
Uroformation

Prostate Surgery

Radical Prostatectomy

*The Uroformation series is a co-operative venture in
patient centered urological information between*



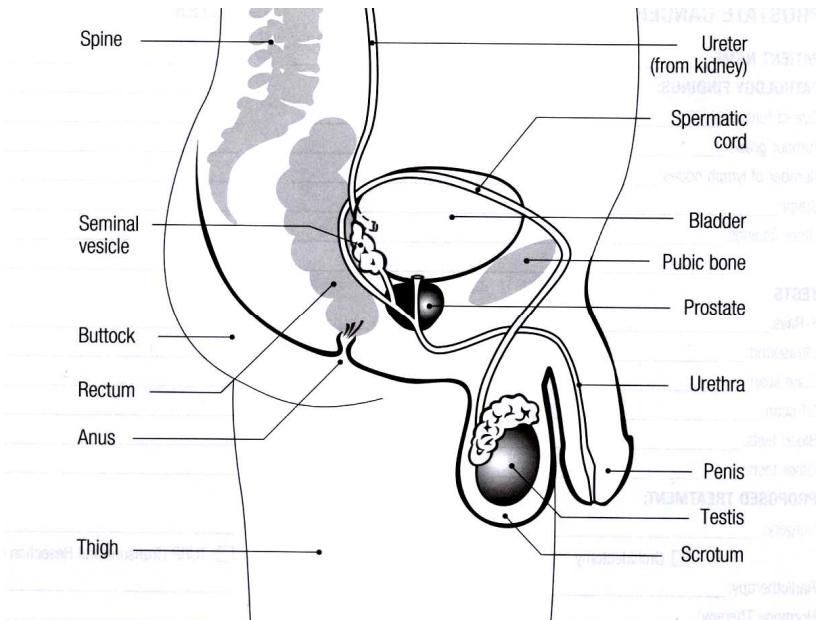
and



What is the Prostate?

The prostate is a gland about the size of a walnut that is only present in men. It is located just below the bladder and surrounds the urethra, the tube through which urine flows from the bladder and out through the penis.

The prostate gland contributes to the seminal fluid produced during ejaculation, and has an important function in fertility.



What is a radical prostatectomy?

A radical prostatectomy is an operation for men with prostate cancer. It involves removing the entire prostate gland through a cut in the lower abdomen.

Removing the prostate can be curative if the cancer is in an early stage (confined to the prostate and not spread).

Occasionally, this surgery may involve the removal of the pelvic lymph nodes. The lymph nodes are part of the lymphatic system, which is the cleansing system of the body. The pelvic lymph nodes drain the prostate gland and if the cancer is of a higher grade and spreads from the prostate it may be identified within the lymph nodes.

What happens before my operation?

The operation and outcomes will be explained to you by your surgeon. When you feel comfortable that you understand what is to be done and have had all your questions answered you will be asked to sign a consent form.

This consent form should be signed by both yourself and your surgeon, and forwarded to the hospital a few days prior to your admission.

A blood test will need to be performed, and a urine sample may need to be taken 4-5 days prior to surgery. Your surgeon will give you a form to take to the laboratory to have these tests done. A chest x-ray may also be requested.

If you are over 60, or have other medical problems, you may also have an electrocardiogram (ECG) to check the health of your heart prior to surgery.

It is important to avoid constipation. Try to establish and maintain a regular, soft bowel habit leading up to your operation. Identify the foods that can help you maintain a regular bowel habit for your post op period.

What happens on the day of my operation?

You will be advised when to come to hospital, this is usually on the day of surgery. On arrival to the ward the staff will show you to your bed and guide you through what is required prior to your operation.

It is advised you stop eating and drinking at least 6 to 8 hours prior to surgery. You should bring all your own medications with you to hospital.

Please inform your surgeon if you are taking any anti-coagulant medication (e.g. Warfarin or Aspirin).

