Radical Robot Assisted Prostatectomy

Exceptional healthcare, personally delivered
You have been asked to come into hospital for an operation called a radical prostectomy. This information answers some of the questions you may have and what to expect.

**What is a laparoscopic radical prostectomy?**

It is keyhole surgery to remove the prostate gland using robotic-assisted techniques (Da Vinci Robot). Four small punctures are made in the abdomen. The surgeon then inserts specially designed surgical instruments through these incisions to remove the prostate gland.

**What should I expect after my surgery?**

When you are discharged from the ward after approx 24 hours, you will need some comfortable, loose clothing as you may find that your abdomen is uncomfortable & swollen. You will need someone at home with you for the first few days after you are discharged. A 2-4 week convalescence period is usually necessary after laparoscopic robot assisted surgery. This is less than that experienced after an open operation where patients may feel weak and tired for several months.

**How much pain will I experience?**

Since the surgery is performed through a small incision, most patients experience much less pain than with open surgery. Patients tend to need less pain medication and, after one week, very few men feel any pain at all.

**When can I exercise?**

Light walking is encouraged straight after the procedure. After two weeks, jogging and aerobic exercise is permitted. After six weeks, you may resume heavy lifting.
Can I shower or bath?
Yes. The dressings on your abdomen are waterproof. We recommend that you rinse any soap thoroughly from your body as this may loosen the dressings. You should gently pat yourself dry to minimise the risk of infection.

When can I drive?
When you are comfortable to do so and when you feel able to make an emergency stop. Please check with your insurance company before attempting to drive.

When can I resume sexual activity?
This will depend on whether a nerve-sparing procedure was possible at the time of surgery. We ask that you take particular note of any erections or feelings you do have and report them on your follow-up appointments to the consulting team.

If a nerve-sparing procedure has been performed, we will normally start you on medication such as Viagra or Cialis when you return for your results 6 weeks after surgery. We would recommend that you take this initially 2-3 times per week in order to help improve the blood flow into the penis for rehabilitation of your erections.

We would not expect this to result in erections immediately and, in fact, some patients may take as long as 18 months to recover erectile function. Additionally, vacuum devices may be used either alone or in conjunction with the above.

If oral medication proves to be unsuccessful, we can then arrange for you to be seen by an erectile dysfunction specialist nurse to discuss other alternatives (such as injection treatment).
**When can I return to work?**

Please allow a couple of weeks recuperation before returning to work. If you work entails heavy lifting, please speak to your consultant about this prior to leaving hospital.

**What else should I look out for?**

If you develop a temperature, increased redness, throbbing or drainage at the site of your operation, please contact your GP. If you have problems with your catheter (especially if it falls out), ask your GP to contact the on-call urologist as soon as possible. If you become unable to pass urine after your catheter has been removed, you should return immediately to hospital for further treatment.

**Are there any other important points?**

You will go home with a catheter in place.

**Preparation for removal of the catheter**

You should ensure that you have a personal supply of bladder weakness products (pads designed for male underwear) at home prior to attending for removal of your catheter. You will need to bring pads with you to your appointment for catheter removal. These pads can be obtained from various sources such as your local pharmacy or supermarket – they may need to be specially ordered.

It is common to experience some temporary loss of control over the passage of urine. This tends to settle within 3-6 months but, during this period, you may need to continue to wear absorbent pads. As discussed before your operation, a small minority of patients will experience severe incontinence after the procedure; if this is the case, additional support and follow-up can be arranged.
How much fluid should I drink?
You need to ensure that you are drinking at least 2 litres (8-10 cups) of fluid each day. Try to include plenty of water.

What if I get bladder spasms?
Bladder spasms (which feel like abdominal cramps) are quite common when you have a catheter in your bladder. The bladder may try to squeeze out the balloon (which it sees as a foreign body) and this causes the spasm. Although this can be uncomfortable, it is not a cause for concern. If you are unable to tolerate this sensation, your GP can prescribe a drug called Tolerodine which stops the cramps.

What happens if I leak around the catheter?
Urine leakage around the outside of the catheter is called bypassing. It is sometimes the result of bladder spasms or can take place when you open your bowels. If it does happen, please check that urine is still draining into your leg-bag; if it is not, you need to contact your District Nurse, ward staff at Southmead or nurse specialist.

What about my bowel movements?
After the anaesthetic, as a result of the surgery and some of the drugs you will have been given, your bowels may take some time to return to normal functioning. If you have been given laxatives whilst in hospital, it is equally important that you maintain soft bowel motions when you get home. Syrup of figs, Milpar® and Senokot® are all suitable laxatives to take at home so that you do not have to strain to open your bowels. If you have haemorrhoids (piles), the operation may cause them to become inflamed so you will need to take particular care to keep your bowel movements soft.
How do I control my pain?
You will probably experience a little discomfort after your surgery. Some men find they notice pain in the perineum (the area between the scrotum and the anus) due to bruising from the operation. Occasionally men feel pain in their shoulder region; this is due to the gas that was used during the operation irritating the diaphragm and sending referred pain to the shoulder. This usually settles after a few days. Due to your positioning during surgery, slight swelling and soreness can occur around the head and in the eyes. This latter problem is probably caused by inflammation of the cornea. Try to avoid rubbing your eyes and this discomfort will ease spontaneously within a day or two. Simple painkillers such as Paracetamol or Ibuprofen should be taken as directed by the manufacturer. You will normally be given painkillers to go home with by the ward; these will be explained to you before you leave the ward.

