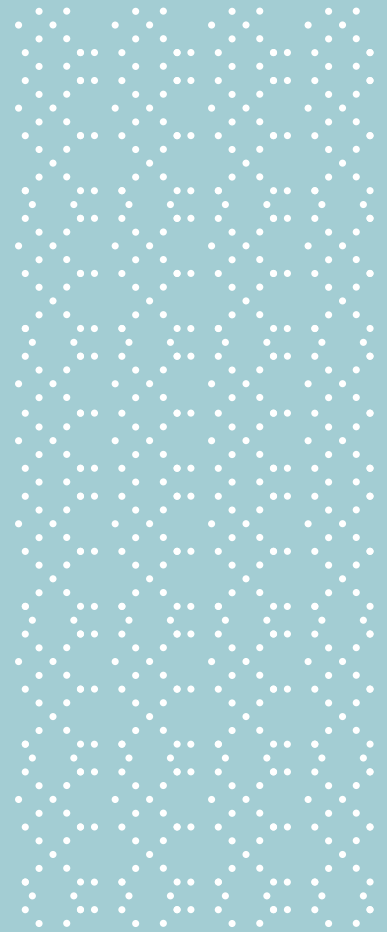


# Robotic Assisted Laparoscopic Radical Prostatectomy

This leaflet is designed to give you information on what this procedure is and what to expect from it. It outlines the advantages and possible risks. We hope it will answer the common questions raised. More detailed information is available from your consultant or specialist nurse.

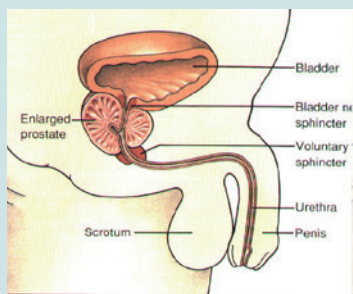


# What and where is my prostate?

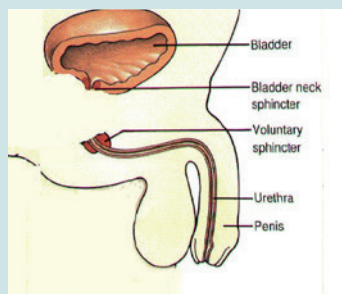
Your prostate is a small walnut sized gland that is situated at the base of your bladder. Its main function is to add a thick liquid or volume to your ejaculate (sperm).

These diagrams show the anatomy of the male urinary system before and after a radical prostatectomy.

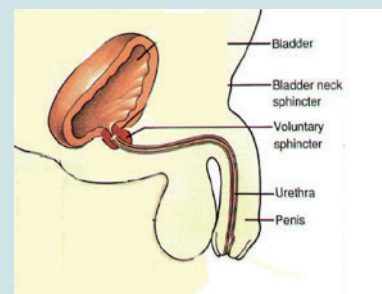
**Anatomy of the prostate**



**Prostate removed**



**Bladder joined to the urethra**



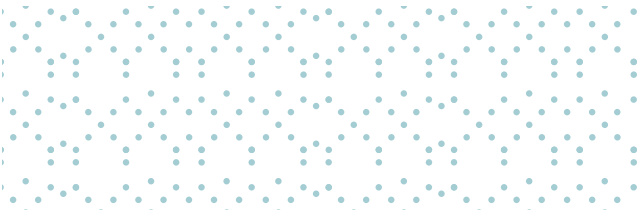
## What is a robotic assisted Laparoscopic Prostatectomy?

In this operation the surgeon also performs removal of the prostate via small incisions (approximately 1cm wide) in the abdomen but it is assisted by a robotic system.

Robotic surgery is an extension of the laparoscopic (keyhole) surgical technique. Firstly, small cuts are made in the skin through which long instruments are placed. These instruments are connected to arms on a patient side cart. This patient side cart is connected via cables to a console a few feet away from the patient.




The surgeon sits at this console and operates from there. The surgeon looks at a monitor which magnifies (makes the view bigger) by over ten times. This means that the surgeon can see the operating field more clearly. The type of camera used to assist the surgeon with the procedure allows the surgeon to see in 3D (3 dimensional) view giving much better clarity than standard laparoscopy (keyhole surgery).



As the surgeon moves his or her hands, the instruments inside the patient follow the movements exactly. These movements are designed to be very accurate and mimic (copy) the movement of the human hands, wrists and fingers. The surgeon can move his or her hands more freely outside the body because there is more room. It therefore allows more precision than standard laparoscopy.





