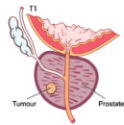
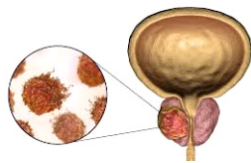


Prostate cancer treatment

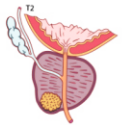
Treatment options which may be considered include: surgery, radiotherapy, hormone treatment and, less commonly, chemotherapy. Often a combination of two or more of these treatments is used.

Treatment may aim to cure the cancer. In particular, the earlier the stage of the cancer, the better the chance of a cure.

Treatment may aim to control the cancer, if a cure is not realistic. With treatment it is often possible to limit the growth or spread of the cancer so that it progresses less rapidly. This



T1
The tumour or cancer cannot be felt by the doctor during examination



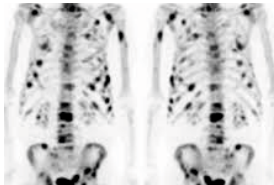
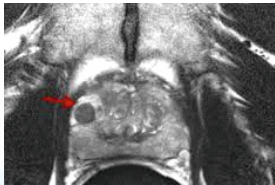
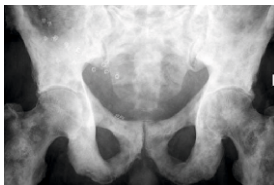
T2
The cancer can be felt but it has not spread outside of the prostate



T3
The cancer has spread outside of the prostate into nearby tissues



T4
The cancer has spread into nearby organs such as the bladder



Dr. Rela Institute & Medical Centre is a multi-specialty quaternary care hospital located in Chennai, India.

The Institute is within the campus of Sree Balaji Medical College and Hospital, which is spread across 36 acres. It has 14 operating theatres with 450 beds, inclusive of 150 critical care beds.

The Institute is conveniently located 10 minutes from the Domestic and International Airport.

The hospital is designed to provide highly specialized care in various departments with a focus on multi-organ transplantation. Prof. Mohammed Rela, a world renowned surgeon in the field of Liver surgery and transplantation is the Chairman and Managing Director of the Institute.

In addition to quaternary & quality care, is also committed to provide day to day primary and secondary care to the local population, with facilities of international standards.

The Institute would provide comprehensive support to international patients travelling for medical treatment such as language assistance, stay, visa and travel.

24 Hr Emergency ☎ 044-6666 7788



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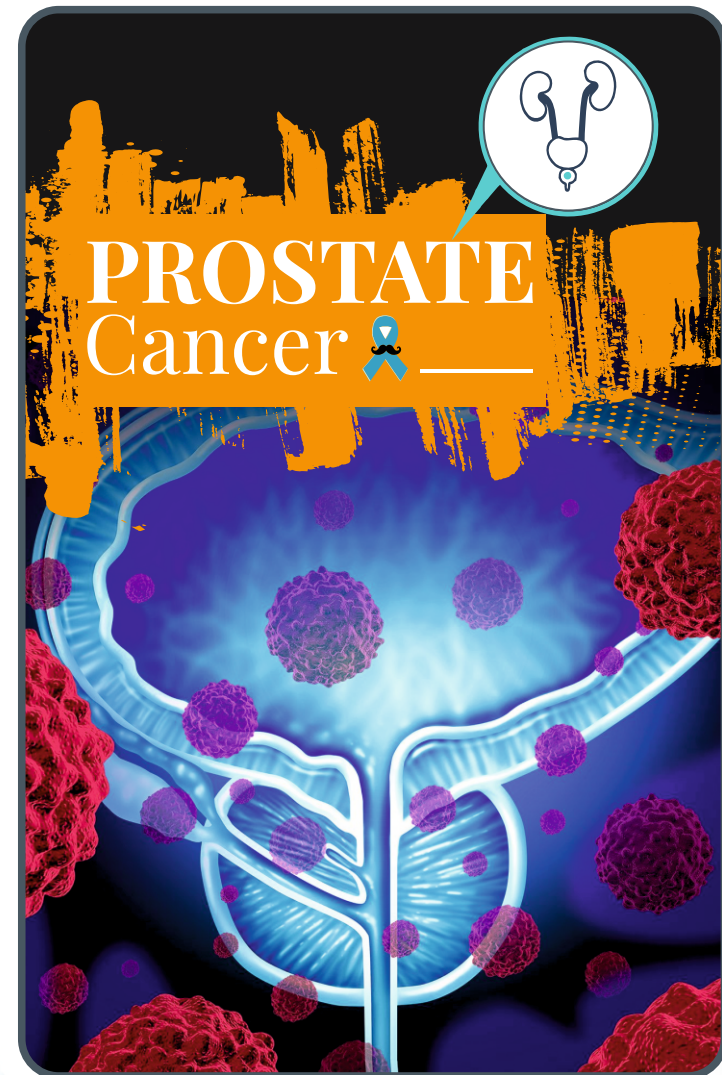
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DR. RELA INSTITUTE & MEDICAL CENTRE
An International Medical Facility