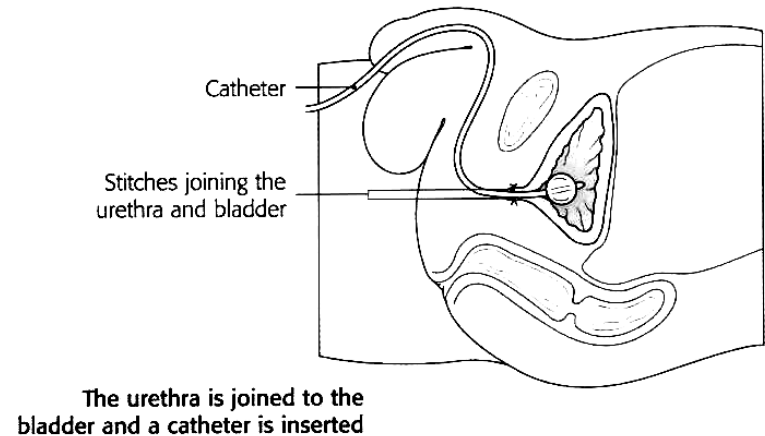
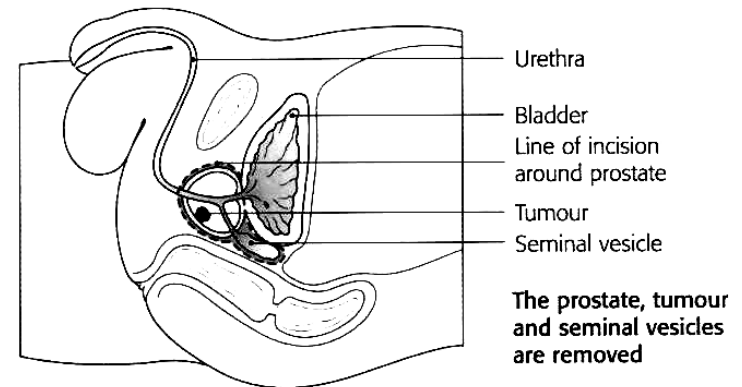
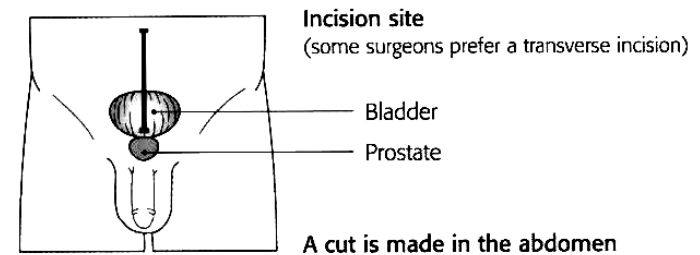
This operation is usually performed under general anaesthesia. The anaesthetist will discuss this with you prior to the operation. This usually occurs in your hospital room pre-operatively. Just prior to surgery you may be given a pre-medication tablet to relax you.

You will be encouraged to commence deep breathing and coughing exercises pre-operatively. This prevents any breathing complications or chest infection occurring following the surgery and anaesthetic.

The lower abdomen will be shaved and you will have protective stockings fitted.

What happens during the operation?

Radical prostatectomy is an operation performed by making a cut that runs from the navel to the pubic bone. The tummy cavity is not entered, but a space is created behind the pubic bone to reach the prostate. The prostate is completely removed, the bladder is joined back into the urethra (outflow pipe) and a catheter is placed to drain the urine. The procedure takes about 2 hours and it is unlikely you will need a blood transfusion as part of the procedure.



What to expect after my operation.

You will probably be in hospital 3 to 4 days following this type of surgery.

When the operation is completed, you will go to the recovery room for a short while where you will be cared for until you are ready to be transferred to your room. When you wake up it is common to feel an urgent desire to pass urine. This is due to the catheter in your bladder.

Pain Control

Pain control is managed in conjunction with your anaesthetist. For pain relief it is likely you will have a PCA (Patient Controlled Analgesic) pump attached to your intravenous line. You will be able to control the amount of pain relief by pressing a button connected to the pump.

Drain Tube

There will be a drain tube coming from your abdomen. This will be removed after 1 or 2 days.

Catheter

Your nurse will monitor your catheter drainage, which is likely to be blood stained for the first 24 hours.

