

Preoperative MRI assists in surgical planning and helps spare erectile function after RALP

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Preoperative prostate magnetic resonance imaging (MRI) can help urologic surgeons spare the neurovascular bundle (NVB) (which controls a man's erectile function and continence) during a robotic assisted laparoscopic prostatectomy (RALP) for the treatment of prostate cancer, according to a study to be presented at the ARRS 2010 Annual Meeting in San Diego, CA.

RALP is becoming increasingly common for the treatment of prostate cancer. "However it is limited by a lack of haptic feedback (loss of sense of touch), a component urologic surgeons use to evaluate the NVBs and determine if a nerve-sparing technique is possible," said Timothy McClure, MD, lead author of the study. "Our study investigated the utility of MRI of the prostate in changing surgical decision making with regards to nerve sparing RALP," said McClure.

The study, performed at the University of California, Los Angeles, included 104 men with biopsy proven [prostate cancer](#) who underwent preoperative MRI prior to RALP. "Twenty-nine out of 104 patients had the nerve sparing technique changed because of MR imaging. Of patients for whom the plan was changed, 49 percent underwent nerve sparing surgery and 40 percent had their plan changed to non-nerve sparing surgery," said McClure.

"MRI before RALP appears to help surgeons make a more informed

decision with regards to the aggressiveness of nerve sparing surgical technique without compromising the oncological outcome," he said.

Provided by American College of Radiology

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