Aim: The aim of study was to evaluate the impact of prostate weight on radical prostatectomy outcomes (cancer control, urinary continence, and erectile dysfunction) in prostate cancer patients. Material and Method: The files of 92 patients who underwent retropubic radical prostatectomy were retrospectively reviewed. Patients' data on demography, tumor characteristics, oncological, urinary and erectile function outcomes were estimated. Results were compared according to the prostate weights (Group 1: ≤ 60 g, Group 2: > 60 g). Result: Patients that have prostate weight of >60 g were %35.9. Preoperative Prostate Spesific Antigen (PSA) volumes (9.9 - 14.1 ng/ ml, p<0.05) and patient number that have a biopsy Gleason score smaller than 6 (%76.3 - %87.9, p<0.05) were greater in patients that have bigger prostate. The patient number that have a pathologic stage of T2a-b was also higher in Group 2 (%20.4 - %45.4, p<0.05). There were no statistically significant differences in the rate of surgical positive margin, biochemical recurrence, urinary incontinence and erectile function between groups. Discussion: Despite their higher preoperative PSA levels, radical prostatectomy in patients with large prostate has good and sufficient oncological results. Also, this group was comparable with patients with small prostate in terms of urinary continence and erectile function.