The operation is carried out under a general anaesthetic which means that you are “asleep”. You may need to be under the anaesthetic for robotic surgery for longer than other types of operation. This is because the equipment is so complex. You will receive further information about general anaesthetics at the pre-operation assessment appointment which is explained below.

### **What are the advantages of having a robotic assisted laparoscopic prostatectomy?**

- ♦ Blood loss is much less than with open surgery, so there is less chance that a blood transfusion will be required.
- ♦ The patient has less pain after the operation and therefore is up and about earlier and requires less post operative pain management.
- ♦ The patient recovers more quickly and therefore needs a shorter stay in hospital.
- ♦ It avoids open surgery and the resulting large scar and only small scars will be visible from where the instruments entered the body.

### **What happens before surgery?**

- ♦ You will attend a Pre-operative Assessment Clinic for some tests. This will be a separate appointment before you come into hospital for the operation. During this appointment we will assess your suitability to have an anaesthetic and you will have some tests.
- ♦ You will be admitted to the Hospital on the day of your operation.
- ♦ You will wear anti-embolism socks (like very tight stockings) to prevent blood clots forming in your legs.
- ♦ The anaesthetist will see you on the morning of surgery. They will discuss your anaesthetic with you.

**It may be beneficial if you ejaculate 1 to 2 days before the operation to empty the seminal vesicles (sperm tubes). This makes the internal cutting part of the procedure easier for the surgeon.**



## On the day of your operation

On admission, you will be seen by a nurse who will ask you questions about your health, take your pulse, blood pressure and temperature and take any final blood tests if necessary.

You will get the opportunity to meet your surgeon and anaesthetist on the day of surgery and ask any questions you may have. Your operating surgeon will gain written consent for the surgery.

You will then be taken to the operating room for the surgery. A lot of questions will be repeated; we request your patience as it is a process that we follow for your safety, which is paramount.

You will be given a spinal anaesthetic, before you are given a general anaesthetic. This will make you numb from the waist down during the operation, but also for a short time afterwards. This helps to ease any post op pain and you can soon get up and walk around.

During surgery, some of your tummy hair is removed and this area as well as your groins and thighs are cleaned with an orange/brown coloured solution which is cleared at the end of the procedure but you will still have some on your skin and will wash off after you shower

**Feel free to ask any questions that you may have.**

## What can I expect immediately after surgery?

You will be awake and sitting up in bed within hours of the surgery and will be able to eat and drink upon return to your room. You should be able to walk around a little bit the same day. You might feel a moderate degree of pain the same day and the day after surgery. This is almost always controlled with tablets; please call your nurse if you require more pain relief.

- ♦ You will receive an injection of heparin daily, whilst in hospital, to reduce the risk of blood clots
- ♦ You will have a **catheter** (tube) in your bladder that drains your urine (wee) into a bag. The urine is often blood stained which will clear to become yellow over your hospital stay. You may however see blood in your urine on and off for weeks following your surgery. This is normal and nothing to worry about. You may also notice that the urine leaks around the catheter tube, again this is normal and nothing to worry about. You will have a catheter for approximately **7 to 10 days**. We will show you how to look after your catheter at home. A hospital nurse will remove this for you; this will be arranged before you go home from hospital.
- ♦ You will have **sutures under the skin that will not need to be removed** and the cuts will be covered with some glue that does not normally require dressings.
- ♦ We will arrange regular appointments for follow-up tests and scans.

We will encourage you to eat and drink and get up and about the day after surgery. If you are doing well and feel you can cope at home you will most likely be able to go home that day. You should be ready for discharge on the first or second day after your surgery, depending on how you recover.

## What can I expect at home?

- ♦ You might feel tired for about two months
- ♦ Take gentle exercise, no heavy lifting or anything too strenuous.
- ♦ No heavy lifting such as children or luggage for three to four weeks
- ♦ Do not drive for four weeks. This depends on how much discomfort you have and the decision when to drive again should be based on whether you think you can react quickly behind the wheel and not be limited by pain.
- ♦ Keep the wounds clean by taking a shower rather than a bath for the first week
- ♦ Watch for signs of wound infection such as pain, redness, swelling and discharge (oozing)
- ♦ Talk to your GP or district nurse if you have any concerns.

