Quality of life after radical prostatectomy: Continuing to improve on our track record

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In the past year alone, over 23 000 new cases of prostate cancer were diagnosed in Canada.¹ These Canadian men face multiple challenges along their cancer journey. Quite often, these patients report a lack of preparedness and confusion prior to choosing treatments, as well as challenges managing treatment side effects. The patient-driven and patient-centred medicine of today must focus on how these treatment decisions will affect their overall quality of life.

Although there have been published reports of patients who have undergone radical prostatectomy (RP), both robotic (RARP) and open RP (ORP), most are retrospective single surgeon experiences.²⁻⁴ Numerous attempts have been made to quantify and evaluate the outcomes in RARP and ORP.⁵ The article by Rush and colleagues⁶ is the first of its kind to provide a uniquely Canadian-based experience with a large number of patients at the hands of experienced urooncologists. The authors have retrospectively analyzed the impact of RARP and ORP with respect to the individual patient's quality of life. This is a very important contribution to our understanding of quality of life in Canadian patients facing surgery.

Patient empowerment and shared decision-making with quality outcomes are becoming increasingly important in the area of oncological care. The important role that quality of life outcomes play in patient counselling and selection of treatment modality cannot be stressed enough. The manner in which post-surgical quality of life is discussed *before* surgery varies between surgeon and patient, thus the results in this study may vary by centre or by differing patient cohorts. Unfortunately, the authors do not comment on the preoperative counselling that took place in their cohort. Additionally, patients seek out information from other sources, such as

prostate cancer survivors, the internet, and other health practitioners.⁷ There can be a significant impact on patient perceptions and expectations before and after surgery. Again, this information is not presented.

Standardized preoperative counselling could help alleviate and optimize realistic expectations. In fact we know that patient satisfaction is highly correlated with preoperative expectations.^{5,8-12} Satisfaction is multifactorial, and managing patient expectations should reduce unnecessary dissatisfaction. Symon and colleagues found discrepancies between patients' preoperative expectations regarding surgical outcomes and their observed sexual side effects.¹⁰ Some institutions in Ontario have gone to a nurse navigator model for preoperative counselling prior to a patient choosing their definitive treatment modality. The thought is that this would reduce bias from surgeons or radiation oncologists. The evaluation of this type of model will provide us with further guidance.

It is evident that we, as physicians and healthcare providers, still struggle to provide patients with the information they need to make informed decisions.^{13,14} Further improvements in direct communication and fostering an environment of patient-directed decision-making should continue. This article addresses the emergence of RARP at a Canadian academic centre and the quality of life outcomes. The constant evolution of innovative technology in medicine is a continual process, and what is popular now may not be so in the future. It is important to keep in mind the art of medicine; we are treating both the patient and the disease. As urologists, we face a complexity of issues in the new era of prostate cancer treatment. The intricacies of these issues undoubtedly conclude with the idea that the ideal outcomes are achieved by the careful preoperative selection of the right treatment for the right patient. In carefully counselling patients of the new available technologies, we can manage expectations and maximize satisfaction with optimal quality of life outcomes.

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