

Immersion the key for key-hole surgeon



David Merrilees

Despite doing more laparoscopic urological surgeries than anyone else in the country, David Merrilees is still a strong believer in horses-for-courses when it comes to prostate cancer.

Minimally invasive laparoscopic prostatectomies, which have become more common in recent years, have certainly reduced incidence of nerve damage that can cause urinary incontinence and erectile dysfunction. But David says there's still an important role for open surgery with high-risk, bulky cancers.

External beam radiotherapy, brachytherapy and hormonal treatments are also important – sometimes in combination with surgical options – in the urologist's armoury, he says.

David came into urological surgery at a time when laparoscopic techniques were starting to become established. He says he "saw the future" when completing two fellowships at Cambridge University, UK, under internationally regarded surgeons David Neal and Christopher Eden.

"Those fellowships not only exposed me to surgeons who were at the top of their fields, they also gave me the opportunity to become completely immersed in laparoscopic surgical techniques."

David returned from the UK nearly four years ago, and has been applying his well-honed laparoscopic skills in both public and private practice in Auckland ever since. He has rooms on Gillies Ave, Epsom and most of his private lists are done at nearby Southern Cross Brightside Hospital; his public work is based at Auckland Hospital, with clinics at Greenlane and Middlemore.

"The different surgical modalities all provide for similar cancer cure rates but laparoscopic techniques – where it's appropriate to use them – have a distinct edge in terms of nerve sparing and, hence, better lifestyle outcomes for more patients."

David maintains an open mind on the recent arrival of robot-assisted laparoscopic prostatectomies in New Zealand. It's a procedure that he plans to add to the open and laparoscopic options he currently offers for surgical treatment of prostate cancer but he doesn't believe it will make a significant difference in outcomes for patients.

"I want to be in a position to say these are your options, these are the outcomes and these are the costs; and then let the patient decide. The additional cost of the robot-assisted procedure is something that has to be weighed up. In my view, whether it's the laparoscopic or robot-assisted techniques, the skill and experience of the surgeon is what's going to determine the quality of outcomes for patients."

David has been part of the Southern Cross' Affiliated Provider programme since 2008 and is keen to bring a broader range of his urological procedures, including all of his prostatectomy options, into the Affiliated Provider agreement he has with Southern Cross.

"The Affiliated Provider approach provides certainty of cost for patients, especially those who have shared cover policies where they pay a portion of the bill. And the streamlined processes make things simple for my patients and the office.

"I'm very comfortable with Southern Cross' expansion of the Affiliated Provider programme because there's no doubt New Zealand is facing a considerable challenge with medical cost inflation. I see it as a good thing that insurers take a position on making sure they're getting value for their members' money."



David Merrilees

+ Common garden mint has anti-inflammatory properties as well as containing antioxidants.



Prostates getting the right treatment

Urological surgeon David Merrilees believes New Zealand men are now better equipped to deal with prostate cancer than they used to be.

"With improving awareness of prostate cancer, GPs have the opportunity to detect and refer men earlier, when the cancer is still localised in the prostate. That greatly improves our chances of successfully treating the cancer and minimising nerve damage that can cause incontinence and erectile dysfunction," says David.

"In the past there's also been a tendency to over treat men with low risk cancers. We're better now at determining which patients need treatment and which of the various treatments available is best in each patient's circumstances."

Because prostate tumours are usually slow growing and sometimes benign, David says regular PSA blood tests and monitoring may be recommended for up to 20 per cent of patients.

The remainder have better treatment options available than there were 10 years ago. "In recent years, there's been a swing away from brachytherapy and towards minimally invasive surgical techniques but there's still a role for each of the treatments available. Younger patients tend to choose surgery while those over 60 tend to lean towards radiation."