

---

---

THE KRONGRAD INSTITUTE

---

---

LAPAROSCOPIC RADICAL PROSTATECTOMY

# Reducing the burden of prostate cancer

[www.laprp.com](http://www.laprp.com)



The Krongrad Institute was established to provide minimally invasive prostate cancer surgery. Establishment of the Institute in 1999 was driven by a dramatic technical advance in prostate cancer surgery: the development of laparoscopic radical prostatectomy (LRP).

Arnon Krongrad, M.D. and his colleagues literally wrote the book on the technique of LRP. Dr. Krongrad pioneered the application of LRP in North America. The Krongrad Institute is the world's only private program exclusively devoted to LRP.

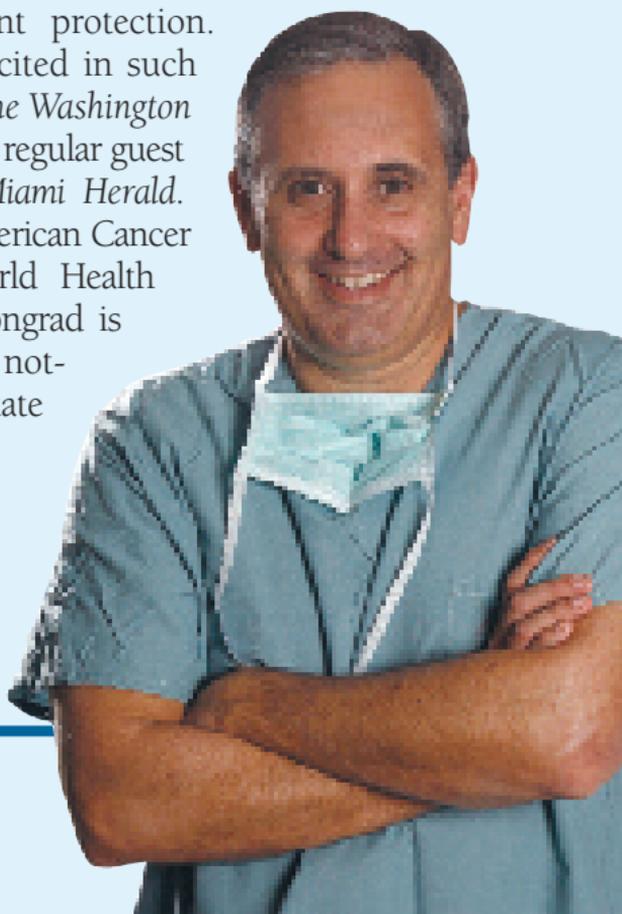
Dr. Krongrad and his staff deliver personal, supportive care to patients from around the world. The Institute's roots as a private program committed to individual care have led to informal and friendly relationships with hundreds of patients.

Arnon Krongrad, M.D. received a medical degree from the College of Physicians & Surgeons of Columbia University in New York and surgical training from the University of Hawaii and the Mount Sinai Medical Center in New York. He was awarded the Dornier Scholarship of the American Foundation for Urological Diseases, which supported his molecular biological research at the University of Texas Southwestern Medical Center in Dallas.

Dr. Krongrad's original research has been published in *The Journal of the American Medical Association*, *Cancer Research*, and other highly regarded professional journals. His work has been awarded patent protection. His work has been cited in such media as *Time* and *The Washington Post*. Dr. Krongrad is a regular guest contributor to *The Miami Herald*. He has served the American Cancer Society and the World Health Organization. Dr. Krongrad is Chairman of the not-for-profit The Prostate Cancer Project.

---

Dr. Arnon Krongrad



## PATIENTS SPEAK

*“[Dr. Krongrad was] God’s gift to me, but not only to me, but to the many men in America who are suffering with this life-threatening disease of prostate cancer.”*

Pat Robertson  
Chairman  
The Christian Broadcasting Network

*“Many, many thanks to Dr. Krongrad, a fellow swimmer, for making us feel like family, providing a much-needed pre-op workout, delivering painless prostate cancer cure, and allowing me, within a few short weeks of surgery, the realistic dream of a swimming world record.”*

Robert Patten  
Masters Swimming world record holder

*“In my humble opinion, there is no finer surgeon, doctor, and human being than Dr. Krongrad. He was there for me in a time of real turmoil and helped guide my wife and me through it all as easily, compassionately, and professionally as one could ask.”*

Robin Cole  
Pittsburgh Steelers  
Two-time Super Bowl Champion

*“All my training, research, and personal experience as a patient have led me to an overwhelming conclusion: there is no more experienced, efficient, and supportive way to have a radical prostatectomy than the LRP that I chose for myself.”*

Nils Schoultz, M.D.  
Urologist

*“I took some Tylenol just to make her happy.”*

Billy Ewing  
Retired meteorologist and amateur tuba player

# Common Questions

## **What is the prostate? Where is the prostate?**

The prostate is a nonessential, secretory, secondary sexual organ. Men have a single prostate attached to paired, nonessential secretory organs known as seminal vesicles. The human prostate is positioned deep in the pelvis behind the heavy pubic bone and enmeshed in other structures. The position of the prostate complicates surgical access.

## **What is my risk for prostate cancer?**

One in six American men will be diagnosed with prostate cancer.

## **Is prostate cancer dangerous?**

Prostate cancer is a progressive and potentially painful and fatal illness. The United States loses approximately 500 men to prostate cancer every week.

## **Are tests available for early detection of prostate cancer?**

Yes: PSA and DRE.

## **What is PSA?**

PSA is prostate-specific antigen. The concentration of PSA in the blood provides a measure of the risk of having prostate cancer. For instance, a PSA concentration between 2.5 and 4.0 ng/ml is associated with a 25% probability of prostate cancer.



