

# Doctor pioneers new twist on prostate surgery

■ Patients recover quicker using this technique

By DIANE CONNERS

Record-Eagle staff writer

TRAVERSE CITY — When former Traverse City Mayor Frank Stulen learned he had prostate cancer this summer, the 76-year-old had one major concern besides the diagnosis: He didn't want surgery to delay a bicycle trip he had planned in Italy.

Stulen took the trip, had his surgery Monday and is looking

forward to being active again in two weeks because of the kind of procedure his surgeon uses at Munson Medical Center.

Michael Harris, a Traverse City urologist, has developed a new method that actually uses a procedure dating to 1904 for doing prostate surgery — making an incision near the anus instead of through the abdomen, as is more commonly done now nationwide.

Patients recover quicker using this method, but it had been largely dropped in the medical world because going through the abdomen allowed doctors to remove lymph nodes to see if the cancer had spread, Harris said.

But prostate cancer is being detected much earlier because of advances in testing since the early 1980s, and as a result cancer is much less likely to have spread to the lymph nodes, he said. Harris has incorporated into his surgery new equipment that helps him see better through the small incision.

He also uses methods developed in abdominal surgery to reduce the risk of lost bladder control and sexual function.

The prostate is a gland that surrounds the neck of the bladder and urethra in men. It secretes a fluid that is part of seminal fluid.

While some doctors nationally

say abdominal surgery is more apt to remove all the cancer in the prostate itself, Harris said he's had just as good results.

Steven Gange, a urologist at the Western Urological Clinic in Salt Lake City, Utah, is sold on it. He learned the procedure from Harris two years ago. While visiting Harris here this week he also took part in Stulen's surgery Monday to learn more. He's done 50 of the surgeries with this technique, compared to 200 at Munson by Harris.

"I think it will revolutionize urology," Gange said.

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Gange, who has known Harris since both were working on their five-year residency at the University of Kentucky, said he was skeptical at first. Now, though, he's convinced it's the right way to go.

John McConnell, a leading expert in prostate surgery at the University of Texas, said he wasn't familiar with Harris' new technique. He cautioned against calling it a major improvement until there is more study nationwide, but said he could see how it would speed recovery rates for some.

John Donohue, another expert who is professor emeritus at Indiana University Medical Center, is familiar with Harris' results. There's not a "huge technical advantage" to the Harris method, but it is as good in removing can-

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**John Donohue,  
Indiana University Medical Center**

cer as the abdominal approach and patients should be more comfortable, he said.

"It's a definite contribution to the community to have it available," he said.

Harris has developed a curriculum that includes having surgeons watch him in surgery in order to learn his modified technique.

Prostate cancer is the leading cause of cancer in men and their second leading cancer killer.

About 320,000 men are diagnosed with it each year and 80,000 have surgery. Another 41,000 men with prostate cancer die each year.

Stulen, by having prostate surgery at all, was taking a risk of experiencing its major side effects: loss of bladder control and impotence.

Prostate cancer is slow growing. As a result, many men Stulen's age don't have the surgery in order to avoid those problems, in addition to the dangers of anesthesia, Harris said. They figure

they may die of heart disease or some other ailment first.

But Stulen is so active and healthy that his chances of living long are good, Harris said.

Stulen, who bicycles 3,000 miles a year on a tandem bicycle with his wife, Doty, went home a day after surgery compared to at least three days in the hospital for men who had abdominal surgery. He can be physically active in two weeks, compared to about six weeks with the other surgery, Harris said.

Stulen said he asked four or five friends about their experiences with prostate surgery. One had had surgery from Harris and everything went well. He wanted to make sure he'd have good bladder control so he could remain active bicycling and skiing.

"I kept asking them, and they said it was fine," Stulen said. "There's no gambling with this, because it's cancer."



Record-Eagle/John L. Russell

Dr. Steven Gange, left, and Dr. Michael Harris of Munson Medical Center talk with patient Frank Stulen Tuesday.