

Robot Assisted Laparoscopic Radical Prostatectomy

Urology

Who is this information for?

The tests that you have undergone show that you have a cancer in your prostate gland. This leaflet has been written to help you understand more about the treatment options open to you.

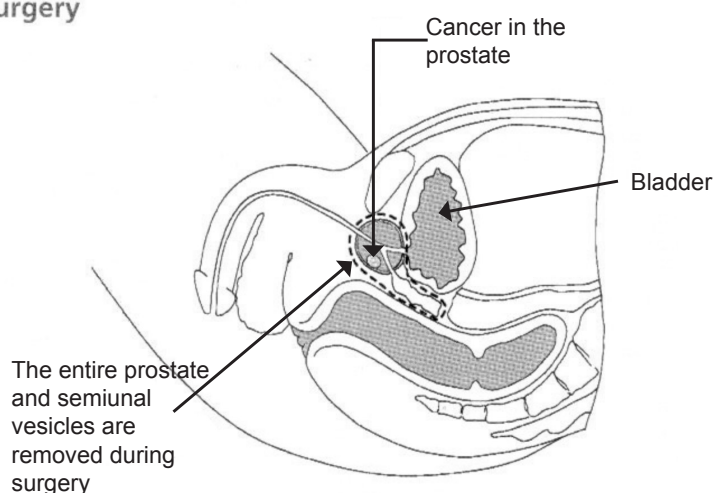
The choice about which treatment is best for you will be made together with your consultant. This will be based on the risks and benefits of the treatments and your individual circumstances. Concerns about tests, hospital stays and treatments are common. It may help if you make a list of your concerns so that you can ask your consultant or nurse practitioner.

What is a Radical Prostatectomy?

This is an operation to treat **localised prostate cancer** (cancer that has not spread outside the prostate gland). "Radical" means that the whole of the prostate is removed. The surgery aims to cure the cancer by removing the entire prostate gland, seminal vesicles (glands that secrete fluid during ejaculation), and possibly blood vessels, nerves and fat around the prostate. Removing these structures may increase the chances of curing the cancer.

Sometimes this operation is recommended when the prostate cancer is more extensive and is invading the capsule of the prostate (**locally advanced prostate cancer**). The surgery in this case may **not** completely cure the cancer, and other treatments such as radiotherapy may be required.

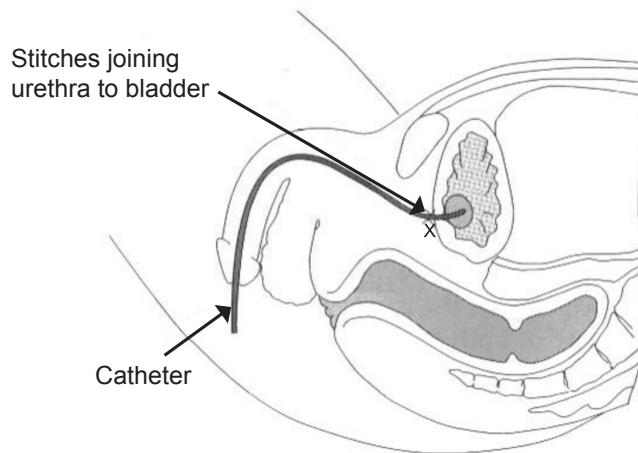
Before surgery



The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

After surgery



What are the benefits of having a radical prostatectomy?

If the cancer is confined to the prostate gland this operation may offer you the best chance of a cure. The Prostate-Specific Antigen (PSA) blood test should fall to un-recordable levels within six to eight weeks of surgery and remain undetectable.

If you have any problems passing urine such as a poor urinary flow or needing to get up at night, this may be resolved as surgery corrects any obstruction to the flow of urine from the bladder.

What can I expect before the operation?

- You will be put on an urgent waiting list
- You will be asked to attend an appointment to meet one of the urology nursing team to discuss your surgery. She/he will be able to answer any questions or discuss any concerns you have
- You will be invited to come to the hospital for a pre-operative assessment before your surgery. Your operation will be explained and some tests will be carried out to check that you are fit enough for surgery
- At the pre-operative assessment, you will be given a drink called "Polycal" which is highly concentrated with carbohydrates. You will be asked to drink this the night before your surgery
- You will be asked to give your written consent for your operation.

