



What to Expect from a Radical Prostatectomy: One Man's Real-Life Story

A Free Resource from Greater Boston Urology



Prostate Cancer: The Reality

Prostate cancer is a serious disease. According to ZERO – The End of Prostate Cancer, a national nonprofit with the mission to end prostate cancer, the following statistics are particularly relevant:



One in nine

American men will have prostate cancer in his lifetime



Every 18 minutes

An American man dies of prostate cancer



2.9 million

Men in the U.S. are living with prostate cancer

If you or a loved one recently received a prostate cancer diagnosis, you're likely scared and overwhelmed by your treatment options. If the cancer is localized, meaning it's contained within the prostate gland, one option might be a radical prostatectomy.

During this surgical procedure (which can be open surgery or laparoscopic), your urologist will remove the prostate gland and some tissue around it, with the goal being to remove the cancer.

Further treatment, such as chemotherapy or radiation, might be necessary (for example, if your PSA continues to rise post-surgery).

As with any surgery, there's a risk for complications and side effects, the most common being erectile dysfunction and urinary incontinence.

At Greater Boston Urology, we understand how overwhelming this decision can be, which is why we wanted to share one patient's real-life journey through diagnosis, surgery, and recovery.

This patient, Les Cavicchi, also happens to be our Chief Operating Officer, although he was not employed by GBU at the time of his diagnosis and surgery.

The goal of this piece is to provide insight into what a radical prostatectomy and recovery looked like for one patient. It's important to note that every patient is different. But our hope is that reading a real-life story will provide insights as well as some comfort as you make your decision.

When the Unthinkable Happens: A Prostate Cancer Diagnosis

In September 2013, Les Cavicchi was 59 years old and had, in his words, “an unbelievably great life.” But then Les learned he had prostate cancer.

What follows is a candid interview with Les who discusses what it’s like to hear the words “you have prostate cancer,” and what he did next.



What was happening from a health standpoint right before you received the diagnosis?

I had a rising PSA (prostate-specific antigen). Over the course of 18 months, it went from about 4.0 to 8.0. These days, the baseline considered normal is 1.5. Not only was it high, but it was moving up. I was also experiencing some personal challenges with urinary frequency due to my prostate being five times larger than it should have been.

So your PSA is rising and you know you needed to do something. What happened next?

Because I’ve spent my entire professional life in healthcare, I’m fortunate that I have many friends in the business. A fellow doctor-friend recommended that I see Dr. Michael Donovan with Greater Boston Urology. Dr. Donovan met with me and reviewed all of the lab data and so forth. He said that he felt the only real way to sleep at night was to do a biopsy. That way, we would know whether the rising PSA was due to prostate cancer.

Let’s talk about the biopsy process. Many men are, understandably, not too thrilled with the idea.

While it’s certainly not a fun procedure, and there is some minor, short-term pain, you can get through it. It’s not that terrible. For my case, Dr. Donovan performed a TRUS biopsy: transrectal ultrasound biopsy. Basically, it takes 12 samples of prostate tissue from 12 different quadrants using an ultrasound to map the locations. Once that procedure’s completed, those 12 tissue samples go to the laboratory and you wait for the results.

***Editor’s note:** Today, in addition to TRUS biopsies, men have another option at GBU: MRI/ultrasound fusion guided biopsy. This wasn’t available at the time of Les’s diagnosis, however.*

Take me back to that moment when you got the results.

Dr. Donovan told me he would call with the results and that I should be prepared for the answer to our question on the call. He wasn’t just going to call me to set up an appointment, come in, let’s talk about it. He says, “I’m going to tell you when I call you.” I said, “Understood”

***Editor’s note:** Some physicians won’t give test results over the phone. It’s a personal preference, and it varies physician to physician, even here within GBU. Make sure you discuss what to expect with your doctor.*

Were you watching the phone non-stop?

Well, I had a national job at the time. I was in Albuquerque, New Mexico, at a meeting. I think he called around 5:00 Boston time, but it was 3:00 there. I looked at my cell phone and I had him plugged in, so I knew it was Dr. Donovan. I excused myself from the meeting and I went into an empty conference room. He said, "It's Dr. Donovan. I've got the results from your biopsy. Two out of the ten tissue samples were positive. You have prostate cancer."

I said, "Well, I am not completely surprised because this rising PSA had to be due to something." Then he said, "Do you have a pencil and paper?" I said, "Sure." What I actually had was paper on the easels you find in conference rooms along with a big marker.

