Ultrasound and lasers killed off my prostate cancer – but not my love life

JOHN STENT, 62, a property developer, lives in Essex with his wife Jackie, 63. The couple have three sons and two grandchildren. John was diagnosed with prostate cancer last October and was the first patient in Britain to be treated with a revolutionary combined ultrasound and laser procedure. Here, he tells ANDREA KON about the experience and his surgeon explains the procedure.

Full recovery: After the shock of learning that he had prostate cancer, John Stent realises how lucky he is

Picture: ARNOLD SLATER

THE PATIENT

ABOUT three years ago I heard a BBC Essex radio programme about prostate disease. They said that if proteins produced by a man's prostate gland rise to a certain level in the blood it can indicate the presence of cancer.

After hearing this, I decided to get my levels of this protein — called Prostate Specific Antigen (PSA) — checked. The average PSA score for a man of my age is between 0 and 4.5, and when I was tested my score was 4.8.

I was told not to worry but that I should get it checked again in two years' time. So last June, I went to my GP for a full 'MOT', and this time my PSA was 5.9. My GP then referred me to Mr Ranjan Thilagarajah, a consultant urologist.

Mr Thilagarajah examined my prostate and said he wanted to do some more tests because it felt enlarged. He sent me for a scan and did a biopsy, which involved removing some small samples of prostate tissue through my back passage, which were sent away to be tested. I was quite blasé about everything because I felt perfectly well.

But when I went back to see Mr Thilagarajah, I was shocked when he said: 'I am afraid you have prostate cancer, but it is in the very early stages.'

The next day Mr Thilagarajah rang me to say he realised I'd had a terrible shock, and he reassured me that I wouldn't die. I then went back to see him and we discussed the treatment options.

He told me I could have radical surgery to get rid of the prostate and the cancer, but I didn't fancy the side-effects. Apart from the risk of impotence, the idea of possibly being incontinent for the rest of my life made me shudder.

We also spoke about radiotherapy, but that, too, can have side-effects. Mr Thilagarajah explained that as well as destroying the cancer cells in the prostate, it could also badly affect surrounding nerves, the bladder and the rectum, which might lead to impotence, and bowel problems such as bleeding and diarrhoea.

Then he told me about a revolutionary new procedure combining High Intensity Frequency Ultrasound (HIFU) and Holmium Laser Ablation of the Prostate (HoLAP). He explained that the HIFU could destroy the cancer without the need of a major operation, and that the HoLAP uses a laser to clean out the prostate, which enables men to urinate normally.

Even though Mr Thilagarajah told me the two procedures had never been done together before, I decided I would go for it.

However, before the treatment, I went for other tests, including bone scans to make sure the cancer hadn't spread. When the results came back negative, he told me I was a prime candidate for this new procedure.

I went into hospital on October 27 last year, and despite all the reassurances I'd been given I was convinced I wouldn't come out of the anaesthetic.

I looked at the clock in theatre before I went under and it read 2 pm. The next thing I knew, it was 7.40 pm and I was back in my room being given tea and toast. The nurses also gave me a piece of a cake to celebrate it being the first operation of its kind.

ME AND MY OPERATION
PROSTATE SURGERY

I took two weeks off work, just to make sure I was OK, although I felt I could have gone back after a week.

I've been told that people who have the standard radical prostatectomy treatment take six to eight weeks to recover, and they have to wear a catheter for about two weeks. Mine was removed the next morning.

I still get very emotional about my procedure — but that's because I realise how very lucky I am.

THE SURGEON

RANJAN THILAGARAJAH, is a Consultant Urological Surgeon at Broomfield Hospital, Chelmsford, Essex. He says:

JOHN was referred to me after his GP found his PSA level was raised. I performed a biopsy which confirmed that he had localised prostate cancer. John had no symptoms — but that is quite normal.

A bone scan and MRI scan confirmed that the cancer was contained within the prostate and we discussed all the options available, including prostatectomy and radiotherapy.