Department of
Urology

Prostate cancer is an uncommon disease in the Asian population. Most cases of prostate cancer develop in older men over the age of 65 years. In many cases the cancer is slow-growing, does not reduce how long the patient lives, and may not need treatment. In some cases, it is more aggressive, spreads to other parts of the body and may benefit from treatment. In general, the more advanced the cancer (the more it has grown and spread), the less chance that treatment will be curative. However, treatment can often slow the progress of the cancer.

Prostate cancer is different to most other cancers because small areas of cancer within the prostate are actually very common, especially in older men. These may not grow or cause

What is the prostate gland?

The prostate gland (just called prostate from now on) is only found in men. It lies just beneath the bladder. The tube which passes urine from the bladder is called the urethra. It runs through the middle of the prostate. The prostate's main function is to produce fluid which protects and enriches sperm.

The prostate often gets bigger (enlarges) gradually after the age of about 50 years. By the age of 70 years, about 8 in 10 men have an enlarged prostate. It is common for older men to have urinary symptoms caused by a non-cancerous (benign) enlargement of the prostate. Some men also develop prostate

What are the causes of prostate cancer ?

A cancerous (malignant) tumour starts from one abnormal cell. The exact reason why a cell becomes cancerous is unclear. It is thought that something damages or alters certain genes in the cell. This makes the cell abnormal and multiply out of control.

Although the exact cause is unclear, certain risk factors increase the chance that prostate cancer may develop. These include:

- Ageing. Most cases occur in older men
- Family history and genetic factors. If your father or brother had prostate cancer at a relatively early age (before the age of 60 years) then you have an increased risk. Also, if the type of breast cancer which is linked to a faulty gene runs in your female relatives then you are at increased risk of prostate cancer
- Ethnic group. Prostate cancer is more common in African-Caribbean men and less common in Asian men
- Diet is possibly a risk factor. As with other cancers, a diet high in fats and low in fruit and vegetables may increase

Prostate cancer symptoms

Prostate cancer is often slow-growing. There may be no symptoms at first, even for years. As the tumour grows, it may press on and irritate the urethra, or cause a partial blockage to the flow of urine. Symptoms may then develop and can include one or more of the following:

Poor stream - The flow of urine is weaker, and it takes longer to empty your bladder

Hesitancy - You may have to wait at the toilet for a while before urine starts to flow

Dribbling - A bit more urine may trickle out and stain your underpants soon after you finish at the toilet

Frequency - You may pass urine more often than normal

Urgency - You may have to get to the toilet quickly

Poor emptying - You may have a feeling of not quite emptying your bladder

Most men who develop the above symptoms do not have

prostate cancer but have a non-cancerous (benign) enlargement of the prostate. However, it is best to have any new symptoms checked out by a doctor.

Prostate cancer tests

- Examination of the prostate.
- Do a blood test to measure the level of prostate specific antigen (PSA). PSA is a chemical which is made by both normal and cancerous (malignant) prostate cells. Basically, the higher the level of PSA, the more likely that you have cancer of the prostate. However, a mild-to-moderately raised PSA can occur in conditions other than prostate cancer. (If you have confirmed prostate cancer, the PSA blood test is also used to monitor treatment. If treatment is working and cancer cells are killed then the level of PSA falls.)
- Biopsy - to confirm the diagnosis. A biopsy is a procedure where a small sample of tissue is removed from a part of the body. The sample is then examined under the microscope to look for abnormal cells. A biopsy can usually confirm the presence of prostate cancer.
- Assessing the severity and spread of prostate cancer by examination of the biopsy samples under the microscope and by tests such as bone scan, a CT scan, a MRI scan, a tummy (abdominal) ultrasound scan or other tests. This will give information about how much the tumour has grown and whether it has grown through the wall of the prostate and into nearby structures such as the bladder wall, whether the cancer