You may be given some hormone therapy in the form of tablets to take before your surgery. This will depend on the extent of your cancer, your consultant will discuss with you if this is necessary. Information about hormone therapy is available in a separate information leaflet.

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

What can I do before the operation?

As soon as you have decided to opt for this operation you will be given instruction as how to perform pelvic floor exercises by one of the nurse specialists. You will also be given the information leaflet entitled "Pelvic Floor Exercises for Men – Muscle training before and after prostate surgery". It is important to start to do these exercises as soon as possible so that you are happy that you are performing them correctly by the time of your surgery. These exercises can help to improve bladder control more quickly after your surgery. If you smoke, you should try to stop smoking, as this increases the risk of developing a chest infection.

What will happen when I come into hospital?

- You will normally be asked to come into hospital on the day of your operation
- You will be asked to be nil by mouth from midnight the night before your operation
- You will be given anti embolism stockings to wear to help reduce the risk of thrombosis (blood clots)
- You will be visited by the anaesthetist who will be looking after you during the operation. He/she will ask you about previous operations, illnesses and any medication you are taking.

How is the surgery performed?

Radical prostatectomy is now the commonest major urological operation performed in many specialist hospitals. It is performed under a general anaesthetic which means you are asleep for the whole procedure. The operation involves removal of the prostate and seminal vesicles and re-joining the urethra (water pipe) to the bladder.

The pelvic lymph nodes may also be removed if there is a risk of microscopic disease that may not be visible on the Magnetic Resonance Imaging (MRI) scan. Pelvic lymph nodes are part of the lymph system, which carries fluid, nutrients, and waste material between the body tissues and the bloodstream. Lymph nodes are connected by a system of channels that run throughout the body. Cancer may spread through the lymph nodes to distant parts of the body.

There are different ways in which this operation can be performed:

- Robot assisted laparoscopic prostatectomy
- Laparoscopic radical prostatectomy (standard key hole surgery)
- Open radical prostatectomy.

This operation is now commonly performed robotically. On rare occasions patients that are not suitable for this will need an open operation. This involves an incision in the lower part of the abdomen, typically from just below the umbilicus (belly button) to just above the penis. The operation is performed under general anaesthetic.

Robotic surgery involves six small incision sites in the abdomen. The prostate is removed intact through one of these sites. A robotic operation combines the advantages of an open operation with better vision for the surgeon, reduced blood loss during the operation, less pain and a faster recovery.

Your consultant will discuss with you as to which option is most suitable for you.

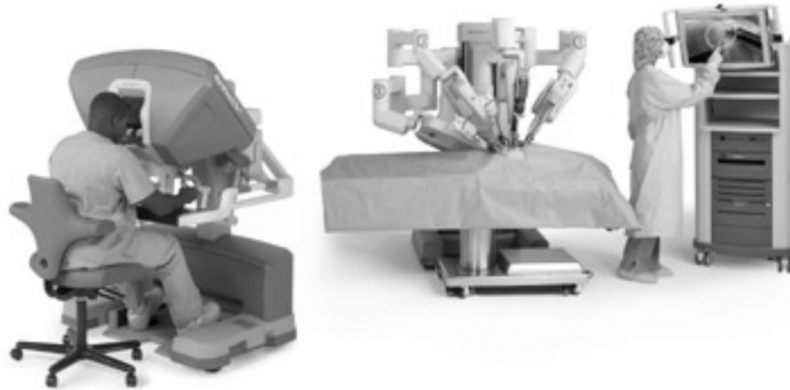
How is a Robot Assisted Laparoscopic operation performed?

The da Vinci Robotic system allows the surgeon to perform the surgery whilst sitting at a console placed next to you in theatre. The specialised instruments are passed into your abdomen via the incision ports and are then connected to the arms of the robot. The robot cannot work on its own and the instruments can only be controlled by the surgeon. During this operation the operating table will be tilted by up to 35 degrees with your head down.

Who will carry out the surgery?

The surgery may be undertaken by more than one surgeon working as a team, like a pilot and co-pilot, or parts of the surgery may be performed by surgeons in training under close consultant supervision.

Da Vinci Robotic System



Robotic assisted laparoscopic surgery gives the surgeon:

- High definition, quality vision
- 3-D view of the operating field
- Enhanced dexterity
- Greater precision for dissection, nerve preservation and stitching
- Six to ten times magnification.

