

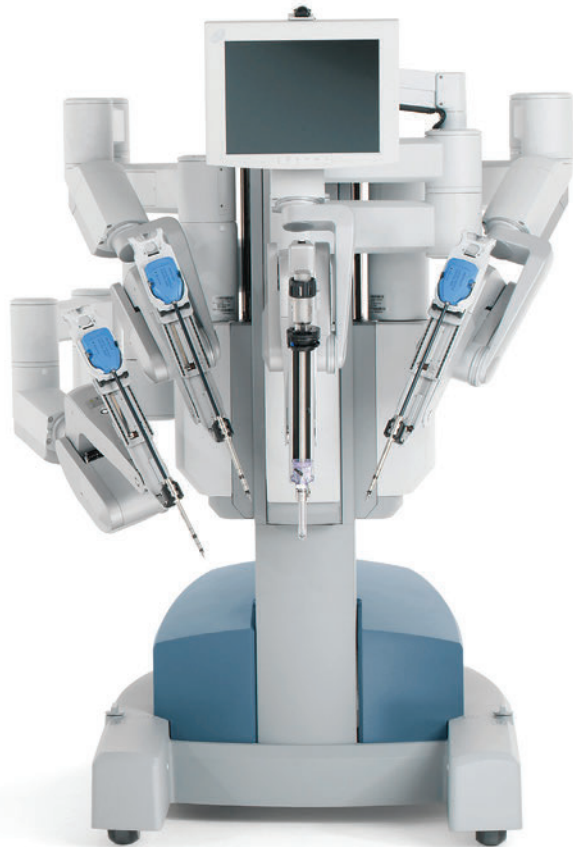
da Vinci
Robotic Prostate Surgery
Minimally-invasive surgery for the prostate



Erlanger Urology

What is a da Vinci Robotic Prostatectomy?

Prostatectomy: is the removal of the prostate gland, seminal vesicles, and sometimes lymph nodes for the purpose of curing prostate cancer.



Instead of making one 5-inch incision (cut) through the muscle of the abdomen, da Vinci robotic approach uses 5 small 1-inch incisions that do not cut any muscle. A camera, that enlarges the view to 12 times magnification, and instruments are placed into the abdomen through these small incisions and the surgery is performed. The da Vinci robot is a tool used to hold the laparoscopic instruments and camera improving the precision, vision, and skill with which Dr. Singh can perform the operation. The goal of the operation is to remove the prostate and seminal vesicles and selectively preserve the muscles that help with urinary control, and the nerves that help with erectile function. The prostate sits between the bladder and penis, with a portion of the urethra running through it like a tunnel. After the prostate is removed the bladder is reattached to the urethra with stitches using the magnification and delicate precision of robotic surgery.

Advantages of da Vinci Robotic Prostatectomy

- The published data from experienced surgeons show that the surgical margin rates (complete tumor removal) with da Vinci surgery are equal to, and in some reports, better than that of traditional open surgery.
- There is dramatically less blood loss than traditional open surgery and patients rarely require blood transfusion
- There is much less pain after surgery (many patients do not require any pain medication)
- Patients typically require a hospital stay of only 23 hours
- Patients are back to daily activities in a matter of days
- Urinary control often begins to return as soon as a week after surgery
- Gives patients an excellent opportunity to return to full erections when the nerves are spared
- The abdominal scar is minimized giving an improved cosmetic result

What Are the Complications Associated with da Vinci Robotic Prostate Surgery?

Although complications are uncommon they can occur and can include:

- Delayed return of bowel function
- Bowel injury
- Injury to bladder or ureters requiring additional surgery
- Prolonged urinary leaking requiring extension of the hospital stay by a few days or continued catheter drainage for a slightly longer period
- Bleeding resulting in hematoma or blood transfusion
- Wound infections or hernia formation
- Urethral stricture
- Incomplete return of urinary control or sexual function
- Shortening of penile length
- Incomplete tumor removal and need for additional therapy

How Does the Robot Work?

The da Vinci Surgical Robot allows the doctor's hand movements to be more precise. A larger hand movement by the doctor is translated into a smaller robot movement, and smaller movements can then become micro precise and help perform this very delicate operation. The robot cannot be programmed nor can it make decisions on its own. It is under the complete control of the doctor at all times. Use of the robot also significantly reduces surgeon fatigue by allowing the doctor to remain seated in a natural, comfortable position while operating.