What if I see blood in my urine?
This is a common occurrence after radical prostatectomy. When you are at home and becoming more mobile, the catheter can cause inflammation in the bladder and this may lead to blood staining in the urine. This is only of concern if you can see large clots or solid pieces of debris passing down the catheter.

If this happens, please contact your Nurse Practitioner for advice as it may cause a blockage.

What if the catheter blocks?
This will become an emergency situation if not dealt with in a timely fashion. If you notice that urine has not been draining, check that:
The drainage bag is below the level of your bladder
- The catheter has no kinks or twists in it
- You cannot see pieces of debris or blood clots in the catheter tube

Contact your District Nurse immediately, or get in touch with your Prostate Nurse Practitioner or Urology Surgical Care Practitioner or the ward. They may need to do a bladder washout (using a syringe of fluid to release the blockage).

What if I feel that something is wrong in the first few weeks after surgery?

If you feel unwell or are concerned about your health you should contact us straight away. During office hours, you should contact main hospital switchboard (0117 950 5050) and ask to speak to the “on-call” urology Registrar, or ward, nurse specialist or GP.

How and when is the catheter removed?

After a robotic prostatectomy, the catheter needs to stay in place for one to two weeks for healing of the urethra to take place. Removal takes about 15 seconds and feels peculiar but is not painful. The Nurse Practitioner will ask you to empty your bladder.

After the catheter is removed, remember that your bladder has not been filled with urine for a while and that the outlet has been kept open artificially. The body tissues at the site of the surgery are affected by swelling and temporarily lose their elasticity. As a result, you will not have full control of the flow of urine and you will have some leakage for the first few days or weeks. It is important to carry out your pelvic floor exercises several times a day to regain control of your sphincter muscles (the muscles which control continence).
How to do pelvic floor exercises

You can feel your pelvic floor muscles if you try to stop the flow of urine when you go to the toilet. To strengthen your pelvic floor muscles, sit comfortably and squeeze the muscles 10-15 times in a row. Avoid holding your breath, or tightening your stomach, buttock, or thigh, muscles, at the same time. When you get used to doing pelvic floor exercises, you can try holding each squeeze for a few seconds. Every week, you can add more squeezes, but be careful not to overdo it, and always have a rest in between sets of squeezes. After a few months, you should start to notice the results. Your incontinence should improve, as well as the sensitivity you experience during sex. You should carry on doing the exercises, even when you notice them starting to work.

- You need to increase your awareness of the pelvic floor muscles. While passing urine, try to stop the flow by contracting your muscles upwards and inwards, then let go. Do not worry if the flow does not stop altogether. Remember the sensation of which muscles you used. Once you have done this, there is no need to keep on stopping and starting the flow. The next stage is to pretend you are trying to stop an attack of diarrhoea by pulling tight the muscles of your back passage.

- These front and back muscles, when used together, are your pelvic floor muscles. They form a cradle of muscles that support the back passage and the urethra, together with the urinary sphincter muscle which controls the “on/off” mechanism for passing urine.

- To do the pelvic floor muscle exercises properly, draw up these muscles, hold for a count of 1 to 5 seconds, then let go gently. Pause for a count of five. Repeat this until you have done a total of five contractions. You should aim to keep your stomach, thigh and buttock muscles relaxed and use only your pelvic floor muscles.
It is very important to do these exercises once an hour every day. In addition, you should also perform one set of 20 short, sharp pelvic floor contractions each day.

Try to perform these exercises in a variety of positions i.e. sitting, standing and lying down.

It is likely that several weeks of regular exercise will be required before an improvement is apparent to you. However, you should persevere and continue the exercises even after you start to notice the improvement. Try to make the exercises part of your daily routine by scheduling them to accompany a particular activity.

Please do not become disheartened if you are not dry immediately – one fifth of patients manage this straight away, two thirds are dry within 3 months of surgery and almost all the remainder become fully continent within one year. Do not let your bladder become too full, as the extra pressure can make it harder to control your sphincter muscle. Equally, you should not go to the toilet “just in case” because you need to allow your bladder time to fill and provide you with the correct sensation of wanting to go.

Moderate your intake of tea, coffee, cocoa and cola since these can all cause irritation of your bladder and make you want to go more often than necessary.
Will there be any outpatient follow-up?

You will receive an appointment to return to the outpatient clinic about 6 weeks after surgery. This is to allow the Consultant or Specialist Registrar to find out how you are getting on with your recovery and to discuss with you the findings of the pathology report on your prostate specimen.

The purpose of the operation is to remove the prostate and all the prostate cancer. Occasionally, the prostate cancer has spread microscopically outside the specimen that was removed. In this case, your Consultant will advise you about having further treatment (usually radiotherapy but, occasionally, hormone therapy) to ensure the complete eradication of any remaining cancer cells. You will also have a PSA blood test taken at this visit, to record your post-operative level.

After this appointment, you will be followed-up by the Nurse Practitioner at 3 monthly intervals for the first year. You will need to have a PSA blood test at your GP surgery about 10 days before your appointment, so that a record can be kept of your PSA levels. If you have any queries about your clinical management, please talk to your Urology Nurse Practitioner.

It is important that your follow-up appointments are scheduled around the times outlined in the above information. If you do not receive an appointment from your referring hospital for the removal or the catheter, please contact your local hospital Nurse Practitioner to make sure that it has been arranged.
Sources of Further information and Support

Prostate Cancer Charity
Free confidential helpline: 0800 074 8383
Email: info@prostate-cancer.org.uk
Website available at:
Tel: 020 8222 7622
Fax: 020 8222 7639

Intuitive Surgical
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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