The operation usually takes approximately between two to four hours and rarely involves more than an overnight stay in hospital.

Are there any alternatives to having this operation and what would happen if I decided not to have this treatment?

Your consultant will have explained the different treatment options available to you and what would happen if you decided not to have any treatment at all.

Depending on the grade and stage of cancer, the following alternative options may be open to you:

- External beam radical radiotherapy
- Brachytherapy
- Active surveillance or monitoring
- HIFU – High intensity focused ultrasound
- Cryotherapy.

The decision as to what treatment you will receive will be made by you and your consultant based on your individual circumstances. Curative treatments for prostate cancer are usually given to men with a life expectancy of more than 10 years. Information about other treatments are available in separate leaflets and you should read about all these treatments before you make your decision. The urology nurse practitioners are available for you to discuss any of the above treatment options and answer any questions you may have.

What will happen after the operation?

You will usually go straight to the ward from theatre but on rare occasions patients are transferred to the high dependency unit where you will stay for approximately 24 hours. This allows your progress to be monitored closely.

Pain:

You will be given a local anaesthetic pain killer in theatre during your operation. On return to the ward you will be given painkillers either orally or via an intravenous drip. Your nurse will monitor your pain closely. If at any time you are in pain, you must tell your nurse so that your painkillers can be changed or increased. You should be able to take any pain killers in tablet form before you go home.

Facial swelling:

You may experience temporary facial swelling due to the tilt of the operating table. This will usually resolve within 24 hours.

Mobility:

You will start to get out of bed as soon as you are able after your operation. You will be given small injections daily into your abdomen to help thin your blood and reduce the risk of developing blood clots.

Eating and drinking:

You will have an intravenous drip to give you fluids for a time after the operation. As soon as you are able to drink, the drip to give you fluids will be removed and you will be encouraged to start a light diet.

Drain:

You may have an abdominal drain in place to drain away any excess fluid/blood from your wound site. The abdominal drain will be removed when the drainage is minimal. This will usually be the next day.

Urethral catheter:

A plastic tube will be in your bladder called a catheter. This helps to drain urine away from the bladder. Your urine may be blood stained and contain clots or debris. The catheter will normally remain in your bladder for about two weeks. The nursing staff will show you how to look after the catheter and encourage you to drink plenty of fluids.

Stitches:

Any stitches will dissolve and do not need to be removed.

Are there any risks or long term effects involved in having this operation?

Yes, there are side effects to nearly all treatments. It is important to consider the possible adverse side effects of this operation and how they may impact on your quality of life when making the decision to have this surgery performed.

- **Incontinence:** It is very common for men to have lack of control of urine immediately after the catheter has been removed and you will need to wear absorbent pads. This will generally improve with time and it is important that you perform pelvic floor exercises regularly to help regain bladder control. It can take three to six months after your operation to regain control of the urine. Only 2% of men will have severe incontinence problems long term and 10% of men will suffer some degree of mild incontinence such as a small amount of leakage when you cough, sneeze or laugh