Robotic Micro-Instruments

Although visually similar to standard laparoscopic instruments, the robotic instruments have the additional advantage of being articulated. This means the instruments not only open and close but also fully turn and twist just like a human wrist. Unlike standard open surgical instruments these instruments are much smaller. This allows very small and precise movements and smaller surgical cuts allowing surgeon to carefully dissect out the prostate.

3-Dimensional Optics

Standard laparoscopic surgery uses one single camera and limits a surgeon's vision to a 2-D view. The da Vinci Robotic camera consists of two high-resolution fiber optic cameras, which produces a true 3-D color picture for the surgeon. This enhanced vision and 12 times magnification allows the surgeon to remove the prostate and preserve the muscles and the nerves more precisely.

da Vinci Robotic Prostatectomy is NOT Experimental

It is the latest in cutting edge surgery for cancer of the prostate. The cure rates, urinary control rates, and post-operative erectile function all compare favorably to traditional open surgery. In addition, blood loss, need for blood transfusion, hospital stay, and return to full activity are all significantly better when compared to traditional open surgery.

da Vinci Robotic Prostatectomy May Not Be Appropriate for All Patients

Risks and benefits vary from patient to patient; therefore your specific risks and benefits should be discussed with the doctor prior to you deciding on this operative procedure.



Other Considerations with Any Form of Prostatectomy

Preservation of Urinary Control

Recovery of urinary control is dependent on many factors. Some of these factors are out of the surgeon's control like a patient's other medical conditions and the thickness and strength of their bladder neck. Other factors are under the surgeon's control, like the amount of bladder neck musculature that is spared, avoiding thermal injury to the pelvic floor muscle fibers, and the length of the urethra that is able to be preserved. Your prostate ultrasound pictures play an important role as they allow your doctor to create a pre-operative blueprint of how he is going to approach your bladder neck and urethra. Having this blueprint lets the surgeon plan out and contour his surgical movements so as to preserve the most bladder neck muscle possible, minimize manipulation and avoid thermal injury to the delicate pelvic floor muscles, and maximize the length of urethra he is able to preserve.

Urinary and Sexual Rehabilitation Programs

Surgeons have created a detailed program of pre-surgical preparation and postoperative rehabilitation to maximize their patient's ability to return to their pre-surgery level of urinary and sexual function as rapidly as possible. This program was created based on international data in the fields of urinary and sexual rehabilitation. This formalized rehab program works to maximize tissue oxygenation, and muscle strengthening while reducing the likelihood of scarring that can slow or prevent full recovery. Although not all patients will return to their pre-surgical level of urinary and sexual function, this rehab regimen helps patients to improve their chances of reaching that endpoint.

Nerve Sparing

Dr. Patrick Walsh from John's Hopkins first described the location of the nerves adjacent to the bottom portion of the prostate that are critical to men's erectile function. These nerves will be saved based upon the extent of your disease on your biopsy and a discussion with your Surgeon prior to undergoing the procedure.

Frequently Asked Questions

Q: How prevalent is the da Vinci system and who manufactures it?

