erection, bladder, or bowel problems is about the same with either treatment.<sup>2</sup>

One treatment may be better for you than the other because of how long you might live (your life expectancy), your other health problems, and how you feel about each treatment. You and your doctor can talk about your situation.

### Follow-up treatment

After either treatment, you will need regular checkups. You will probably have:

- Physical exams.
- Prostate-specific antigen (PSA) tests.
- Digital rectal exams.

## What are the risks of surgery?

A radical prostatectomy has all the risks of any major surgery, including:

- Heart attack.
- A blood clot in an artery in the lung (pulmonary embolism).
- Bleeding.
- Infection.
- Reactions to anesthesia or other medicines.
- Death (rare).

Prostatectomy also may cause bladder problems and erection problems. More and more often, this surgery is being done in a way that saves the nerves that control erections.

- **Erection problems.** How much surgery affects a man's erections depends on his age, his sexual function before his surgery, and the location of his tumor. In one study, 67 out of 100 men had erections firm enough for intercourse before they had surgery. Six years later, 17 out of 100 men who had surgery had erections firm enough for intercourse.<sup>3</sup>
- **Bladder control problems,** such as not being able to hold urine (urinary incontinence). The degree of incontinence can range from needing to wear pads to dribbling urine now and then during stressful activities.

Surgery also can cause scar tissue that may narrow the outlet to your bladder. Or your rectum or urethra could be injured.

Studies show that men have fewer side effects when this surgery is done by a doctor who has done it many times.<sup>4</sup>

## What are the risks of radiation treatment?

Radiation treatment for prostate cancer may increase a man's risk for having another cancer later in life, such as bladder or rectal cancer.

Some radiation side effects, like urinary problems, are usually short-term problems that go away with time. But a radiation side effect can become a long-term problem. Common side effects from radiation treatment include:

- Bowel problems, such as rectal pain, diarrhea, blood in your stool, and rectal leakage.
- Erection problems that develop over time. In one study, 67 out of 100 men had erections firm enough for intercourse before they had radiation. Six years later, 27 out of 100 men who had radiation had erections firm enough for intercourse.<sup>3</sup>

For men with higher-risk prostate cancer, radiation treatment may be given along with hormone therapy. Hormone therapy has side effects, such as the loss of bone density and muscle mass. It can also increase the risk for bone fractures, diabetes, and heart disease.

## Does one treatment work better than the other?

Men who choose either treatment have a low risk of dying from prostate cancer. One study found that the risk of dying was about the same no matter what treatment men with localized prostate cancer had.<sup>5</sup>

## Why might your doctor recommend one treatment over the other?

Your doctor might advise you to have **surgery** if:

- You are healthy enough to have major surgery.
- Radiation therapy isn't a good option for you because you have had previous radiation therapy to your pelvic area or you have a serious bowel disease such as ulcerative colitis.

Your doctor might advise you to have **radiation** if:

- You want to avoid the side effects of surgery, such as leaking urine and erection problems.
- You have other health problems that make surgery too risky.



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### Compare your options

	Have surgery	Have radiation
What is usually involved?	<ul style="list-style-type: none"> <li>You will be asleep for the surgery.</li> <li>You will stay in the hospital for 2 to 4 days.</li> <li>For 1 to 3 weeks after surgery, you will have a thin, flexible tube called a catheter in your bladder to drain your urine.</li> <li>After surgery, you will have regular tests and doctor visits to find out right away if the cancer has come back or has grown (if the cancer wasn't able to be completely removed).</li> </ul>	<ul style="list-style-type: none"> <li>With external-beam radiation, the radiation is aimed at the cancer. Treatment usually is five times a week for 4 to 9 weeks. Sometimes higher doses of radiation can be given over several weeks (hypofractionated radiation therapy).</li> <li>For internal radiation, a doctor injects radioactive material into the prostate.</li> </ul>
What are the benefits?	<ul style="list-style-type: none"> <li>It takes time—maybe a year or more—to know from test results if the cancer is gone.</li> <li>Radiation may be a better choice for men who want to avoid the side effects of surgery, such as leaking urine and erection problems.</li> <li>It may be a better choice for men who have other health problems that make surgery too risky.</li> <li>You avoid the risks of major surgery.</li> </ul>	<ul style="list-style-type: none"> <li>During surgery, your prostate will be removed. This allows your doctor to find out right away if all of the cancer is gone.</li> <li>Your doctor will also be able to study the tumor to find out how likely it is that the cancer will come back or grow (if the cancer has already spread outside the prostate).</li> <li>Removing the prostate makes it easier to look for future rises in PSA levels that may show the cancer has come back.</li> </ul>
What are the risks and side effects?	<ul style="list-style-type: none"> <li>The cancer could come back or grow.</li> <li>Surgery often leads to long-lasting bladder control problems (urinary incontinence). How bad it is ranges from dribbling now and then to needing to wear incontinence pads.</li> <li>Many men have erection problems after surgery.</li> <li>Risks of any surgery include bleeding, infection, blood clots, and problems from anesthesia.</li> </ul>	<ul style="list-style-type: none"> <li>The cancer could come back or grow.</li> <li>It can cause bowel problems, such as a sudden urge to move your bowels.</li> <li>You could have erection problems that develop over time, often several years after radiation.</li> <li>If your cancer is high-risk, you'll likely have hormone therapy after radiation treatment. Hormone therapy has side effects, such as the loss of bone density and muscle mass. It can also increase the risk for bone fractures, diabetes, and heart disease.</li> </ul>



