

Radical Prostatectomy (1 of 5)



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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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You are going to have a Robot Assisted Laparoscopic Radical Prostatectomy which will be performed at either Southampton General Hospital or the Spire Southampton Hospital by one of a team of five surgeons – Mr Tim Dudderidge, Mr Jonathan Dyer, Mr Edmund Chedgy, Mr Alister Campbell or Mr Mohammed El Saghir.

Preoperative preparation

You will have two appointments preoperatively:

Counselling with your Clinical Nurse Specialist (CNS) at Salisbury District Hospital who will give you advice about the care you will need after the operation and teach you some exercises to help your recovery.

Anaesthetic assessment at University Hospital Southampton which will assess your fitness for surgery and arrange some routine tests before you come in to hospital.

About the operation

You are going to have a Radical Prostatectomy – an operation to remove the whole of the prostate gland. The operation is done under a general anaesthetic. The anaesthetist will see you just before the operation and discuss the anaesthetic with you.

What happens when I come into hospital?

You will be admitted to the Admissions Unit on the morning of your operation. Soon after admission the nurse will give you an enema to clear your bowel. This is necessary because the prostate and the bowel are very close together and an empty bowel makes the operation easier for the surgeon and safer for you.

When do I stop eating and drinking?

You can usually eat up until 6 hours before your operation and drink clear fluids up until 2 hours before your operation.

What can I expect when I wake up?

The operation is done laparoscopically ('keyhole') with robot assistance. Occasionally the initial operation starts laparoscopically but is converted to open surgery if the surgeon thinks that is the safer option for you.

There will be some bleeding during the operation- this blood is collected and given back to you via a Cellsaver machine; only occasionally do we need to give a blood transfusion.

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When you first wake up after the operation you will be in the recovery ward attached to the theatre. You will be connected to various pieces of equipment, which allow the nurses and doctors to monitor your condition. Your pulse, temperature, blood pressure and your breathing will be monitored closely for the next few hours. The frequency of these recordings will be reduced gradually as your condition stabilises.

You will have wounds in your abdomen, which will be covered with dressings. Your penis and scrotum may be bruised and swollen. This is not uncommon and will settle over the next couple of weeks.

When the prostate gland is removed, the urethra, (the passage through which you pass urine) which passes through the prostate, is cut and then reconnected to the bladder. A catheter is inserted into the bladder to drain the urine, this protects the wound inside allowing it time to heal. The catheter drains urine from your bladder and collects it into a bag, which is attached to the bed.

You may also have another small tube called a 'drain' inserted into the abdomen to drain any fluid, which may gather where the prostate has been removed. This usually stays in for 24 hours or until the amount draining becomes insignificant.

You will have regular pain relief for the first few days after the operation in the form of tablets or medicine.

You will also have a infusion in your arm allowing you to receive fluids intravenously during the operation; this should be taken down in the recovery ward once you have tolerated a drink. You will be encouraged to start eating and drinking later on the day of your operation.

During the evening after your operation, if you are stable the nurses will help you out of bed for a short while. The next day you will be up and about and, if well, you will be discharged home.

Discharge advice

You will probably feel very tired when you first go home and should plan to take things easy for a couple of weeks. You should gradually increase your activity each day, making sure you take plenty of rest in between.

You will be given some painkillers to take home with you and it is important to take these regularly at first and then reduce the frequency. You will receive a week's supply before leaving hospital and will need to obtain a prescription for more from your GP. Painkillers will ensure you are comfortable and will help you to recover more quickly. You should also continue to do the exercises you were taught in hospital and practise taking deep breaths. This will help to reduce the risk of complications developing.

To reduce the risk of venous thromboembolic complications (a clot in your leg which can travel to your lung) you will be taught to self-administer a small anti-coagulant injection which you will have for a month postoperatively. You will also have support stockings to wear.

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Care of your catheter

Before leaving hospital you will be taught how to care for your catheter. This will involve emptying the bag and connecting a larger drainage bag for the night. You should keep the area around the catheter clean and dry and wash around the tube at least once a day and dry thoroughly.

You should seek further advice if you experience any of the following:

- If you have prolonged pain
- If urine has not drained after 2-3 hours
- If **large** amounts of urine keep leaking around the catheter

In working hours (08.00 - 16.00, Monday to Friday) please contact the Urology Centre.

Out of hours you will need to come to the Emergency Department at Salisbury District Hospital.