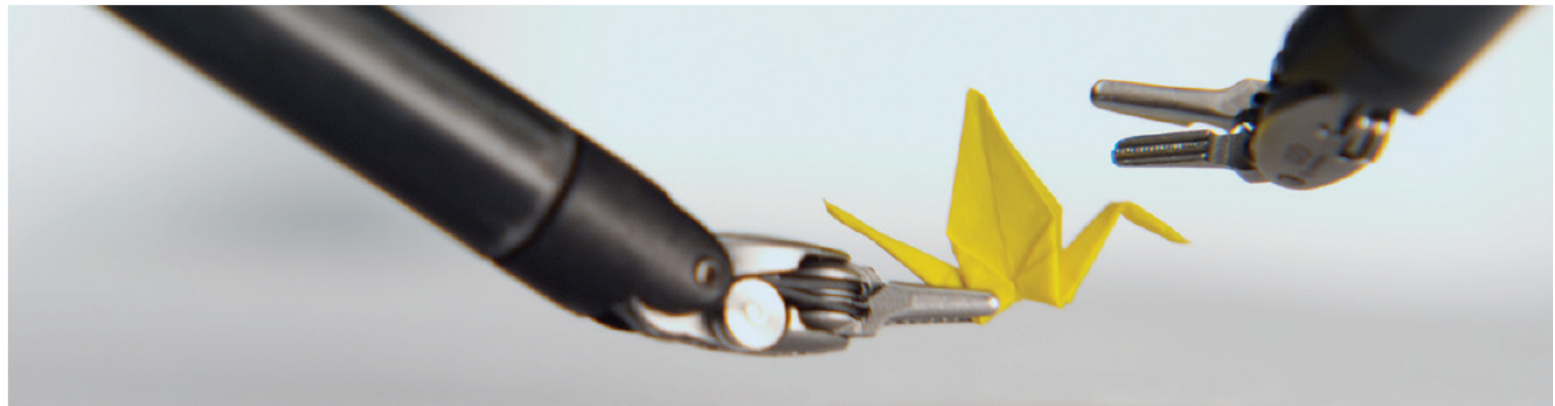
A. The da Vinci is FDA approved for radical prostatectomy and is being used routinely in over 300 locations worldwide. Each da Vinci system is rigorously maintained, tested, and upgraded as necessary by Intuitive Surgical (Manufacturer of da Vinci Robot).

Q: What happens if there is a malfunction in the da Vinci System?

A. In the unlikely event of malfunction, or if the doctor feels that it is not safe to continue with the robot, the da Vinci system will be withdrawn and the surgery can proceed laparoscopically without it or may be converted to a traditional open surgery. The instruments and supplies necessary to perform the surgery without the da Vinci are kept on hand so that conversion, if necessary, can occur seamlessly.

Q: My doctor tells me that the surgeon loses tactile sensation with robotic surgery. How does this affect the outcomes of surgery?

A. Tactile sensation, the ability to perceive through touch, is an important part of open radical prostatectomy surgery. The surgeon usually uses this sense in the portions of the operation where he or she is not able to see clearly. Although with da Vinci robotic surgery true tactile sensation is lost, the ability to move the robotic camera to difficult locations with millimeters of where the surgeon is working allows him to see things an open surgery cannot. Doing so with the 12 fold magnification of the robotic camera. Furthermore, it has been found that with experience, a pseudo-tactile sensation is developed and an appreciation of tissue texture and density is achieved. The combination of enhanced vision and experience with tissue handling more than compensates for the lack of real tactile sensation.



Q: My Urologist tells me that it takes 15 years to know if a prostate cancer treatment really works. How can you tell that the da Vinci surgery works if it's only been around for 5 Years?

A. Waiting 15 years to analyze prostate cancer cure rates holds true for treatments that do not remove the prostate like radiation because you need to wait to see if all the cancer was killed or if it will eventually return in the prostate. With surgical removal of the prostate (da Vinci or the old open technique) the prostate is removed and once it's out you can determine the surgical margins.

Surgical margins are the edges of the prostate gland and the pathologist will look at this when the prostate is removed. If your surgical margins show no cancer at the edges, you got it all out locally. This does not mean it has not spread to other parts of the body it just means there is nothing left behind in the spot where the prostate used to be. We have data from thousands of laparoscopic and da Vinci robotic surgeries to show that the surgical margins are equal to, and in some series, better than, what we were seeing with the old open surgery. If the surgical margins are the same as open surgery then the only way the cancer can come back is if it spread before the surgery was done. This pre-surgery spread of disease will be the same no matter how the surgery is performed.

Q: Many urologists feel the benefits of da Vinci Robotic Surgery are unproven. What is your opinion?

A. Open radical prostatectomy is a highly sophisticated and finely developed operation. When it comes to surgery, whether you perform it through an open incision or via the da Vinci Robotic technique, the same things matter: operative time, blood loss, negative margin rates, post-surgical pain, time to recovery of urinary control, time to recovery of erections, time until full physical activity. All of this information has been published and is available on da Vinci robotic surgery and it shows equal, and in some cases, better outcomes when compared to open surgery. The beauty of da Vinci robotic surgery is these outcomes are accomplished while minimizing bleeding and pain. Why suffer if you don't have to?



