

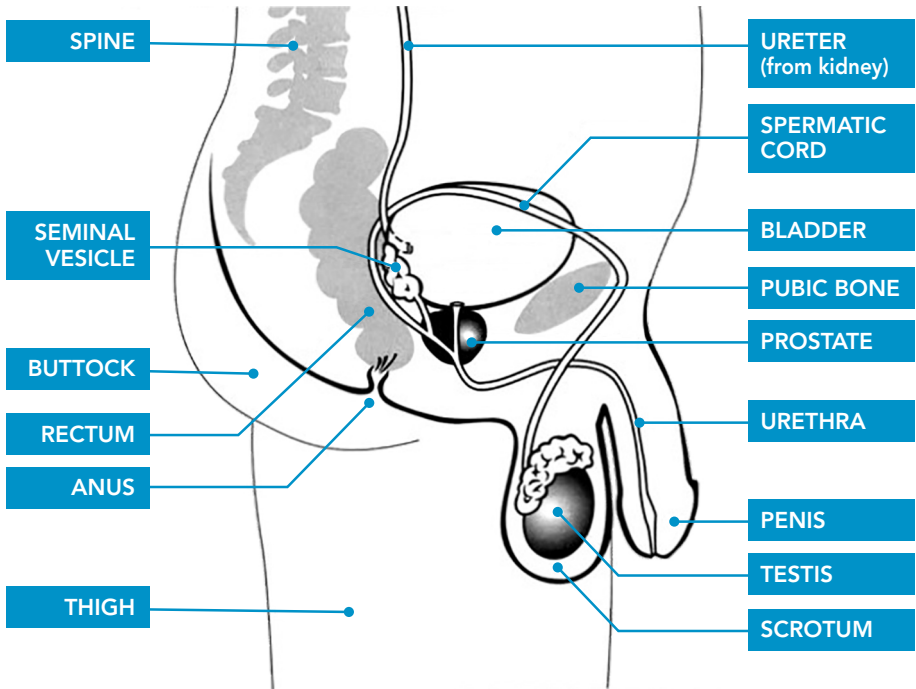
Information for Patients

Robot-Assisted Laparoscopic Prostatectomy

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 Robot-Assisted Laparoscopic Prostatectomy?

A RALP is an operation for men with prostate cancer. It involves removing the entire prostate gland through small cuts in the lower abdomen.

The robot is completely controlled by the surgeon at all times and cannot operate independently.

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

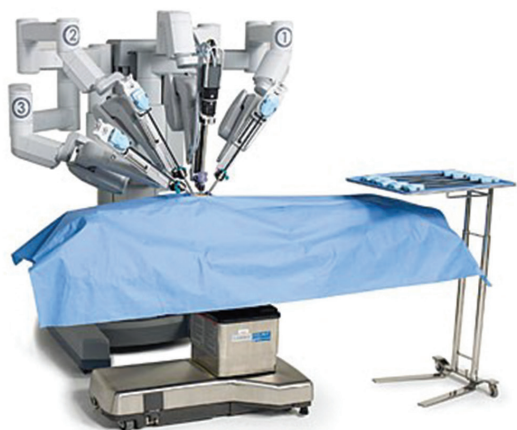
What happens before my operation?

The operation and outcomes will be explained to you by your surgeon.

A blood test will need to be performed and a urine sample may need to be taken 4-5 days prior to surgery. If you are over 60, or have other medical problems, you will 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.

You will be advised when to stop eating and drinking.



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.

You should bring all your own medications with you to hospital.

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.

This operation is performed under general anaesthesia. The anaesthetist will discuss this with you prior to the operation. Just prior to surgery you may be given a tablet to help you relax.