## Personal stories about having a prostatectomy or radiation therapy

These stories are based on information gathered from health professionals and consumers. They may be helpful as you make important health decisions.

My doctor told me I have prostate cancer. After I got over the shock, we talked about my treatment choices. My doctor told me the cancer is small, so I have taken some time to think about it. I could have surgery to remove my prostate or use radiation to try to kill the cancer. Except for this cancer, I am in good health and hope to live a good long while, so I have decided on a radical prostatectomy. I realize the surgery may cause problems with holding my urine or getting an erection, but I do not like the idea of cancer slowly growing in my prostate. I want to get rid of it and not just try to kill it with radiation.

**Sam, age 50**

I really was not all that surprised when my doctor told me I had prostate cancer. My father had prostate cancer too. My doctor told me there were several treatment options. Since I have a family history, I feel that I need to be as aggressive as possible in my treatment of the cancer. For me, that means having the radical prostatectomy.

**David, age 62**

My doctor told me after my last checkup that I have prostate cancer. I've got some heart problems that may make surgery more risky for me. So I'm choosing to have radiation therapy. We are also talking about using hormone therapy to try to increase the effectiveness of the treatment. I'm not that concerned about the side effects. I just want to enjoy a little more time with my family.

**Mark, age 67**

Lots of men get prostate cancer as they get older. I guess that makes me a statistic. My doctor told me there are several different ways to treat my cancer. I want to do something, but at my age I'm not keen on having surgery. I also thought about my age and how long most men live after being diagnosed with prostate cancer. For me, choosing radiation therapy is the best balance between doing something and not doing too much.

**Steven, age 72**

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## What matters most to you?

Your personal feelings are just as important as the medical facts. Think about what matters most to you in this decision, and show how you feel about the following statements.

Reasons to have surgery

Reasons to have radiation

I would rather have surgery.

I would rather have radiation.

More important

Equally important

More important

I am more concerned about the risks of radiation than I am about risks from surgery.

I am more concerned about the risks of surgery than I am about the risks from radiation.

More important

Equally important

More important

I want my doctor to know what kind of tumor I have.

It's not important to me for my doctor to know what kind of tumor I have.

More important

Equally important

More important

I'm not worried about the higher risks of erection problems in the first few years after surgery.

I don't want to risk having erection problems in the first few years after surgery.

More important

Equally important

More important

My other important reasons:

My other important reasons:

More important

Equally important

More important

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### Where are you leaning now?

Now that you've thought about the facts and your feelings, you may have a general idea of where you stand on this decision. Show which way you are leaning right now.

**Surgery**

**Radiation**



Leaning toward

Undecided

Leaning toward

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## What else do you need to make your decision?

### Check the facts

1. Is surgery always the better treatment for a man who has localized prostate cancer?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

2. In the first few years, does surgery have a greater risk of causing bladder control and erection problems than radiation?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

3. Does your surgeon's experience affect your risk of side effects?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

### Decide what's next

1. Do you understand the options available to you?

Yes

No

2. Are you clear about which benefits and side effects matter most to you?

Yes

No

3. Do you have enough support and advice from others to make a choice?

Yes

No

### Certainty

1. How sure do you feel right now about your decision?



Not sure at all

Somewhat sure

Very sure

2. Check what you need to do before you make this decision.

- ☐ I'm ready to take action.
- ☐ I want to discuss the options with others.
- ☐ I want to learn more about my options.

Use the following space to list questions, concerns, and next steps.

**End.**

**(section 6 is  
simply a  
summary)**