Pre-Operative Instructions

Pre-Operative Testing

Once you have scheduled your surgery, the next step is to schedule your pre-operative testing. This generally consists of a chest x-ray, blood work and an EKG, which is an electrical picture of your heart. This will be done at pretesting and you will be instructed if any further testing is necessary.

Other Preparation

Leave jewelry and other valuables at home. If you wear contact lenses, glasses or dentures, you must bring your case to store them during surgery. It is recommended that you start doing Kegal exercises prior to surgery. (Please see enclosed documents for more information on how to perform Kegal exercises.)

Diet

For the 2 days before your surgery:

You may follow a regular diet. Drink plenty of fluids and avoid dairy products the day prior to surgery and do a Fleet's Enema at 5 p.m. the night prior to surgery.

DO NOT eat or drink anything after MIDNIGHT the night before surgery (including water, juice, coffee, chewing gum or lifesavers).

NO alcoholic beverages 48 hours prior to surgery.



Post-Operative Care

Diet

- You may resume a regular diet. Avoiding gas-producing foods, such as beans and broccoli is recommended.

Activity Level

- It is good for you to walk around.
- Do not sit in one place for long periods of time. When you do sit you may benefit from sitting on a donut shaped pillow since the area that was worked on is right where you sit.
- Absolutely no biking, motorcycling, or horseback riding for 4 weeks.
- You can do as much walking and stair climbing as you can tolerate.
- You may take a shower 48 hours after surgery. No tub baths, swimming or hot tubs for four weeks after surgery.
- Do not drive while taking pain medications.

Skin Integrity

- You will have 5 port sites (small incisions that the surgeon performs the surgery through) that will have stitches that dissolve.
- Once your dressings are off, it is not uncommon to have a very small amount of drainage from where your dressings were. There are no staples or stitches to be taken out.
- It is normal to have some bruising on your abdominal wall. This can develop anywhere from 1-5 days after surgery. Although it can look scary it is rarely anything to worry about and resolves in a few weeks.

Medications

- You may resume your daily medications as soon as you are discharged from the hospital. The only exception to this is Coumadin, which is generally resumed after the Foley catheter is removed.
- A pain medication and a stool softener will be prescribed.
- A medication to reduce the frequency and severity of bladder spasms may also be prescribed.
- A stool softener should be taken by mouth two times daily. Miralax and Colace are good choices. You can buy these medications over the counter and do not need a prescription. All narcotic pain medications are constipating and a stool softener will help prevent this.

Urinary Catheter (also called a Foley catheter)

- During surgery you will have a urinary catheter placed in your bladder. A urinary catheter is a tube carrying urine from your bladder to the outside of your body into a bag. This urinary catheter will stay in place for about 7 days to aid in the initial healing process where the bladder was sewn to the urethra.
- There is a balloon on the end of the catheter that prevents it from falling out of the penis. At home, the catheter should drain into a large bag. When you want to go out, you can wear a smaller bag under your pant leg. A separate information sheet in this packet details the care of this catheter.
- Putting antibiotic ointment (i.e. Neosporin) on the tip of your penis a few times a day while the catheter is in place can help reduce the discomfort at the tip of the penis that some patients experience.
- It is normal to have urine leak around the catheter as well as through it so be sure to wear pads in your underwear even with the catheter in place
- It is normal, especially as you become more active, to have some blood in the urine. If you see blood in the urine, be sure to hydrate yourself well to flush any clots out.

Recovery Time

After Surgery

- The surgeon usually performs the surgery in less than 3 hours and the hospitalization usually lasts less than 23 hours. All patients go home with a catheter in place continually draining the urine into a drainage bag.
- You will be seen about 8 days after surgery at the urologists office to determine if the catheter will be removed. An x-ray will be done prior to appointment, at a separate location, and will help in making that determination.
- You may return to light activity within 23 hours and will be cleared by the surgeon to return to minimal activity generally three weeks after the surgery.
- Most men have difficulty with urinary control at the beginning and will require some form of protection, such as a pad that fits inside your underwear. That is why it is important at the first visit to bring Depend Guard for Men pads and a couple pairs of Jockey underwear.
- Within one to three months, you should see improvement in your urinary control. Sometimes, the recovery of continence is slower, so be patient and continue your physical therapy and exercises.
- Kegel exercises should be started/resumed after the Foley catheter is removed. These exercises help to regain your continence. At first it may be hard to find these muscles, but can be done by starting and stopping your urine stream. Once you find the correct muscles, repeat the flexing and relaxing of these muscles without urinating. Begin by squeezing the muscles for 2-3 minutes two or three times a day. These will help to strengthen your muscles around the bladder that help hold the urine. For more detailed information on how to perform Kegels, please see instruction sheet enclosed in this packet.
- The recovery of potency after a prostatectomy can be slow and time- dependent. Even though the nerves to the penis can be spared, there is still some injury from trauma or stretching from the operation. These damaged nerves need time to heal. At each follow-up visit, your health care provider will discuss issues regarding sexual function with you.