Fluid intake and urine output

Usually drinking 8-10 mugs of fluid a day will be sufficient. You should aim to keep your urine pale yellow in colour. If it becomes dark you need to increase the amount you drink.

It is quite common to have a slight leakage around the catheter. If this should become offensive smelling, or if it is a large amount, you should contact the Urology Centre.

Bathing

You can bath or shower as desired.

Bowels

Avoid constipation by eating a high fibre diet (i.e. plenty of fruit and vegetables). You will be given a mild laxative to take at home when discharged from hospital. This is important as straining to open your bowels can cause further discomfort

Removal of Catheter

Your catheter will be removed by your CNS at the Urology Centre 8-10 days after the operation. Your wounds will also be checked then.

Very occasionally before your catheter is removed it is necessary to check whether the connection between the bladder and urethra has healed with a special x-ray called a cystogram; you will be told if this is necessary.

Remember:

- Initially you will have little or no control over your urine.
- You will probably be incontinent.
- We will have given you an initial supply of pads; thereafter you will have to purchase your own; these are available from supermarkets or chemists or from companies that supply continence products on the Internet.

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- You will now need to recommence your pelvic floor exercises to help regain control of your urine.

You will be given an appointment to attend the Radical Prostatectomy Continence Clinic, which is run by the Urology CNS and the Continence Advisor. This is held at the Central Health Clinic, Avon Approach, Salisbury. The clinic is held fortnightly and you will be given an appointment at the next available clinic after your catheter has been removed.

Urine infections are not uncommon after this type of procedure. If at any stage after your operation, you experience any of the following symptoms please contact your GP and be prepared to provide a urine sample.

- Shivering attacks
- Flu like symptoms
- Backache
- If your urine becomes cloudy or smelly
- If you have a burning sensation when passing urine.

Returning to normal activity

You need to avoid heavy lifting and strenuous exercise (such as golf, digging, mowing the lawn) for 2-3 months after the operation. Gentle exercise such as walking will be beneficial to you.

Work

You may be able to return to work within 4-6 weeks after the operation; you may need longer if it is heavy physical work.

Driving

Do not drive for 3-4 weeks. This allows time for your wounds to heal. Make sure that you are comfortable sitting in the car and pressing the pedals firmly before you consider driving. If you feel safe and have no pain and your insurance company is satisfied, then you may start driving

Sexual Function

If you wish you can resume sexual activity within 6-8 weeks or when you feel comfortable. Remember there is a risk that you will not be able to achieve an erection at this stage due to the operation.

Possible complications – common

Incontinence. There is a 3-4% risk of long term urinary incontinence following this operation

Most patients will experience some incontinence when the catheter is first removed. This can settle within a few days, but most men find it can take it can take weeks or even months for full control to be regained. We will advise you before the operation about pelvic floor

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exercises, which you should do regularly, once the catheter has been removed, to help improve your urine control. Refer again to the leaflet we have given you.

The Continence Advisor may be able to arrange for you to receive further pads to contain the leakage if it is excessive. You may also contact the Urology Nurses or Continence Advisors for further advice if necessary.

Impotence. The overall risk of impotence is 60-80%. During the operation, every attempt is made to avoid damage to the nerves that are involved in getting an erection. Sometimes the need to remove all the cancer cells makes it impossible to avoid nerve damage. If you are impotent as a result of the operation there are treatments available which can help. We shall discuss this with you at your follow-up appointment.

Urinary tract infection. It is not uncommon for an infection to develop when a catheter is in place. After it has been removed infections should be uncommon.

Bleeding. There will be some bleeding during the operation. We will monitor your blood levels before and after the operation and, if necessary we may give you a blood transfusion.

Possible complications – uncommon

Stricture formation. This is a scar resulting from the operation, which narrows the urethra and makes your urine flow slow. If you notice this you should mention it to your GP or to the doctors at the hospital, or contact the CNS who can arrange a flow test for you.

Who to contact if you have any queries:

We shall notify your GP of your discharge from hospital but he/she will not automatically visit when you get home. If you need any further advice you may contact:

- Urology CNSs (Daphne Phillips, Jonathan Borwell, Cheryl Daniels) 01722 336262 ext. 4866 (Answerphone) Mon- Fri, 08.00-16.00.
- Continence Advisors, (Elizabeth Rice, Sandy McNeilly or Karen Redgrove), Central Health Clinic, Avon Approach, Salisbury Tel: 01722 323196.