

Patient Information

# Robotic Assisted Laparoscopic Radical Prostatectomy



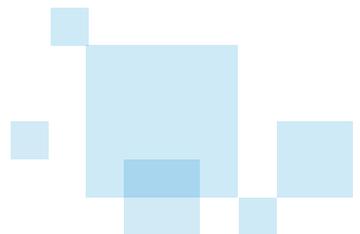
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# Robotic Assisted Laparoscopic Radical Prostatectomy

Robotic Assisted Laparoscopic Radical Prostatectomy (RALPH) is the surgical removal of the prostate gland with the aid of the da Vinci Robotic Surgical System. This system provides your surgeon with a three-dimensional view of the prostate which is magnified ten times. This enables your surgeon to perform very complex manoeuvres with excellent vision and control.

The operation is performed through small incisions in your stomach. The robotic arms, which hold various small instruments, are inserted through the incision sites.

Through the use of a robotic console and 3D camera, the surgeon performs precise surgery in a much smaller area, thus eliminating the need for a large incision. During the procedure the surgeon sits at a console in the operating theatre and manipulates the arms of the robot with this console. The robotic system is in essence an extension of the surgeon's hands.



# Benefits and risks of this procedure

## About the procedure

A general anaesthetic is required for this procedure, and it can take anywhere from 3-5 hours.

With laparoscopic surgery you can expect a shorter hospital stay and recovery time. This is due in part to smaller incisions which cause less post-operative pain. Discharge following a robotic assisted prostatectomy is generally expected on the second day after your operation. The prostate tissue will be sent away after the operation to be tested and your surgeon will advise you of the results. At the end of the operation a catheter is inserted into the bladder to allow the area to heal. This is left in place for 7-10 days.

## Risks

As it is a major surgical procedure, there are some associated risks.

These may include:

- General anaesthetic: Problems related to the general anaesthetic (chest infection, deep vein thrombosis, pulmonary embolism, stroke or a cardiac event).
- Infection: This could occur at the wound site.
- Bleeding: This occurs in up to 2% of men after robotic-assisted prostatectomies and sometimes results in the need for a blood transfusion or further operations.
- Urinary incontinence: Prostate surgery can result in some degree of urinary incontinence. This can be managed with the use of bladder retraining and pelvic floor exercises.
- Erectile dysfunction: A degree of erectile dysfunction is likely. However in some men it may be possible to preserve the neurovascular bundles which improves the probability of the recovery of spontaneous erections.
- Injury to the rectum (very rare <1%).

# Preparing for your procedure

## Pre-procedural advice

- **Stop smoking:** Smoking increases your risk of developing complications such as chest infection post operatively. It can also delay wound healing.
- **Medication advice:** Notify your Anaesthetist and your surgeon if you are taking any medications eg. blood thinners and supplements eg. fish oil. Your surgeon will advise you when to stop taking these medications and also when to restart.
- **Other medical conditions:** Please also advise your surgeon if you have diabetes and if you are using insulin.
- **Commence pelvic floor exercises:** An appointment can be made with a Physiotherapist to go through these with you.
- **Keep active:** General fitness will aid your recovery.

## Pre-admission advice

- **Online admission registration:** To register online, please visit our secure website [www.sunshinecoastuniversityprivate.com.au](http://www.sunshinecoastuniversityprivate.com.au) and click 'online admission form'. If you have concerns with this please telephone 07 5390 6000 between 8:00am-8:00pm or send an email to [onlinepreadmission.scu@ramsayhealth.com.au](mailto:onlinepreadmission.scu@ramsayhealth.com.au)
- You will be advised of the appropriate time to stop eating and drinking before your procedure. It will usually be approximately six hours prior to your operation.
- Please bring all relevant x-rays and scans.
- When you arrive at the hospital, please go to the Main Reception located on the ground floor. For directions please refer to map on the back page of this brochure.

# What to expect

## On the day of your surgery

Once you have transferred to the Day Surgery Unit you will may be given an enema to clear your lower bowel. After this you will be asked to have a shower, put on a clean gown and anti-embolic stockings. These stockings help prevent blood clots forming in your legs during the surgery. You will be seen by an Anaesthetist and an anaesthetic nurse before your surgery. The operation usually lasts 3-5 hours.