After Surgery

Things You May Encounter After Surgery:

Bruising around the incision sites: Not uncommon and should not alarm you. This will resolve over time.

Abdominal Distention, Constipation or Bloating: Make sure you are taking your stool softener as directed. If you don't have a bowel movement 48 hours after surgery, try taking Milk of Magnesia as directed on the bottle. Increasing the frequency and duration of walking usually helps resolve this.

Weight Gain: Do not be alarmed. This is temporary due to the gas and fluid shifts. Your weight will be back to your pre-operative weight in generally 5-7 days.

Scrotal/Penile Swelling and Bruising: This is not abnormal and should not alarm you. It may appear immediately after surgery or may start 4-5 days after surgery. It should resolve in about 7-14 days. You may also try elevating your scrotum on a small towel or washcloth that you have rolled up when you are sitting or lying down to decrease the swelling. It is also recommended to wear Jockey or snug-fitting underwear for support, even with the catheter in place.

Bloody drainage around the Foley catheter or in the urine: Especially after increasing activity or following a bowel movement, this is not uncommon. While this is often alarming, it is not uncommon and usually resting for a short period of time improves the situation. Call if you see clots in your urine or if you have no urine output for one to two hours.

Bladder Spasms: It is not uncommon with the catheter in and even after the catheter comes out to have bladder spasms. You may feel mild to severe bladder pain or cramping, then sudden, urgent need to urinate, or a burning sensation when you urinate. Please contact our office and you will be prescribed a medication called Detrol LA to take once a day to help reduce this discomfort.

Perineal Pain: (pain between your rectum and scrotum): Perineal discomfort may last for several weeks after surgery, but will resolve. Call us if the pain medication does not alleviate this. You can also try elevating your feet on a small stool when you have a bowel movement, using Anusol ointment, and increasing the fiber and water intake in your diet. You may also benefit from using a donut shaped pillow to sit on.

Lower leg/ankle swelling: This is not abnormal and should not alarm you. It should resolve in about 7-14 days. Elevating your legs while sitting will help.

Eight Days After Recovery

You will come to see the surgeon at the urologist's office approximately eight days after your surgery. The morning of that appointment a cystogram (an x-ray of your bladder) will be taken at a different facility to see if enough healing has occurred in order to remove the Foley catheter. At this appointment, you will need to bring a pair or two of Jockey underwear and several Depend Guards for Men pads. Remember to continue your antibiotics until the catheter is removed and then for 3 days following the catheter removal.

Six Weeks & Six Months

Six weeks after surgery and every six months after that, you will continue to follow up with your surgeon at the urologist's office and will get a PSA drawn prior to each appointment to look for evidence of recurrence or re-growth or the tumor. If you are traveling from out of town your six weeks and every six months appointments can be with your surgeon. Your surgeon cares about each one of his patients and enjoys staying in touch, even those that travel in from out-of-town, to hear how they are doing.

Contact Us Immediately:

- Temperature over 101° F.
- Urine stops draining from your catheter into the drainage bag.
- Any pain so excruciating that pain medication is not relieving it.
- Large amounts of blood clots in urine.
- Bladder spasms that are not relieved with pain medication.



Caring for Your Foley Catheter

Notify Us Immediately If:

- Urine stops draining from your catheter into the drainage bag.
- There are blood clots in your urine.
- You experience bladder spasms that are not relieved with pain medication.
- Temperature over 101° F.