He said, "Start writing these things down." He gave me a series of numbers related to the biopsy results, like Gleason scores. He was giving me homework, if you will, to document things that he wanted me to review and look up and understand because the next step in the process was to have what he called a cancer conference. The cancer conference was face to face, but he needed me to do some research ahead of time so our discussion could be more meaningful and precise.

What went through your mind when you hung up the phone?

I was scared. There was no doubt about it. I was thinking, "I'm 59 years old. I have an unbelievably great life. My wife of 15 years is just incredible. We have a great time together, and I'm going to do whatever it takes to get over this, even though it has the capacity to be life changing. It's depressing, and I know certain aspects of daily life are going to be different for me from now on."

Those were the three things I thought: It's scary. I'm depressed about being sick. And I know things are going to change. When I say change, I mean you're going to have to do something to address this and it's going to create side effects or secondary effects. I've been a medical guy forever and I do understand probably more than most patients about the fact that there can be additional issues that occur.

"It's scary. I'm depressed about being sick. And I know things are going to change."

What did you do next?

I called my wife immediately. She said, "Don't worry about it." Which is, I guess, the right answer, but I could tell she was worried, too. I said, "Now that we have an answer, we have to make some decisions." She said, "Well, how are you going to do that?" I said, "Well, this is what I'm going to do. I'm going to come home from Albuquerque as scheduled," which was the next day. I do remember staying another night. I continued, "I'm going to go to our place in Florida and I'm going to stay down there for a week and do some research and take my time and figure out what I'm going to do." She said, "I think that's a good idea."

Once it started to hit you—that you had prostate cancer—what went through your head? What did you think about?

After dinner that night (I actually had a business dinner that I had to attend), I went to the hotel room, went to Amazon online, ordered four books about prostate cancer, and had them shipped to Sarasota where my second home is. I got on a flight a day or so later and headed down to Sarasota to contemplate what to do.

The books were extremely interesting, informative, and helpful. They gave me a much more objective look at the situation. In other words, when you get this diagnosis, it's almost completely emotional. It doesn't matter what the options are because you have cancer. End of story. You don't have the ability to think about what you should do next, how you should approach things, what your options are. All that stuff is just ... It's not feasible to think about it at that time. It's just not realistic. I couldn't seem to compartmentalize any meaningful, objective thoughts on my own. The books were the framework for that strategic planning that needed to occur prior to my cancer conference meeting with Dr. Donovan.

Because it's so emotional?

Yes. And it's a complete shock to your system. It's dreadful to think that you've got something debilitating enough to literally end your life, especially when your life otherwise is so positive and enjoyable.

Reading those books was really eye opening. One of the books was authored by a urologist who had prostate cancer. He had made the decision to have a radical prostatectomy. With a radical prostatectomy, you're removing the prostate gland and the cancer along with it, since the cancer is localized or "within the capsule," as mine was, which means the cancer is only within the prostate gland; there is no spread of cancer anywhere else.

So if you remove the prostate, you remove the cancer. You don't need any chemotherapy or radiation therapy following surgery, because all the damaged cells are gone. That's great. The negative side is that when you remove the prostate, you can damage other nerves, organs, and vessels that control other things like urinary flow and sexual function and so forth. That's the downside.

You have to make a decision. Do I want to treat this more conservatively and keep my prostate with perhaps radiation therapy, chemotherapy, brachytherapy (which is the radiation seeds)? Or do I remove it? In my mind, it was "remove it, treat this once, and do it right." That was my philosophy all along. I am not interested in haggling over different treatments or therapies. I want this gone. I don't want to deal with it more than once. Get it out of here. My prostate is already five times larger than it's supposed to be. It's already getting me up four times a night. This thing is not getting any better. In fact, it's just going to create more havoc over time. Good-bye.

It's shocking to think that you've got something debilitating enough to literally take you out, especially when your life's going so well.

It sounds like your mind was made up pretty quickly?

By the time I finished reading those books, I'd made my decision. So I came home, back to Massachusetts. Shortly after, I had my cancer conference with Dr. Donovan. My wife and I walked into his office and shut the door. He allowed an hour for the meeting. I said to him, "This is going to be a real short meeting." He said, "I don't understand." I said, "You're going to take this thing out." He said, "Wait a minute. We have all these options to talk about." I said, "No, we don't. You talked to me about the research. I've done the research. I've read these books." (I brought the books with me, too.) I said, "I'm ready to rock here. There's no reason not to proceed. I have a family history of this. My mother's father—my grandfather—died of prostate cancer. I am not taking any chances here. We've got a problem. We're going to fix it. You're going to do it."

