IDA-TALLINNA KESKHAIGLA

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Surgical treatment of urogenital cancers

We provide surgical treatment for cancers of the kidney, adrenal gland, prostate, bladder and the genitals.

All treatment cases involving patients with a primary diagnosis of malignant tumours of the uro-oncological area and complex multiple therapies are discussed at the uro-oncological roundtable. In addition to urologists, the roundtable includes chemotherapy and radiation therapy specialists, radiologists and pathologists. We have long-term and successful cooperation with the Centre of Oncology at East Tallinn Central Hospital and the Department of Radiotherapy at North Estonia Medical Centre.

More information on cancer treatment can be found on the ETCH cancer treatment page

Surgical treatment of prostate cancer

Surgical treatment of prostate cancer is only performed using a minimally invasive method: percutaneous endoscopic radical prostatectomy with 3D visualisation.

The advantage of this methods is that tissue visibility is better though the use of multiple magnification, resulting in:

- more precise handling of tissues
- better preservation of nerves for maintaining erections
- minimal blood loss
- shorter surgery duration

The surgery is performed through small skin incisions using micro-instruments. Patients will have fewer scars, less post-operative pain, quicker recovery and a faster return to everyday life**.**

Surgical treatment of adrenal tumours

We perform minimally invasive laparoscopic surgical treatment of adrenal tumours in close collaboration with the ETCH Centre of Endocrinology.

Before adrenal surgery, all patients are thoroughly examined and prepared by endocrinologists. Post-surgery follow-up is also conducted in collaboration with endocrinologists.

Surgical treatment of bladder cancer

Transurethral resection of the bladder (TURB) is indicated for non-invasive bladder tumours.

The surgery uses tumour staining, or photodynamic diagnosis (PDD), to identify the tumour and remove it more effectively.

If the tumour has spread to the bladder muscle, a complete removal of the bladder, i.e. a radical cystectomy, is usually necessary. After a cystectomy, a replacement bladder is created from the small intestine, or urine is directed through a stoma into a special collection bag.