To Help Prevent Infection

- Wash the area around the catheter at least twice every day, and as often as needed to keep the area clean and dry. Use soap and water.
- NEVER pull on your catheter to try to remove it yourself.
- Apply antibacterial ointment (i.e. Neosporin) to the tip of the penis where it meets the catheter three or more times a day to lubricate the catheter and improve its comfort and reduce the risk of infection while it is in place.
- Keep the drainage tube free of kinks and loops.
- ALWAYS keep the collection bag below the level of the bladder.
- Drink at least eight (8) large glasses of water every day.



Kegel Muscle Exercises

Tips to get you started

Pelvic muscle exercises strengthen the group of muscles called the pelvic floor muscles. These muscles relax and contract under your command to control the opening and closing of your bladder. When these muscles are weak, urine leakage may result. However, you can exercise them and in many cases, regain your bladder control.

To achieve the best results when performing these exercises, imagine yourself an athlete in training. You need to build the strength and the endurance of your muscles.

THIS REQUIRES REGULAR EXERCISE. It is recommended that you start doing Kegel exercises six to eight weeks prior to surgery.

Begin by locating the muscles to be exercised:

1. As you begin urinating, try to stop or slow the urine WITHOUT tensing the muscles of your legs, buttocks, or abdomen. This is very important. Using other muscles will defeat the purpose of the exercise.
2. When you are able to stop or slow the stream of urine, you know that you have located the correct muscles. Feel the sensation of the muscles pulling inward and upward.

Tips

- You may squeeze the area of the rectum to tighten the anus as if trying not to pass gas and that will be using the correct muscles.
- Remember NOT to tense the abdominal, buttock or thigh muscles.

Now you are ready to exercise regularly:

- After you have located the correct muscles, set aside time each day for three to four-exercise sessions (morning, midday, and evening).
- Squeeze your muscles slowly and try to hold them tight for 10 seconds. Then, relax the muscles slowly. This contraction, the 10 second hold, and relaxation make one “set”.



Sexual Function After da Vinci Robotic Prostate Surgery

It is important to remember that regaining erectile function takes time after prostate surgery. Nerve tissue, even when spared takes time to recover from the inflammation and scarring that occurs after surgery. Factors affecting erection recovery include patient age, whether one or both nerves are spared, and how rigid the erections are prior to surgery.

Why wouldn't you want to spare both nerves?

Even though it is usually technically possible to spare the nerves, sometimes the nerves themselves can be invaded by cancer and must be removed in order to remove all of the cancer. If the cancer has not reached the nerves controlling erections, the surgeon is able to spare the nerves with exceptional precision provided by his experience and the visual capabilities of the da Vinci robot.

Although, the surgeon can spare the nerves there is no way to guarantee these nerves will function properly after surgery due to variability in patient anatomy, scarring, and condition. It is important to realize that some men never regain the ability to maintain an erection after da Vinci prostatectomy regardless of nerve sparing.

How can I maximize my chances of regaining erections after surgery?

Some recently presented and published studies have found that daily and every other day doses of 100mg of Viagra for 6 months following prostate surgery increased ability to attain full erections when compared with groups who did not receive any medication. Because of this exciting new information surgeons prescribe Viagra 100mg every other day beginning the night you go home from surgery.

When can I return to sexual activity?

Let the surgery heal for three to four weeks before attempting anything. Stimulation of the nerves is thought to be a first step on the journey back to potency so take your Viagra and make regular attempts at stimulation beginning 4 weeks after surgery. Remember that you can still experience pleasures and sensual stimulations without full erections. The average time to recovery for erections adequate for intercourse (in those who do recover) is 6-12 months, but in some men it is even longer.

I don't have erections after surgery, am I impotent for life?

Think of your erections as a well conditioned athlete who has been injured. This injury is going to take time to heal. You should try to remain patient and remember that this will be an ongoing battle for many months and even years. Rehabilitation of potency is much like a sports injury. Proper conditioning and medical treatment may potentially speed up recovery, but it is not guaranteed. If you see any fullness in your erections in the months after surgery, this is a positive sign that some of the nerves are working or re-growing. You are taking the first steps down the potency recovery path.

Medical Therapies for Erections

Medical therapy requires a prescription from a doctor. Therapies include medications, treatments, devices, and small injections. All these therapies have their respective costs and benefits.