## Are there any side effects?

There are side effects associated with every procedure. After a robotic assisted laparoscopic radical prostatectomy you might experience:

- ♦ **bruising around the incision sites on abdomen** – this is common and should not alarm you. This will resolve over time.
- ♦ **leakage or ooze at a wound site** – you should change dressings daily or every other day if oozing. Wash the wound in the shower to clean, and dry with clean pad or towel before applying a clean dressing. Your nurse will explain how to do this.
- ♦ **abdominal bloating or constipation** – any bloating should settle quickly after your bowels start returning to normal function. Your bowels may be loose initially when they first start to work after the operation. Increasing the fibre and water intake in your diet should help to keep stools soft.
- ♦ **shoulder pain** – this occurs as a result of the swelling of the abdomen caused by the gases used during the operation. This pain should go away after a few days.
- ♦ **perineal pain** – pain between your scrotum and your rectum or in your testicles may last for several weeks after surgery, but it will resolve. Simple pain medications such as Paracetamol or Ibuprofen should relieve the discomfort. Please contact your consulting team if the pain medication does not help this.
- ♦ **swelling or bruising of the scrotum or penis** – this may appear immediately after surgery or after 4 to 5 days. Any scrotal swelling will resolve in 7 to 14 days. You can reduce the swelling if it occurs by lifting the scrotum on a small towel that you have rolled up when you are sitting or lying.
- ♦ **blood around the catheter or in the urine** – this is common, especially after increasing activity or following a bowel movement. Resting for a short period usually improves the colour of the urine. Sometimes there can be intermittent bleeding in the urine even after the catheter is removed. This should be pale red and fairly clear. If you have any concerns, ask your consulting team. Drink more fluids if there is blood in the urine, this helps to keep it dilute.
- ♦ **leaking around the catheter** – this is fairly common, especially on straining. If this happens, you may need to wear a small pad inside your underwear for protection.

- ♦ **bladder spasms** – these present as:

- mild to severe pain or cramping
- the sudden need to urinate
- a burning sensation caused by sudden, strong bladder contractions.

These are infrequent but can be caused by irritation from the catheter against the bladder wall. Let your consulting team know if you have these troubles as mostly these can be relieved with tablets.

- ♦ **lower leg or ankle swelling** – this can occur in both legs and should resolve in around 7 to 14 days. Elevating your legs while sitting will help. If swelling in the legs is uneven and associated with redness or pain, please contact your consulting team quickly as this can be a symptom of a blood clot in the leg.
- ♦ **anaesthetic or cardiovascular problems** – these are rare but may involve an admission to an intensive care unit to stabilise your condition. The rare but serious conditions include:
  - chest infection
  - deep vein thrombosis
  - heart attack.

## If I have my prostate removed, what are the risks?


- ♦ **Incontinence (inability to control the release of urine)**

Most men have difficulty with urinary control initially after the catheter has been removed.

The amount of leakage immediately after catheter removal is quite variable. Some patients might be fortunate and leak very little. Others may have quite a lot of leakage at first. Please be reassured that this has no bearing on the final outcome.

Most men will require a pad that fits inside the underwear. They will have achieved reasonably good control within one to three months and require minimal protection, if any. Sometimes, the recovery of continence is slower, but rarely more than three to six months. About 5 to 10% of patients have incontinence at one year and will require pads for protection.





We suggest that you purchase some pads prior to catheter removal, perhaps some small and some larger pads. These are available at most pharmacies.

The continence level can be improved by performing pelvic floor exercises. Ideally you should learn these and start doing them from when the decision has been made to have this operation. You should continue the pelvic floor exercises after the operation until you regain continence and do not have any urinary leakage.

There might be some ache /pain below the scrotum initially when doing these exercises: if so you should stop and recommence a day or two later. These exercises can be done for many months and certainly until full continence is achieved. Your specialist nurse will ensure you have the instruction to learn how to do these exercises.

## **Erectile Dysfunction (inability to get an erection)**

Most men having this surgery will have some degree of erectile dysfunction. For some men this may recover by itself over two years as the nerves heal.

You will definitely lose the ability to ejaculate sperm. This occurs because the tubes through which the sperm travel from the testes are cut during the procedure. You probably will still be able to orgasm. The muscles that are involved in orgasm are not affected by the operation and therefore in most cases this still happens. We want you to know that we can provide support and help regarding this intimate part of your life. As with other injured parts of the body, physiotherapy or rehabilitation are available to help you. Penile rehabilitation following a prostatectomy is aimed at helping you to resume normal sexual activity.