*Ask the right questions.*

### **What is a DRE?**

DRE is digital rectal examination. Some prostate cancers form palpable nodules that can be detected with a trans-rectal physical examination of the prostate. The DRE complements the PSA in the early detection of prostate cancer.

### **Do PSA and DRE prove I have prostate cancer?**

No. These two tests measure risk of prostate cancer, a diagnosis that can then be confirmed with a biopsy.

### **I have been diagnosed with prostate cancer.**

#### **Is it something I did?**

No clear link has been established between behavior and prostate cancer.

### **What is the key to effective management of prostate cancer?**

We do not cure prostate cancer that has spread. The key to effective management of prostate cancer is early detection – before the cancer has spread.

### **What is a radical prostatectomy?**

The radical prostatectomy is the complete surgical excision of the prostate, seminal vesicles, tips of the vas deferens, and, depending on oncological considerations, surrounding fat and nerves.

### **What is an LRP?**

Laparoscopic radical prostatectomy (LRP) is a minimally-invasive form of radical prostatectomy, an operation previously done with open surgical techniques.

### **Who is a candidate for LRP?**

Any man diagnosed with localized prostate cancer may benefit from LRP. The decision to have a prostate cancer operation revolves around numerous considerations.

### **How is LRP different from open radical prostatectomy?**

In contrast to the open radical prostatectomy, LRP does not require a large abdominal incision and relies on tiny puncture wounds; most are no longer than five millimeters. LRP makes no use of heavy retractors and does not require the abdominal wall be

---

parted and stretched. LRP is a relatively bloodless and well coordinated operation.

LRP and open radical prostatectomy both remove the entire prostate and attach the urethra directly to the bladder. In excision and reconstruction, they are the same.

### **What are the benefits of LRP?**

The primary benefits of LRP are marked reductions in blood loss and pain. At the Krongrad Institute, the typical operative blood loss is 50 ccs. At the Krongrad Institute, the typical patient takes no narcotic analgesia. The reduction in pain permits most patients to get on their feet within hours and to leave the hospital after an overnight stay. Some patients have been back to work within 48 hours of surgery.

### **What are the risks of LRP?**

LRP is major surgery and is done under general anesthesia. It is associated with the risks of cardiovascular complications, conversion to open surgery, infection, infertility, injury to adjacent organs such as the rectum, erectile dysfunction, urinary incontinence, pain, bladder neck scarring, and disease recurrence.

### **Can lymph nodes be removed with LRP?**

Yes. Lymph nodes, to which prostate cancer may spread, can be removed during an LRP. The decision to remove lymph nodes depends on an individual risk-benefit analysis that today almost always favors not removing them.

### **Can the neurovascular bundles be preserved?**

Yes. The neurovascular bundles, whose preservation is associated with the likelihood of maintaining erections, can be preserved. The decision to preserve one or both neurovascular bundles depends on an individual analysis.

### **Does LRP require a catheter, drain, dressings, or stitches?**

Yes. Like any radical prostatectomy, LRP requires reconstruction of the bladder-urethra connection. A catheter is left in the urethra, connected to a drainage bag. Stitches dissolve by themselves and require no special care. Surgical dressings for LRP are five adhesive dots used to cover the entry sites.

Get the best care.



### **What can I expect immediately after LRP?**

After recovering from anesthesia, almost all patients start to drink clear liquids. In the first few hours, most patients get out of bed and stretch their legs. Most have walked around the nurse's station by nightfall and most leave the hospital the next morning. Patients are discharged with a catheter connected to a leg bag, which fits under their pants. Most patients shower within 24 hours of surgery.

### **What can I expect after getting home?**

The single most common complaint after hospital discharge is sleep deprivation and fatigue. The other major complaint is a sense of bloating. This bloating seems related to the effects of surgery, anesthesia, and bed rest on intestine function and responds well to walking, which helps the patient expel gas, and regain overall comfort and appetite.

### **What happens to my medical records and who will take care of me when I get home?**

We work with our patients to transmit any and all relevant medical data to their home physicians. For those who chose to stay a while, we provide all follow-up medical care.

### **What is the long-term follow up after LRP?**

In most cases treated with LRP there is no need for added treatments. Surveillance with period checkups, including measurements of PSA levels, should be done in all cases.

For additional information,  
please visit us at [www.laprp.com](http://www.laprp.com)

SUPPORT

## WHAT THE AMERICAN CANCER SOCIETY HAS TO SAY ABOUT LAPAROSCOPIC RADICAL PROSTATECTOMY\*

“Laparoscopic radical prostatectomy (LRP) has advantages over the historical open radical prostatectomy, including less blood loss and pain, and shorter hospital stays (usually no more than a day) and recovery times...LRP is as efficient as open radical prostatectomy. LRP is associated with greater precision and control than open radical prostatectomy...”

“Some surgeons do LRP remotely...by use of a robotic interface...For the patient there is no difference between direct and remote LRP. The choice of direct or remote/indirect LRP reflects surgeon's preference of tools, much as use of needle and thread or sewing machine might reflect the preferences of a seamstress. Far more than a choice of instruments, the factor most determining clinical success is the surgeon's experience, commitment and focus.”

“If you decide that LRP is the treatment for you, be sure to find a surgeon with a lot of experience doing LRP.”

\*American Cancer Society *Quickfacts Prostate Cancer* 2007

---

**THE KRONGRAD INSTITUTE**  
LAPAROSCOPIC RADICAL PROSTATECTOMY

[www.laprp.com](http://www.laprp.com)

Arnon Krongrad, M.D.  
21110 Biscayne Boulevard, Suite 208  
Aventura, Florida 33180 USA

tel: (305) 936-0474 • fax: (305) 936-0498 • [info@laprp.com](mailto:info@laprp.com)