

**NERVE/NEUROVASCULAR “SPARING/SAVING”  
DURING SURGICAL REMOVAL OF THE PROSTATE GLAND**  
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Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient’s viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

This information is to make patients aware that there aren’t actually nerve/neurovascular “bundles” that we hope can be “spared/saved” in order for later return of erectile function following surgical removal of the prostate gland. Rather than nerve “bundles” that the layman would expect could be easily identified and separated from the prostate gland, there are rather separate “nerve” extensions involved that can be somewhat scattered around the prostate gland and much more difficult for the physician to identify and separate from the prostate gland than we as patients are aware. For those of you who have already experienced surgical removal of your prostate gland and were either fortunate in the physician able to identify and separate/save the so-called “neurovascular bundles” when extracting the prostate gland, or at least some portion of those nerves, or on the other hand the physician was unable to spare/save those nerves/bundles because of the size of the gland, nearness or extension of cancer tumor to those nerves, or other extenuating circumstances, the visual in the following paper will give you a better idea of the complexity the physician encounters when attempting to identify those nerves/nerve “bundles.”

In the event you may not have been aware of as well as viewed this presentation at the 2013 Prostate Cancer World Congress “**Improving Potency with Nerve Mapping**” by Randy Fagin, M.D., Director Robotic Surgery, Westlake Medical Center, Austin, TX, I thought you might find it interesting as well as informative:

<http://www.propepsurgical.com/patient-benefits.html>

