

AUTHOR'S REPLY

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There is no possibility to avoid complications during or after surgery. It is important to know how to help patients if complications occur and what can be done to improve their quality of life after their occurrence. Our group of patients is not big in number because such serious, latent complications after radical prostatectomy are rare. The goal was to show that there are ways to help those patients who have lost hope for a return to work and normal life.

In reference to the issue of fistula openings, the size of the opening was not crucial to qualify for treatment, as both small and large fistula gave similar symptoms. In cases where the gracilis muscle was used, we were able to supply even large fistulas because of the large portion of muscle tissue available for reconstruction. In two cases, the fistula was barely noticeable in cystoscopy, fistulas in the other two cases

had diameters of about 4-6 mm. As to the stage of the disease before prostatectomy, patients scheduled for reconstruction were free of cancer and PSA levels before surgery did not indicate recurrent disease in any of them. All patients remained under control after surgery in our center and in control tests we did not notice elevated PSA level or recurrence of the disease in the final histopathological results. Currently, the patients are under the care of their primary doctors and no longer follow-up with us.

I am grateful for your positive reviews of our work. We are willing to continue our work and wish all the best for our patients.

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