

To whom it may concern

**Study project on post-operative patients, undergoing radical prostatectomy  
ICH – Grinberg Method – Urology 2007**

**Study project**

I would like to thank the independent professionals of the Grinberg Method for their participation in this scientific project, which took place at Istituto Clinico Humanitas (ICH) of Rozzano, Milan. They operated in an ethical and professional manner, which made this study possible.

The study began in February, 2007 and was suspended in November 2010 for the following reasons:

- Difficulty in recruiting new patients by age and stage of the disease
- New surgery techniques (laparoscopy and robot)
- Drop-off after the first/second/third questionnaire
- Complications in the state of health of the patients who participated both in the active arm and in the control arm of the study.

The intention was to have a number of patients who acted as a control arm and were treated as usual, and a number of patients who acted as active group, who received sessions and exercises according to the Grinberg Method.

The number of patients to the date of suspension of the project was:

25 patients – the active group; receiving sessions of the Grinberg Method

11 patients – the control group; treated as usual, receiving no sessions

The data collection was carried out by Dr. Zandegiacomo and Ms. Cristina Mach, an independent professional, with the SF-36 questionnaire, internationally validated, and-filled-in within the following intervals: pre-surgery and one, three and twelve months post-surgery.

**Study**

Study project on the quality of life in the immediate post-surgery period and the long-term results in patients undergoing radical prostatectomy for a clinically localized disease of the gland.

The study was designed according to international rules, and aimed to achieve a gradual process of psycho-physical recovery after surgery.

Avi Grinberg, who has long been interested in developing programs which facilitate recovery for patients undergoing surgery for different devices, created a protocol, which was followed by independent professionals of the Grinberg Method when giving sessions to the patients in the active group and for patients, a manual of post-surgery physical exercises specific to the zone of intervention which were taught during phase 3 of the study. The independent professionals of the Grinberg Method had special training in recovery situations, which includes three years of basic training plus 4 years of experience specifically in recovery. They met the patients of the active group in each of the following three phases of the study: immediately after the surgery (in the recovery room), one month and then again three months, after the surgery. Each phase included a set of one-hour sessions, where the patient was guided through touch, the use of instructions and movement to bring all of his attention to the operated area and to areas which related to it, and to allow normal fear and pain, if there was any, without reacting to it, using natural breathing and relaxing all the contracted areas of the body.

The data collection was carried out through an interview with the patients at the different stages of the project, during which they were asked a number of questions related to their perception of

the disease, including the type and intensity of the pain, the possible/temporary disability and/or a state of uneasiness and/or side effects of surgery, and the impact it has/had in relation to their quality of life.

### Target

Check to see the level of benefit the patients, undergoing a radical prostatectomy, have achieved by attending this particular recovery program of the Grinberg Method never studied in the past.

In summary, the purpose of this study was to improve the quality of life of the patient in the post-operative period, avoiding the use of drugs or technologies of any kind, but by simply stimulating the individual's capacity of recovery with the aim of reinstating patients into everyday life as smoothly and satisfactorily as possible.

Conclusions drawn from the SF36 questionnaires and the patients' feedback

- Awareness and perception of the reality of the state of being
- Change of attitude from being victims of the prognosis, intervention and grief to being active protagonists of their lives.
- Greater interest and motivation to participate and be actively involved in the assessment and post-surgery recovery.
- Increased awareness that one's attitude to want to feel good can affect a faster recovery from physical and non-physical symptoms.
- The turning of depression, demoralization, decreased self-esteem, anxiety, fear, and stress into a desire to feel good and to be out in public without having to hide or lie about the consequences of surgery.
- Easier and more sincere relationships with family and friends.
- A greater inclination to exercise and move.
- More optimistic view of the future.
- All patients greatly appreciated the participation of the ICH hospital and in particular the urology department for developing this project, which no other hospital has done to date.
- Particular appreciation was expressed towards the Grinberg Method professionals, for the attention they gave to patients, immediately after surgery, through sessions carried out in the recovery room. Patients considered these sessions to be fundamental to pour the fear they have all experienced upon awakening, that they would normally try to hide, being ashamed and afraid of being considered weak.
- Confidence and no need for them to lie, omit or reduce their actual post-surgery conditions.
- Patients noted that by recognizing their real conditions related to sex life and bladder control and pain, they could use the tools learned during sessions with the Grinberg Method in order to reach a better quality of life in general.
- If at first patients felt difficulty and fear of returning home, and they hid it from their doctors and families, they were able to deal with this situation with more serenity and confidence.
- They improved the relationship with the doctor considering him more as a partner than as an authority.

  
Prof. Pierpaolo Graziotti M.D.  
Chief of Urology Department of Urology