You should have discussed a penile rehabilitation programme with your clinician prior to surgery. We strongly recommend accepting assistance with this aspect of your aftercare.

The aim of this programme to help you obtain an erection suitable for sexual activity, this may include sexual intercourse.

Some men will notice that their penis appears shorter in length after a prostatectomy, this can add to the difficulties with obtaining an erection. Penile rehabilitation can help to reverse this side effect.

We will give you the opportunity to see our specialist nurse, where possible, before your surgery to discuss your expectations. We aim to help you understand:

- **what to expect**
- **how to cope with changes in your sex life**
- **how to deal mentally and physically with any differences in your sexual welfare.**

As part of this rehabilitation programme your nurse or doctor will commence medication and advise the use of tablets to facilitate erection and a vacuum constriction device around six weeks after surgery.



## Stricture

After surgery there is a small risk of scar tissue in the urethra (water pipe) forming a band that is too tight to let urine pass freely from the bladder. This can even happen long after the operation.

If your flow starts to deteriorate at any time after the operation, you may need to have your urethra dilated; this is a simple procedure done in hospital.

## Infertility

You will not be able to make someone pregnant naturally after this surgery, as there will be no sperm ejaculated during orgasm. Mostly patients have a dry orgasm after the surgery. Men who wish to keep open the option of fathering children after surgery should consider storing frozen semen samples, collected before surgery.

## Blood clots

Should you develop any chest pain, shortness of breath or any calve swelling, pain or redness please visit accident and emergency.

## Frequently asked questions

- ◆ **Does the robot do the surgery?**

No, the surgeon does the operation. The robot is an instrument that allows the surgeon to operate in small spaces in the body. The robot is controlled by the surgeon and does not work on its own.

- ◆ **How much pain will I be in?**

Since the surgery is done through small cuts, most patients experience much less pain than with open surgery. Patients tend to need much less pain medication. After one week, most patients do not feel any pain.

- ◆ **When can I exercise?**

We will encourage light walking right after the procedure. Your body will feel tired more quickly as it recovers for between three to six weeks. We recommend that heavy exercise and lifting should be postponed until after this period.

We do not recommend cycling for 12 weeks post surgery.

- ◆ **Can I shower or bath?**

Yes, but we do not recommend soapy products on your skin where the wounds are until the wounds have completely healed. It is important to dry yourself thoroughly, by patting areas rather than rubbing them.

- ◆ **When can I drive?**

We recommend you check with your insurance company but as a general rule no sooner than 4 four weeks after your operation. Remember you need to be able to perform an emergency stop without hesitation.

- ◆ **What if I am not able to pass urine once the catheter has been removed?**

The risk of not being able to pass urine is extremely low. You will be provided with specific contact details and if you are unable to pass urine, please return to Parkside Hospital. In case you have to attend your local A&E, **do not let anyone except a Urology doctor put a catheter** back in to you.

- ◆ **When can I return to work?**

This will depend on the type of work that you do, please discuss this with your surgeon as a general rule between three to six weeks after your operation is usually adequate for recuperation.

- ◆ **When can I have sex after surgery?**

From a physical point of view it should be safe to try three to four weeks after surgery. However the ability to have successful sexual activity will depend on your recovery both psychologically and if erectile function has resumed.

- ◆ **When can I fly after surgery?**

There is no reason why you should not fly 4-6 weeks after surgery. However if you fly any earlier, you may be at risk of developing a DVT

## Further information

**You might also find it useful to visit:**

**[www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk) or on telephone number 0800 0748383**



## Pelvic floor exercises for men

You may find the NHS Squeezy mens app, which can be downloaded onto your smart phone very useful for this purpose.

### What is the pelvic floor muscle?

It is the muscle that supports the bladder and back passage.

The urethra (water pipe) passes through the pelvic floor muscle.

The muscle helps to stop and start the flow of urine.

### How to find the pelvic floor muscle

Try to **stop your flow of urine and then start it again**. If you can do this, then you are using the correct muscles.

You can also identify the muscles close by if you **try to stop yourself passing wind**.

These muscles all make up the group of muscles called the pelvic floor muscles. By strengthening them you limit or eventually stop urine leakage.

### How to do the exercises

Sit or lie comfortably

Tighten and slowly draw in the pelvic floor muscles.

**Hold** this contraction and **count to 5**.

Slowly release and relax for a few seconds.

Aim for **10 squeezes**.

Do the whole exercise routine **3-4 times a day**.

Make it part of your routine when you are watching television etc