Did Dr. Donovan want to discuss other options with you?

He did. Doctors want to educate patients on all options. Which I understand. But again, I'm not the average patient. I've worked in healthcare all of my life. I teach. Dr. Donovan quickly understood that I'd done the research and had made up my mind. Plus, he agreed with my decision.

Editor's note: *While we believe patients should educate themselves, we do recommend discussing all options with your doctor and listening to what your doctor has to say. Bring a family member or friend with you and have that person take notes. Be open-minded going into these cancer conferences. The solution you might have settled on in your head before the meeting might change once you've discussed everything with your doctor. Also, seeking a second opinion is perfectly acceptable. Dr. Donovan recommended that Les seek a second opinion, but Les declined. The decision is yours, but you should always feel OK with seeking one.*

In my opinion, anyone who gets a diagnosis like this, you can't ignore it. And you owe it to yourself to understand what's going on in your body.

Knowing what you know now, and knowing that not all patients have healthcare backgrounds like you, do you recommend people conduct such deep research prior to a cancer conference?

In my opinion, anyone who gets a diagnosis like this, you can't ignore it. And you owe it to yourself to understand what's going on in your body. Most people have access to the Internet. Everybody's got a computer in their hand with their phone. Even if you just did some rudimentary searches on prostate cancer, you'll learn so much so quickly. And this knowledge will empower you as you make your way through cancer conferences and whatever treatment you ultimately choose.

So you decided to have a radical prostatectomy. Tell us about that.

My surgery was scheduled for October 17, 2013—the Thursday of Columbus Day week. On that Monday—Columbus Day—I suddenly could not urinate. I was in retention. And it really hurt.

Dr. Donovan had me go to the emergency room where Dr. Kraus, one of his colleagues and a fellow GBU doctor, was on call. Dr. Kraus put a catheter in me. About 1800 cc of urine came out. It's important to note that you get the urge to urinate between 200 and 300, so by the time you're at 1800, you feel like you're going to burst.

I told Dr. Kraus that Dr. Donovan was my doctor and I was scheduled for a radical prostatectomy in three days. He said, "Then, that catheter's staying in until the surgery." I said, "No problem." They gave me all the necessary supplies, if you will, to go home with the catheter.

Then you had the surgery?

No. The catheter eliminated that problem, but something else happened that I didn't expect. I started to have bladder spasms. Your bladder

contracts to try to push the catheter out. I was not even aware this could happen, and I've been in this business a long time. When your bladder reacts this way, it actually pushes urine around the catheter because it's just contracting like a fist. It's just trying to push everything out. The catheter can't come out because it has a balloon that's inflated inside your bladder and that's what holds it in place.

Dr. Donovan said he had some medication he could give me, but he didn't want to give me too much because he didn't want it to interfere with the surgery. Unfortunately, the medication didn't ease it, so I lived with these bladder spasms every 20 minutes for the next three days until the surgery.

The morning of the surgery, the anesthesiologist gave me a medication that ended the spasms right then and there. It wasn't long after that they wheeled me down the hall to the operating room and I don't remember a thing after that. The surgery lasted about seven hours.

Is that normal?

A radical prostatectomy is usually two to three hours, but my prostate was huge (five times the normal size). It was complicated, getting this thing out of me. Dr. Kraus actually scrubbed in and helped Dr. Donovan. But together, they combined forces to accomplish a successful procedure, and I woke up in recovery.

Once you were lucid, what happened?

The recovery nurse came over and asked how I was doing. She told me the surgery was a success and that Dr. Donovan would be coming to see me. She told me I had a morphine drip and all I had to do was press the button if I was experiencing any pain. There was a catheter in as well, standard as part of the post-operative care management process.

I was admitted, and I stayed for five days, which is unusual, but it was because my surgery was ultimately much more involved due to my prostate's size. Once I was brought upstairs, Dr. Donovan came to see me. He told me the surgery was a success and that he and his team did their best to preserve the nerves that relate to sexual function, erection, and so forth.

I already knew much of this based upon my research. The nerves that relate to orgasm are intact regardless of the prostatectomy, so you'll still have an orgasm, but with your prostate gone, everything related to ejaculation is disconnected; there is no more semen at orgasm. In other words, there's no more sperm. You can have a "dry" orgasm. There will never be semen, but it feels the same. You can still enjoy having sex, if you will.

But the big question post-surgery is this: will I get an erection or not? You don't know that for a while because you've been cut wide open and everything has to heal.