When I told him about the combined HoLAP and HIFU procedure, he was delighted to be offered the chance to get rid of his cancer with reduced risks of any of the side-effects and without surgery.

HoLAP is a laser procedure which replaces a conventional operation known as Transurethral Persection of the Prostate (TURP). It involves cleaning out the gland so that patients are able to urinate freely.

However, TURP is a major operation and can lead to severe blood loss and a stay in hospital of up to a week. And men who have it usually need to be have a catheter for three or four days after surgery.

I have been using the HoLAP for about two years to treat non-cancerous disease. The great advantage is that, generally, the men don't need a catheter or to stay in hospital for more than a few hours afterwards.

HIFU, on the other hand, is a relatively new, non-invasive treatment which is an effective cure in patients with prostate cancer that has not spread beyond the gland.

It has none of the complications associated with key-hole surgery or radiotherapy, such as severe blood loss, and patients don't need intensive care afterwards. The risk of incontinence and impotence can also be reduced.

The procedure involves ultrasonic beams being focused on precise points of the prostate. The beams emit a controlled stream of heat which destroys the cancerous tissues in the prostate almost instantaneously.

For this procedure, it is usual for patients to need a catheter for up to two weeks after the operation.

But I realised that if I used HoLAP and HIFU together, the patient would need to have a catheter in place only for a few hours afterwards. This is the first time the two procedures have been used in combination.

It is a major step forward because the patients can leave hospital without a catheter, ready to get on with their lives.

John was admitted to the Springfield Hospital near Chelmsford as a private patient. He chose a general anaesthetic rather than a an epidural injection, and once asleep, he was laid on his back with his legs in supports.

I put a fine telescope called a cystoscope down his urethra so that I could see his prostate. The laser-fibre — which is about the width of a Biro pen refill — was then passed down the cystoscope and a high-powered laser beam was delivered to vaporise the prostate tissue.

The HoLAP procedure took about 20 minutes and a catheter was then placed into the bladder.

John was then turned on his right side, with his knees curled up in the foetal position. The treatment probe — a smooth, elongated, plastic-coated ultrasound device — was then passed into his rectum.

The computer software enabled me to see the prostate — which was slightly bigger than a walnut — in minute detail. This image was then divided into sections and when the measurements were complete, the computer software took over and the treatment began.

The ultrasound generates heat of 85c to 100c, which is directed at a treatment section to kill off the cancer cells there. After five seconds it moves on to the next zone, according to my prepared prostate map, until the whole prostate has been treated.

The entire process took about three hours. John was then wheeled back to the ward with his catheter still in place. By 8pm, he was sitting up in bed eating cake.

BECAUSE the procedure was carried out in the afternoon and he had had a long anaesthetic, I decided to keep John in hospital overnight as a precaution. His catheter was removed the following morning and once he had passed urine normally, he was allowed to go home and back to normal life.

So far, his PSA level remains immeasurable. If the cancer does show any signs of returning we can repeat the procedure — unlike radiotherapy or other treatments.

Since John's operation, I have carried out several more of these procedures successfully. If performed in the morning, the patient is usually able to go home in the late afternoon, and usually without a catheter.

■ *Mr Thilagarajah is the only surgeon in the UK performing this dual operation, which costs the NHS between £5,600 and £6,000. It costs between £10,800 and £12,200 when performed privately. For further information, contact Prostate Research Campaign UK, tel 020 8877 5840 or visit www.prostate-research.org.uk*

Fitness Q&A

Q: I've heard using free weights in the gym is better than using machines. Is this true?

A: Yes it is. When you use free weights (dumbbells), you exercise more muscles — in particular your core (abs, hips and back). This is because they have to stabilise you as you lift the free weights.

It is also better because they allow you to see any imbalances in your body. For example, one side of your back being weaker than the other, or one leg being less stable than the other. Most machines are designed for an average male, and the majority of people that use them don't sit in the correct position. This reduces effectiveness, safety and often results.

Send your fitness query to Janey Holliday at Exercise Q&A, Good Health, 2 Derry Street, London W8 5TT.