1. Surgical Options:
Memorial Health Care System including Memorial North Park offers a range of surgical options for prostate cancer patients including:
   a. Laparoscopic Robotic-Assisted Radical Prostatectomy
   b. Open Retropubic Radical Prostatectomy
   c. Cryotherapy of the Prostate
   d. Transurethral Resection of the Prostate
   e. Brachytherapy of the Prostate

2. Surgeons:
100% of the surgeons at Memorial Health Care System who perform prostatectomy surgeries are board certified by The American Board of Urology.

3. Dedicated Services for Prostatectomy Patients:
Memorial Health Care System offers the following services for prostatectomy patients:
   a. Dedicated unit for prostatectomy patients
   b. Standardized pathways (physician orders)
   c. Full service oncology program - Memorial Cancer Institute
   d. Support groups - Memorial Center for Cancer Support
   e. Dedicated operating rooms - da Vinci® robot
   f. Chaplaincy services
   g. Radiation therapy

4. Correct Patient/Correct Procedure: Memorial Health Care System uses the following measures to ensure correct-patient and correct-procedure for all prostatectomy patients:
   a. Review of relevant medical records prior to Pre-admission Testing
   b. Pre-operative verification checklist in Preoperative Area
   c. Patient armband verification
   d. Patient confirmation of correct procedure
   e. Time-out operative team review of patient and procedure

The National Quality Forum safe practice statement - hospitals should “implement the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™ for all invasive procedures.”
5. Antibiotic: 100% of prostatectomy patients receive an antibiotic prior to the surgical incision being made in the operating room.

The National Quality Forum safe practice statement - hospitals should “take actions to prevent surgical-site infections by implementing evidenced-based intervention practices.”

6. Blood Clot Prevention: The surgeons at Memorial Health Care System routinely use one or more of the following types of in-hospital prophylaxis for deep vein thrombosis based on a formal risk assessment (elastic stockings, anticoagulants, intermittent pneumatic compression, early ambulation)

The National Quality Forum safe practice statement - hospitals should “evaluate each patient upon admission, and regularly thereafter, for the risk of developing venous thromboembolism, Utilize clinically appropriate, evidence-based methods of thromboprophylaxis.”

7. Estimated Blood Loss: The percentage of patients who need a blood transfusion after a laparoscopic robotic-assisted radical prostatectomy surgery at Memorial Health Care system is 1% during the prior 12 month time period (2 patients out of 167 cases) May 2008-May 2009

8. Conversion Rate: The conversion rate from a laparoscopic robotic-assisted radical prostatectomy surgery to an open (larger incision) prostatectomy surgery at Memorial Health Care System is 0%.

9. Length of Stay: The two traditional procedures for prostate cancer are either the radical retropubic or perineal prostatectomy surgery. The procedures have an average hospital stay of three days with a recovery time of three to five weeks. With advancements in technology, the surgical option of a laparoscopic robotic-assisted radical prostatectomy has become available for patients who qualify as a candidate for this operation. The procedure has an average hospital stay of 1 day with a recovery time of two to three weeks.

A Study reported in the Journal of the National Cancer Institute showed that hospitals with a high volume of prostatectomy patients and hospitals with progressively increasing volumes of prostatectomy patients had a shorter postoperative length of stay than hospitals with a low volume of prostatectomy patients. The average length of stay in hospitals with lower volumes was 9% longer than higher volume hospitals. Journal of the National Cancer Institute (November 17, 1999: 91(22); 1950-1956).

10. Bladder Catheterization After Surgery: The average number of days after laparoscopic robotic-assisted radical prostatectomy surgery patients typically wear bladder catheters is 6-8 days.

The average number of days after open retropubic or perineal radical prostatectomy surgery patients wear bladder catheters is 10-14 days.

The National quality Forum safe practice statement - hospitals should “take actions to prevent catheter-associated urinary tract infections by implementing evidence-based intervention practices.”

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