Your catheter usually is left in place for 2-3 weeks after surgery. You will therefore go home with a catheter in. Our continence advisor will contact you to organise a date to have your catheter removed at Urology Associates. The catheter is removed by deflating the balloon holding it in place. Once the balloon is deflated, the catheter slides out easily causing little discomfort.

Bladder Control

Initially, you will probably have to wear pads to control varying amounts of urinary leakage. At the appointment for catheter removal, pelvic floor exercises will be taught to help you regain control of your bladder. You will probably not require pads after 3-6 months.

Expected Symptoms

After surgery, you may or may not experience some of the following symptoms:

- A stinging or burning sensation at the tip of the penis, where the catheter enters. This is generally due to irritation, and may be relieved by increasing fluid intake or ensuring the catheter is well supported.
- A feeling of having a full bladder, and low to nil drainage of urine through the catheter. This can be caused by blockage of the catheter tube either by a blood clot or by accidental kinking of the tube. Catheter blockages are easily cleared by the nurse.
- Bladder spasms (short, sharp, grabbing pains). This is due to the bladder trying to expel the catheter because of irritation. These are easily treated with medication.

Our aim is to keep you as comfortable as possible, it is important to let your nurse know when the pain or discomfort starts. At all times your nurse is there to help you, please ring your bell if you need assistance and your nurse is not nearby. Once the catheter comes out you may at first have a burning sensation when passing urine.

However, if

- the burning sensation lasts for longer than 3 days, or
 - there is sign of infection or obstruction
- it is important to contact your surgeon or GP.

After Discharge

You will receive two follow up appointments in the post. One for the removal of your catheter, and another with your surgeon six weeks after the operation. We will send a letter to your own doctor about your operation and the details of your treatment while you were in hospital.

You will be asked to drink extra fluids after your surgery and for the next few weeks after your discharge. This helps to keep the catheter draining.

It is normal to have some leakage or discharge at the end of your penis / catheter. The discharge may be urine, blood or brown coloured. You should wash the area with soap and water to remove this discharge and reduce any irritation. It is also normal to see blood occasionally in the catheter bag.

Some patients experience bladder spasm, symptoms may include

- Leakage of urine around the catheter
- A feeling of wanting to pass urine, or
- Lower abdominal pain.

Medication can be prescribed to relieve the spasm.

You can do most activities after your operation **except** any heavy lifting, straining, intercourse or strenuous activity – which should be avoided for 2-3 weeks after surgery. You will be able to continue with your normal daily routines as you feel able.

Generally when you feel that you could perform an emergency stop without being concerned about abdominal pain (at about 3 weeks), then you can resume driving.

Possible complications

Bleeding

Bleeding severe enough to bring you back to the hospital is rare. This risk disappears when healing is complete, six to eight weeks after surgery. If you notice an increase in bleeding or are unable to pass urine, contact your G.P

Incontinence

Incontinence, or leakage of urine without control, may occur temporarily and last for a few weeks. Urgency is common. Only very few patients have incontinence which lasts beyond the first few months.

If you have any incontinence after your operation, you will be given information and instructions about exercises that you can do to strengthen the pelvic floor muscles. Your surgeon or nurse can also provide you with information about the management of leakages.

Urethral stricture

In a small number of cases tightness may develop in the urethra. This may occur either near the tip of the penis or further up the urethra, several months after the operation. You may notice your urinary stream, which was better after the operation, slows down again. Please mention this problem to your doctor. If detected early and treated with gentle stretching under local anaesthetic most strictures resolve. An operation to cut open the tight area may be appropriate.

Sexual function

A radical prostatectomy can cause impotence – the inability to have an erection. The likelihood of this occurring depends on a number of factors.

At best only 35% of men retain normal erections which may take a year to return after surgery. This does **not** mean that you cannot continue to have a satisfactory sexual life. There are two important points to be made: (1) with some creativity, men can have orgasms without having an erection and (2) there are a number of treatments available to help bring back the erections, but these do mean that the spontaneity of the sexual act is diminished.

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