NAME JACKSON, JOHN B. 10-20-44
ADMITTED 6/21/94
DISCHARGED 6/22/94

FINAL DIAGNOSIS

- Adenocarcinoma of the prostate, clinical stage B, Grade 5/6 abnormal DNA ploidy.
- Status post I-125 brachytherapy of the prostate with elevated C dosage instillation.

PROCEDURE

- Radical retropubic prostatectomy and Hartmann procedure with diverting sigmoid colostomy.

HISTORY This is a 73 year old white male who initially presented to the office with obstructive and irritative urinary symptoms and a prostatic nodule, abnormal PSA and transrectal ultrasound of the prostate with guided biopsy which came back as a Gleason Grade 5/6 abnormal DNA ploidy adenocarcinoma of the prostate. Staging including negative CAT scan and bone scan. He had negative pelvic lymph node dissections (Lap & bilateral)

Options of therapy presented to him included watchful waiting, radiation therapy and radical prostatectomy.

Because of the abnormal DNA ploidy and palpable nodule and symptomatology, and his age, it was elected for radiation therapy in the form of brachytherapy.

Work-up on this admission - EKG is normal. Initial hgb is 14.6 and BUN 19, creatinine 1.0, electrolytes normal, glucose 73, liver profile normal, calcium, phosphorus, uric acid is normal. Urinalysis is negative and urine cultures were negative. Chest X-ray is normal.

HOSPITAL COURSE The patient, initially underwent I-125 brachytherapy of the prostate, under spinal anesthesia about 110 seeds were placed under C-arm and ultrasound control. Cystoscopy was done after the procedure and there were no seeds found in the prostatic urethra and in the bladder.

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Postoperatively he did quite well.

One hour postoperatively, the Dosimetrist noted that the strength of the seeds implanted had exceeded the planned dose significantly and therefore, as soon as this was noted, the patient was admitted for work-up, evaluation and therapy.

Discussion was made with the Yale Radiotherapy Group, Dr. Richard Peschel, who had considerable experience with brachytherapy and ran the brachytherapy program at Yale in addition to our program here.

He basically stated that we should attempt to remove as many seeds as possible via radical prostatectomy and possibly do a diverting colostomy, if a number of seeds remained.

Therefore, about 4 hours after the brachytherapy had been done, the patient underwent radical retropubic prostatectomy (and this was felt to be preferable to perineal prostectomy because of control of blood loss and greater ability to do a no touch procedure for the surgeons, in view of the radiation dosage within the prostate.)

After the prostatectomy had been done, which was done uneventfully, repeat C-arm of the abdomen and pelvis showed a significant number of seeds remaining, mostly in the pelvis, (about 30 seeds remained) and it was felt because of this, consultation was sought with Dr. Peschel, that a colostomy would be preferable to be done, diverting colostomy.

Therefore, Dr. J. Goldblatt, General Surgeon, performed a Hartmann procedure, diverting sigmoid colostomy.

Posoperatively, the patient has done well and tolerating liquid diet and colostomy is functioning and he has had good urinary output from the Foley catheter. No significant drainage from drain which has been removed.

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PLAN At this point, the Radiotherapy Group has had extensive dissucsion on plan for therapy to counteract ~~for~~ the remaining seeds in the pelvis to minimize the effect of the seeds. Efforts will be made to minimize the effect of the radiation via insulation of protective medication in a tampon in the rectum and also, perhaps, instillation of perineal medication that would minimize radioactivity. At this point, further ~~peri~~toneal exploration is being ~~deferred~~ considered and the patient is being transferred to Yale New Haven Hospital for further therapy by the Yale Radiotherapy Group, AND DR EATON (YNHH), oncologic surgery. ↳ DR Kenneth Robert,

F. P. FRIEDMAN, M. D.

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