Were you worried about any other complications or side effects?

Well, in my case, because of my prostate's size and the amount of work it took to get it out, Dr. Donovan had to essentially re-engineer my bladder. Essentially, there was some damage to my bladder and he had to put it back together, resize it, and sew it up. There was a drain, which is a little bit unusual, from my abdomen and that had to do with making sure that the work that he did on the bladder was going to be successful.

At this point, in recovery, all I can think is "What do I know? I'm the patient." So I'm lying there listening to all this and I'm wide awake so I get it. I'm just thinking, "Well whatever he did, it was the right thing to do and I'm assuming everything's going to heal up and it's going to be fine and off we go." A bit naïve, perhaps...

So all I say is, "Can I get up?" And Dr. Donovan says, "Absolutely. Get up, move around, walk around. Actually, I want you to do that."

But the big question post-surgery is this: will I get an erection or not?

Were you in pain?

A little on day one, but it was certainly manageable with the morphine, and I wasn't pushing the button that often. The problem days were day two and day four and when I say problem, I mean pain wise. For some reason, those two days were pretty intense, and I was up walking around. What I did was I would stroll the entire unit three or four times and then sit down. I would do that four or five times a day. Days two and four were much more difficult than days one, three, and five, and I don't know why.

Dr. Donovan prescribed some medication. Oxycontin, I think, but I didn't want to take that. I said, "Put it away. Just get some Tylenol." That's what I did at home, too. I got by with the Tylenol, but it took a couple of weeks before the pain subsided enough that I didn't think about it every minute.

What happened after you were discharged?

I was discharged with the catheter. I went home on day five. On day seven or eight, there was a question about whether that catheter would come out. Dr. Donovan had me see a radiologist (at the hospital as an outpatient) to take some pictures to make sure the bladder wasn't leaking.

So I went to the hospital and they did some fluoroscopy with some dye, and sure enough, the bladder was leaking. The work that he had done to reconstruct hadn't fully healed, hadn't fully mended the bladder, so I ended up with the catheter for two weeks because I had to go back again in another seven days to radiology, take some more pictures, and then we determined in fact that everything was solid. That healing process for the bladder took a little longer than expected.

As far as the incision for the prostate, that all moved along fine without any complications. No infection, none of that. That was fine.

I started working again seven days after the surgery from home, which was easy because it's all on a computer. Then, 14 days after, I went to the office.

Did you deal with any urinary incontinence after your radical prostatectomy?

The thing about any kind of prostate procedure is you've got to deal with incontinence. This was a big issue for me for a while. I had purchased padded undergarments—a whole case of them, because I didn't know how long this was going to last.

Men wonder why this particular side effect happens. The prostate gland is the primary organ for controlling urinary flow in normal physiology. When you are rising frequently during the night, and/or having difficulty starting urination, these are signs that the prostate is beginning to grow in size and interfere with this specific function. Every man's prostate gets larger with age; it does not necessarily have anything to do with having cancer. It is a separate reality.

So if we remove the prostate, what is starting stopping urinary flow? The answer is nothing! If there is urine in the bladder (and there always is), it will flow right through to the outside. Men without a prostate need another way to gain control over urination.

Women don't have a prostate. What do they use? Kegel muscles!

Editor's note: *From Wikipedia: "Kegel exercise, also known as pelvic floor exercise, consists of repeatedly contracting and relaxing the muscles that form part of the pelvic floor, now sometimes colloquially referred to as the "Kegel muscles." The exercise needs to be performed multiple times each day, for several minutes at a time, for one to three months, to begin to have an effect. Exercises are usually done to reduce urinary stress incontinence (especially after childbirth) and reduce premature ejaculatory occurrences in men, as well as to increase the size and intensity of erections. Several tools exist to help with these exercises, although various studies debate the relative effectiveness of different tools versus traditional exercises."*

Basically, it took five months of Kegel exercises for me to get to the point where I didn't need the padded undergarments anymore. That's how wet you can get from incontinence. It takes a long time for all of these functions to mend together, to really heal. Then, there was a conversion to pads, and probably around six to eight months after the surgery, I was back to standard underwear and under control. Dr. Donovan constantly reminded me: "You've got to do your Kegel exercises."

So incontinence was a big issue for a while, but all is well now.

Editor's note: *There are many ways to deal with urinary incontinence after prostate cancer treatment. Visit our website for details.*

Now, let's discuss another side effect. You were dealing with erectile dysfunction as well, right?

Yes. The reality hit that an erection wasn't going to happen. That was depressing, too. And I was kind of angry about it honestly. I was mad.