Viagra

Sildenafil (Viagra) has some, not 100%, success in prostatectomy patients. Nonetheless, existing literature on its use after radical prostatectomy suggests it may significantly aid potency. Certain heart medications and Viagra are potentially fatal. Viagra can sometimes produce headaches, skin flushing, and other side effects. Always obtain permission from your physician before starting Viagra.

Viagra works best if taken one hour before sexual activity. It should also be taken on an empty stomach, and remember that alcohol suppresses its effectiveness. If you take Viagra, and nothing happens, you may try it again. Viagra can be taken at anytime during the potency process, and will work better as the nerves heal. It is possible, that it may begin to work later, even after not working initially. Viagra is a product of Pfizer Inc. Please visit their site for more information.

Caverject

Caverject, made by Pharmacia Corporation, effectively produces erections in approximately 80% of men, and may work in men for whom Viagra did not work. One drawback is that Caverject must be directly injected into the penis via a small syringe and needle by the patient, or the patient's partner, at home. However, it does reliably give a rigid and functional erection and studies have shown men using Caverject after radical prostatectomy have an earlier return to potency. An alternative to Caverject is Trimix. This is a generic, and less expensive, mixture similar to Caverject which some men report is less uncomfortable to use due to the mixture of substances that make up the combination. You can ask your surgeon about this mixture and which pharmacies can supply it to you.

Vardenafil (Levitra)

Similar to Viagra in that you need to take it on an empty stomach and that its window of opportunity is four hours. As with both Cialis and Viagra, serious side effects with certain medications are possible, so consult your physician before use.

Tadalafil (Cialis)

Works similar to Viagra to encourage return of erections. Just as with Viagra, potentially lethal combinations with other medications exist, so consult your physician before beginning Cialis. As advertised, Cialis can begin to work within 30 minutes, but notably, can work for up to 36 hours. Cialis is made by Lilly. You can learn more by visiting their site.

The return of potency is dependent on several factors:

- **Previous sexual function before surgery.** Unfortunately, prostatectomy will at best return you to your level of sexual function pre-surgery. It will not improve upon what you already had before surgery.
- **Age.** The younger you are, the better your chances. Men under 65 have a better chance of regaining potency than those over 65.
- **How many nerves are spared.** As discussed previously, ideally both nerves can be spared and this will give you the highest chance of regaining erections. However, even men with no nerve sparing can regain function.