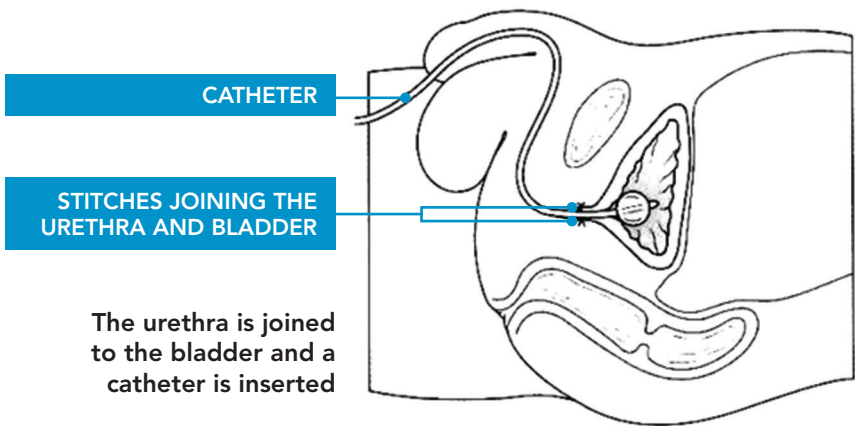
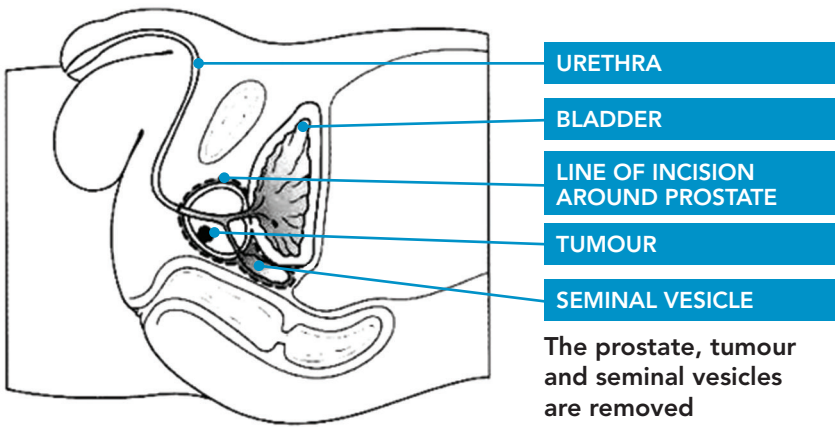
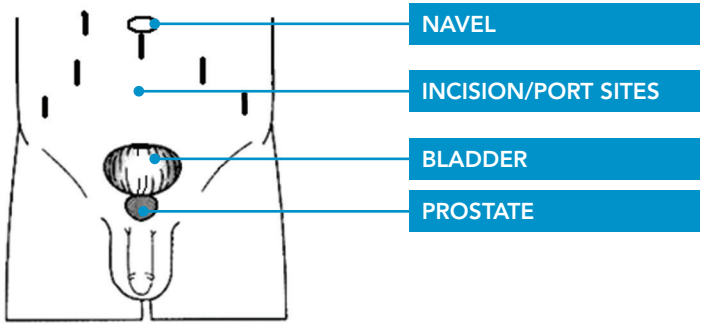
What happens during my operation?

RALP is an operation performed by making several small cuts in the abdomen between your navel and pubic bone.

Laparoscopic ports are placed into these cuts and the robotic camera and instruments are introduced into the abdomen via these ports. The prostate will be removed. The cut at the navel will be enlarged slightly to remove the prostate. The bladder is joined back into the urethra (water pipe) and a Catheter is placed to drain the urine.

The procedure takes about 2-3 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 1-2 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 Analgesia) 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.

Wound

You will have several small cuts in your abdomen (tummy). The stitches are dissolvable and do not need removing.

Drain Tube

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

Catheter

Your Nurse will monitor your catheter drainage, which is likely to be blood stained for the first 24 hours. Blood can be present intermittently while the Catheter is in place.

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. Symptoms may include:
 - Leakage of urine around the catheter
 - A feeling of wanting to pass urine
 - Lower abdominal pain

Our aim is to keep you as comfortable as possible. It is important to let your Nurse know when the pain or discomfort starts.

After discharge

You will receive two follow-up appointments in the post:

- 1) Removal of your Catheter with the Nurse week 1 or 2 post-operation
- 2) With your Urologist at six weeks after the operation

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.

Usually you can resume driving when you feel that you could perform an emergency stop without being concerned about abdominal pain (at about 2-3 weeks).

You will be asked to drink extra fluids after your surgery while you have a Catheter. 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.



Possible complications

Bleeding

Bleeding severe enough to bring you back to the hospital is rare. This risk disappears when healing is complete, 6-8 weeks after surgery. If you notice an increase in bleeding or are unable to pass urine, contact your GP or Urology Associates.

Bladder Control and Incontinence

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.

Once the Catheter comes out you may at first have a burning sensation when passing urine.

It is important to contact your surgeon if:

- The burning sensation lasts for longer than 3 days.
- There is sign of infection or obstruction.
- You are emptying your bladder and you have very bad pain.

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 Urologist or Nurse. 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 RALP 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.

1. With some creativity, men can have orgasms without having an erection.
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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