## After your surgery

When you are waking up from the anaesthetic you will spend some time in the recovery room. When you are awake, you will be transferred to the ward.

You will wake up with:

- A catheter in your penis that is attached to a urinary drainage bag. A leg bag will be attached to your catheter on the first day post operatively so that you can walk around.
- One to two drainage tubes. These are clear plastic tubes that will come from your abdomen. These are used to drain residual blood and urine from your pelvis. They are generally removed the first day after your operation.
- An intravenous drip. This will provide you with fluids and medications. This is generally removed the first day after the operation.
- You will return from theatre with compression devices on your legs over the top of the anti-embolic stockings. These devices also help to reduce the risk of clot formation. You will need to move your feet and ankles and wriggle your toes to help encourage circulation in your legs while you are in bed.
- Wound sites on your abdomen that will be covered with wound glue or small waterproof dressings. Your wounds will be secured with stitches that dissolve so they will not need to be removed. The dressings will need to stay in place for up to 5 days.

It is normal to experience some discomfort after the operation. You will be given regular pain relief, but if your pain does not reduce, please let your nurse know.

Early mobility and deep breathing exercises will be encouraged by your nurse or Physiotherapist. Your doctor will advise which diet you can commence after surgery. Once normal food is commenced it is recommended that you eat a light diet for the first few days until your appetite returns.

## What to do after you are discharged

- Expect to feel tired at times. After major surgery it is normal to need a period of time to recover before returning to normal activities.
- Eat a well-balanced, light diet that is high in fibre to avoid constipation.
- Drink fluids to keep your urine draining freely, particularly if it is blood stained.
- Remain active. Gentle walking on a daily basis on a flat area is best.
- Avoid lifting heavy items or doing anything too strenuous (ie. lifting weights or running, shopping, playing golf or lawn bowls, mowing the lawn).
- Following your surgery you should restrict your activities for 2-4 weeks.

### Driving

Refrain from driving until you are able to perform an emergency stop without feeling hesitant to do so. Your doctor will advise you of specific instructions regarding when you can drive. You should also check with your insurance company to make sure you are covered to drive.

After surgery it may take a couple of days for your bowels to return to normal. During this time you may feel bloated or experience wind pain. Gentle walking will help you to pass wind. Try not to force a bowel movement or strain on the toilet. The use of stool softeners, a good fluid intake and high fibre diet are all helpful in the reduction of constipation. Some men may experience blood leakage from around the catheter after passing a motion. This is usually not a concern and typically settles by avoiding straining at stool and increasing oral fluids.

### Resuming sexual activity

You may attempt sexual activity 2-4 weeks after your catheter removal. Please be aware that you may not be able to achieve an erection in the early stages of your recovery. You can however experience arousal and even climax without an erection. Following a radical prostatectomy you will not ejaculate. Please make note of any erections or feelings you experience after the surgery. Report this back to your doctor during your follow up appointment. Your doctor or urology nurse will be able to offer ongoing support and treatment for your sexual health.

## Caring for your wound and other sites

Each surgeon has specific preferences for the care of surgical wounds. If your surgeon has applied surgical dressings to your wounds they can usually be removed after four days. If your wound is covered with surgical glue it will wear-off over a four-week period. When showering or bathing, wash your wounds with warm soapy water, being careful to rinse the area thoroughly.

Try to avoid using any lotions or creams as these may cause irritation to the area. Each day in the shower take the time to examine your wounds for any redness or tenderness. **Contact your doctor or the urology nurse if you have any concerns.**

It is not uncommon for bruising to occur around the incision sites, typically 1-5 days after the operation. You may also experience some scrotal swelling. This is normal and should settle within a few weeks.

It is important for you to look after your catheter carefully when you go home. The area around the catheter insertion site needs to be kept clean and should be washed twice daily with warm soapy water. Some leakage or urinary bypass can occur around the insertion site of the catheter. If this happens you may want to wear an absorbent pad to avoid your clothes getting wet. Blood staining of your urine is normal during the recovery process. It may appear darker first thing in the morning or after passing a bowel motion. If however bleeding becomes heavy or clots appear, you should contact your doctor or the urology nurse.

