

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

Issue 62: August 2016

Website: www.rpcsg.org.uk

THE AUGUST MEETING

The August meeting was attended by 38 people. The Chairman first announced the sad news of the passing of Tony Sawyer, who had been suffering from pancreatic cancer. Tony had been a member of the group for more than four years, and he will be very much missed.

The meeting then continued as an Open Meeting, but with a difference. Instead of previous open meetings at which a few members related their experiences, the August meeting was a chance to chat to other members, and to exchange experiences and information. The meeting was organised into four seated groups of about 10 people each, to facilitate freedom to discuss any topic of interest within the group. The main messages that emerged from each group were then discussed generally. The meeting proved quite successful, with several people finding the discussions useful.

CUPCAKES RETURN

At the start of the meeting, we were treated to some delightful cupcakes. These were very welcome, many thanks go to the daughter of the group member who made them.



A selection of the cakes!

THE SUMMER SOCIAL

The Summer Social was held on the 24th August at the Calcot Hotel. It was again a very enjoyable occasion, with a buffet meal served by the hotel, and a quiz and raffle. Many thanks to all who helped to organise the event, and to the guests. A particular thank you to Graham Cook for doing a great job in hosting the event.

OPEN SURGERY OR ROBOTIC? THE DEBATE CONTINUES

Going back quite some time, open surgery was the only route to a prostatectomy, i.e. an incision is made in the body, enabling the surgeon to have full view of the prostate and surrounding area, whilst he performs the operation.

A development came along in the form of laparoscopic surgery, popularly known as 'keyhole' surgery. This method uses several incisions in the body, but the incisions are very small, as the surgeon only needs to insert a small telescope to see his progress, and several small instruments, which he manipulates by hand from outside the body. The advantages are less scarring, less pain, a shorter stay in hospital, a reduced risk of infection, and faster recovery.

Then robotic surgery for prostatectomies became available, whereby the surgeon sits at a machine remote from the patient. He manipulates controls by hand, and the robotic machine activates the instruments according to the controls. The surgeon has a 3D magnified image to view on a screen. The robotic machines are sometimes referred to a robotic-assisted laparoscopy.

The several advantages claimed for the robotic approach as compared to the open surgery, include the accuracy from a 3D viewing screen, the fact that the machine removes any tremors in the surgeons hands,

faster recovery times, and less bleeding due to the use of pressurised gas in the body cavity.

However, a study recently published in The Lancet said that from 12 weeks after surgery, there was no difference in recovery or side effects between two groups, one of which had open prostatectomies, and the other had robotic surgery.

A urological surgeon named Alan Doherty of University Hospitals Birmingham NHS Trust has returned to open surgery, as he claims that he obtains better results with open surgery. He said that a surgeon receives no sense of touch from the robotic machine, hence cannot judge the softness of tissue. He said that cancerous tissue is invariably harder than normal tissue, and so the 'open' surgeon can better know when he is dealing with cancerous tissue.

You can read more about this at the following web page, although when I look at this web page, the article appears to be cut short:

<http://www.pressreader.com/uk/scottish-daily-mail/20160802/282213715196869>

An international team of researchers carried out an investigation and their findings were published in the Journal of Clinical Oncology. The findings showed that men treated with robotic surgery had more complications and side effects than with open surgery. You can read more detail at this web page:

<http://www.harvardprostateknowledge.org/robot-assisted-prostate-surgery-better-standard-operation>

Some interesting work is being carried out by the Centre for Robotics Research at King's College, who are working on giving the robotic machine surgeons some sense of touch. A robotic probe will give some form of haptic feedback to the surgeon, enabling him to better distinguish the location of tumours, and so improve the quality of the surgery. More detail is in this web page:

transmitting-the-doctors-sense-of-touch-transforming-robotic-surgery/

Yet another development is autonomous robots. These machines will be able to carry out surgery in an autonomous manner,

fortunately with human supervision! Detail can be seen in this article:

<http://www.dailymail.co.uk/sciencetech/article-3573347/Would-trust-robot-surgeon-Machines-prove-carry-soft-tissue-surgery-BETTER-humans.html>

An advantage claimed for this technique is that it may even outperform human experts in some types of procedures.

RICHARD GREEN, Ph.D. STUDENT

Some members will have come across the Ph.D. student Richard Green, who approached our group around the middle of 2014. His research focused on the topic of prostate cancer, and he interviewed several members as part of his research. He has recently emailed to say that he has a web site where the results of his research can be seen. Any member who is interested in his findings can access his web site:

<https://managingprostatecancer.wordpress.com/>

DATES FOR YOUR DIARY

2nd SEPTEMBER 2016

This group meeting will have a talk by Susan Tyne, whose subject will include the role of exercise and Pilates in relation to prostate cancer.

Steve Parkinson
Newsletter Editor.
NewsEditorRPCSG@yahoo.com

DISCLAIMER

This newsletter does not offer medical advice. Nothing contained in the newsletter is intended to constitute professional advice for medical diagnosis or treatment or to advocate or recommend the purchase of any product or use of any service or guarantee the credentials or appropriateness of any health care provider. Members are strongly advised to consult with an appropriate professional for specific advice tailored to their situation.

This newsletter may refer to named providers and their products or services, and such reference expresses no inference upon any aspect of any provider's business, services or

products, and expresses no recommendation or preference for any such products or servi