I went in to see Dr. Donovan for a follow-up, probably around three months after the surgery, and told him what was happening – or more accurately, what was NOT happening. He said, "Well, you know it can take up to two years for those nerves to grow back." I said, "Really? That's a long time." He said, "I know, I know, but it can take that long." I said, "Well, what do we do in the meantime?"

That's when I learned about what are called tri-mixes, which is three different medications that are combined and injected into the penis with a needle to create an erection. I remember saying, "What are you talking about? Don't you have something by mouth—a pill or anything?"

He said pills wouldn't work, in my case. But he said the injections would. He showed me how to correctly administer and use these medications. He literally did it in the office, proved to me that it worked, and wrote me the prescription.

“I don’t see this as a big deal. I think if it changes our lives the way I think it’s going to, I want to move forward.”

Now here’s the thing: this tri mix has to be made at a compound pharmacy, it’s mailed to you, it has to be refrigerated, it only lasts so long, and it’s expensive. But you sort of get to the point where you think, “Well, if this is what I have to do, then that’s what I’m going to do.”

Did you discuss any of this with your wife?

Absolutely – everything. I went home and told her what the doctor was recommending and she asked how she could help. I said, “I don’t know.” The needle part isn’t a big deal, candidly. It sounds like it should be, but it really wasn’t because it’s a tiny needle, almost like a diabetic needle, 22-gauge or something. It’s nothing.

The part that was a problem was that this stuff lasts for four hours, which means you have some fun for however long—half hour, 45 minutes—and now you’ve got another three hours before your medication-induced erection dissipates.

That three plus hour window is not fun – your penis *hurts*. It’s the nature of this medication. And there’s nothing you can do about it. They can adjust the way these three medications are combined to try to reduce the pain, because there’s one drug out of the three that really causes pain. But even after the adjustments, it was still a challenge. Not to mention the injections kill the mood. It’s not totally spontaneous. You’ve got to get the medication, get the needle, alcohol, prep, and inject it.

While the main benefit was that I could have sex with my wife again, there were many challenges and negatives related to this medication, at least for me. I used it for about 18 months.

Then what happened?

By this point, I’m employed by GBU. I joined in October 2014. Dr. Michael Curran, who is our CEO—he and I meet weekly to review administrative issues and every now and then

he would ask me how I was doing in relation to some of these challenges. I told him that I was using the tri mix, that it worked, but it was painful and wasn’t very spontaneous. And he said to me, “Just get the prosthesis.” I was surprised. I wasn’t quite expecting that. But after we talked some more, I decided to seriously consider the prosthesis.

A prosthesis?

Yes, a penile prosthesis, which is an implant that has three components. It has two cylinders that essentially go into the channels where the blood flow goes when you get an erection. There’s a pump mechanism that goes in your scrotum so you can access it. Then, there’s a reservoir with sterile water that goes in your abdomen. When you want an erection, you literally pump this thing up and voila: you have a solid erection! When you’re done, there is a pressure release button and all the water goes back into the reservoir and everything goes back down. Very ingenious.

I went home and talked to my wife about it and she said, “It’s completely up to you. I think it’s a great idea, but I don’t want to put you through anymore surgery if you don’t want to go through it.”

I said, “I don’t see this as a big deal. I think if it changes our lives the way I think it’s going to, I want to move forward.”

Long story short, I got the prosthesis. And it definitely changed my life—for the better. You go back to normal so to speak. It is quick, easy, functional, effective, and works like a charm. I don’t know how else to say it. This thing’s great.

Editor’s note: *We’re happy to report that at press time for this piece, Les is approaching the five-year anniversary of his prostate cancer diagnosis and remains cancer free today.*

Next Steps:

If you or someone you love would like to consult a physician with **Greater Boston Urology** to discuss prostate cancer treatment options or some other area of urology, simply [visit our website](#) or call **855-505-3335**.

About Greater Boston Urology

Founded in 2010, Greater Boston Urology is an integrated urology practice. This medical model allows the practice to pool resources, which leads to more—and better—options for patients, such as 3D MRI/ultrasound fusion biopsy, high-intensity focused ultrasound (HIFU), and molecular marker studies, to name just a few. GBU has assembled a team of excellent physicians who serve multiple locations in Greater Boston, the South Shore, and the Cape & Islands. In addition, GBU now has a dedicated urogynecologist heading up its new Women's Health Center in Dedham, Mass. Visit www.GreaterBostonUrology.com to learn more.