## Caring for your catheter

You will return home with a catheter in place and it will stay in your bladder for 7-10 days. It is important that your catheter remain secured to your thigh to prevent pulling and creating tension at the point where your urethra is joined to the bladder.

A bag that attaches to your leg will be placed on your catheter the day after surgery. This system allows you to walk around without carrying a bag and is easily hidden under clothing. This is called a leg bag. You will be supplied with a larger overnight drainage bag that can be attached to your leg bag overnight so you won't need to get up to empty the smaller bag. The nursing staff will teach you how to care for your catheter, leg bag and overnight drainage bag before you go home.

### Trial of void

When it is time to have your catheter removed you will be admitted for a trial of void. This process requires you to be admitted to the hospital, and will usually take half a day to complete. Before your catheter is removed you may require a cystourethrogram. This is a scan that requires liquid contrast to be injected into your bladder via the catheter to check if the surgical join, from where your prostate has been removed, has healed.

If you need to have a cystourethrogram your doctor will review the results before your catheter is removed. After catheter removal the nursing staff will record the volumes of urine that you pass and they will also monitor your bladder to see if you leave any urine behind after you void. This is measured by an ultrasound machine probe which is placed on your abdomen.

It is normal to have some urinary incontinence after your catheter is removed. You may need to wear pads for the first few months but most incontinence usually settles within 3-6 months.

### Pelvic floor exercises

Regularly practicing pelvic floor exercises strengthens your muscles and helps to regain continence. Where possible a Physiotherapist appointment will be arranged for you prior to your operation to teach you pelvic floor exercises. We recommend that you practice these exercises before your operation and as soon as practical after your catheter is removed. This is to give you a quicker return to continence as soon as possible after your procedure.

## Things to look out for

Contact your surgeon or GP if you experience of the following:

- Fever or have a general feeling of being unwell
- Pain in your chest or legs
- Difficulty breathing
- An increase in the amount of blood in your urine
- Ongoing constipation that is not relieved by stool softeners or dietary changes, or you experience pain in your rectum
- Foul smelling, cloudy urine
- Redness, discharge or swelling at your wound sites
- Problems with your catheter (ie. has become dislodged or no urine has drained for over two hours).

## Further information

Prostate Cancer Foundation of Australia

[www.prostate.org.au](http://www.prostate.org.au)

Andrology Australia

[www.andrologyaustralia.org](http://www.andrologyaustralia.org)

Bladder and Bowel Website

[www.bladderbowel.gov.au](http://www.bladderbowel.gov.au)

Cancer Council Queensland

[www.cancerqld.org.au](http://www.cancerqld.org.au)

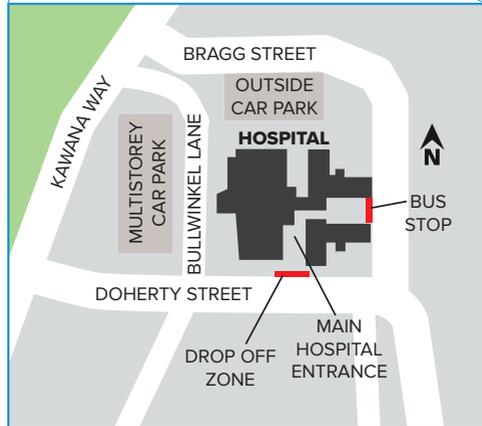
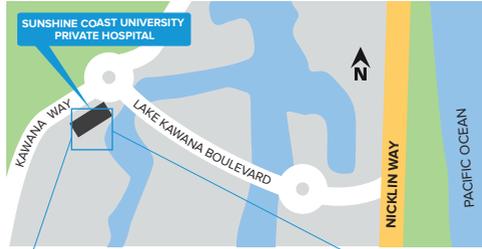
Offers a helpline service **Ph: 13 11 20**  
(Monday to Friday)

National Continence helpline

[www.continence.org.au](http://www.continence.org.au)

**Frecall: 1 800 33 00 66** (Monday to Friday)





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