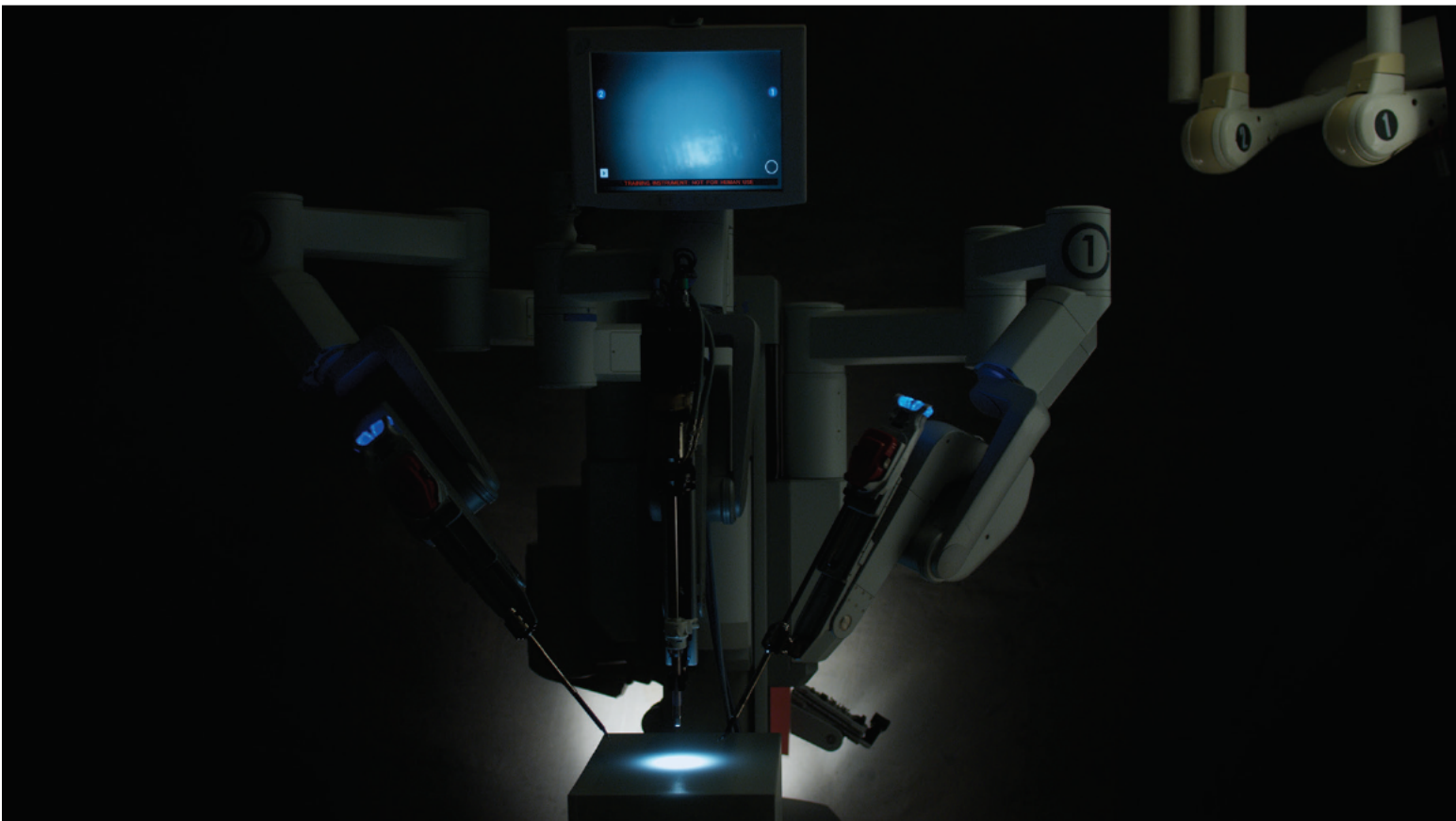
Ejaculation

Ejaculation (the release of fluid during orgasm) will no longer occur in any event. This is because the seminal vesicles (which store fluid for ejaculation) and the vas deferens (the tubes that carry sperm to the prostate) are removed and cut during the surgery. This means that you will no longer be able to father children by intercourse.

In Conclusion

Many options remain available to enable men after prostate surgery to attain “natural” and artificially induced erections. While regaining erections is not possible for all men, it is important to remember that erection is just one part of a satisfying sex life. The other parts remain intact despite surgery. Sexual feelings, sexual fulfillment, climax and the sensation of orgasm are still available without erection.

Talk with your doctor about what options may be right for you.



Important Information as you Make Your Decision

What Should You look For In The Surgeon You Choose?

Studies have shown that outcomes from surgery are dependent on the total training, the experience of the surgeon, and the regularity with which he continues to perform these major cancer operations. Ask your surgeon about his experience, training, and with regularity that he performs these operations.

How Do You Really Know What To Expect After Surgery?

Ask your doctor to provide you with names and phone numbers of patients he has operated on to call. Talk to these people and get a feel for what it was like to go through that procedure. We have patients that have volunteered to have their phone numbers distributed so they can speak with those individuals considering da Vinci Surgery.

Man to Man An American Cancer Society program for prostate cancer patients and their loved ones, providing information, discussion and support. For more information, please call 423-778-5119.

So Many Outcomes Sound So Similar. How Do I Choose?

It is true that many treatments for prostate cancer carry similar cure rates. However, the side effects a treatment can result in, the ability to fix those side effects if they occur, and ability to treat a cancer that comes back differs greatly between treatments. Do not just go for what sounds “easy”. Learn what your chances are but also learn what less perfect outcomes can occur and how fixable they are.

ERLANGER UROLOGY

Three Convenient Locations

Baroness Hospital

979 East 3rd Street, Suite C-925
Chattanooga, TN 37403

423-778-5910 | Fax 423-778-5915

Erlanger East Hospital

1755 Gunbarrel Road, Suite 209
Chattanooga, TN 37421

423-778-8478 | Fax 423-778-8479

Two Northgate Park

2158 Northgate Park
Building 2, Suite 104
Chattanooga, TN 37415

423-778-6941 | Fax 423-778-6936