- **Impotence:** Inability to achieve or maintain an erection sufficient for satisfactory sexual intercourse. The nerves and blood vessels (neurovascular bundles) that enable a man to achieve an erection are attached to the side of the prostate. The neurovascular bundles can be damaged during surgery. It may be possible to preserve some of the nerves that may help recovery of the erections after surgery. Nerve preservation can only be done if there is no clear sign of cancer at the edge of the prostate next to the neurovascular bundles. Preserving the neurovascular bundles increases the chance of leaving some cancer behind. Your consultant will discuss whether this is an option for you.
Some form of erectile dysfunction is inevitable following prostatectomy. 70% of men will have some difficulty achieving an erection after this operation. Treatment for impotence can be given in a number of ways and you should discuss this with your consultant or nurse practitioner. Even if your erections are restored you will not ejaculate at the point of climax but the sensation should be the same
- **Infertility:** All men will be infertile after this operation. If you have any concerns about infertility, please discuss this with your consultant or nurse practitioner. It is possible to collect and store your semen (sperm banking) before the operation if you are considering fatherhood in the future
- **Blood loss:** This operation carries an occasional (1-2%) risk of blood loss, requiring a blood transfusion
- **Wound infection:** There is a very small risk that the operation port sites could become infected and you would need a course of antibiotics
- **Temporary swelling and bruising of the abdomen, penis and scrotum:** This is a short term side effect of the surgery and will resolve in two to three weeks after the operation
- **Abdominal discomfort and swelling:** Following removal of the lymph nodes in up to 30% of cases a collection of fluid inside the abdomen can form called a lymphocele. Small lymphoceles often cause no symptoms and are reabsorbed, but larger lymphoceles may cause complications and occasionally need to be drained
- **Blood clots:** There is a risk of thrombosis (blood clots) after any major pelvic surgery such as this and you will be given surgical stockings to wear before and after your operation. A calf compression pump will be applied for 24 hours after your surgery.
You will require small injections daily in your abdomen which help thin your blood slightly and you will be taught to self- administer these injections for four weeks. A leaflet explaining this will be provided.
You will be encouraged to get out of bed as soon as possible after your operation and you will be encouraged to move your legs and feet as much as possible to help your circulation
- **Penile shortening:** This can occur as a result of the joining up of the urethra back onto the neck of the bladder (anastomosis)
- **Risk of open conversion:** There is a very small risk (<1%) that during the operation, the surgeon may have to convert to a standard laparoscopic operation or an open operation
- **Compartment syndrome:** This is a very rare complication of robotic assisted surgery due to the 30-35 degree position that the operating table is tilted to. The circulation to the lower legs could be affected resulting in poor blood flow, pain, swelling and a possible need for surgery
- **Numbness:** Occasionally there is some numbness to the top of the thighs due to some small nerve damage during the removal of the lymph nodes
- **Bowel damage:** As the prostate is adjacent to the back passage (rectum), there is a very small risk (<1%) of bowel damage during the operation. In very rare circumstances a colostomy would be needed, where the bowel is brought out onto the surface of the abdomen and a colostomy bag is required to collect faeces. This would usually be reversible at a later date

- **Urinary anastomosis leak:** This is where there is a leak in the join (anastomosis) between the bladder and urethra. If this happens you will need to keep your catheter in place for four to six weeks instead of two weeks to allow this to heal. You will have a special X-ray of the bladder called a cystogram, which involves inserting some dye through your catheter and taking X-rays of the bladder
- **Further treatment:** There is no complete guarantee that this surgery will cure your prostate cancer. Further treatment in the form of radiotherapy or hormone therapy may be needed. This will depend on your final pathology result, future PSA blood tests and discussion with your surgeon.

When will I be able to go home?

You will be able to go home when the drainage from your wound site is minimal and your pain is controlled with tablets. It is expected that you will go home the day after your operation. You will be discharged with the catheter in your bladder and you will be contacted at home after a few days to be given a date for the catheter to be removed. This is usually planned for two weeks after your surgery. This will either take place at a clinic appointment or you will be visited at home by a urology nurse from the hospital at home service.

You will be given an antibiotic to take a few hours before the catheter is removed. You should be given a contact number for the hospital at home nurses before you go home.

Caring for your catheter at home

Before you go home you will be taught how to care for your catheter and you will be given a catheter care information booklet.

Some patients do experience a little discharge around the catheter, which can dry and crust on the outside. This is nothing to be alarmed about and is caused by the catheter rubbing the inside of the urethra. It is important to keep the area clean where your catheter enters your water pipe (urethra). A shower each day is recommended. Before you shower, empty the drainage bag, but leave it connected.

Occasionally the end of the penis may become swollen around the end of the catheter and the foreskin may become constricted. This is called a phimosis. You should contact the nurse specialists or the hospital at home team nurses if you experience this.

You may notice a small amount of blood in the catheter bag or tubing. This is quite common and as long as there are no big blood clots, which may prevent drainage of the catheter you should increase your daily fluids until this settles. If you are concerned, then contact the urology nurse specialists.

You will be given a supply of catheter leg bags before you go home and it is important to change the leg bag every five days to help prevent infection. A night bag will be required for overnight drainage.

It is important that the catheter leg bag is secured to your leg firmly. This will keep the catheter in the correct position and prevent any pulling. Ensure there are no kinks in the catheter tubing as this can cause the catheter not to drain properly and cause leakage.

It is quite common for some men to experience some leakage from around the urethra. This is called bypassing. As long as the catheter is still draining most of the urine into the catheter drainage bag then there is no real concern. If you notice that there is no drainage in the catheter bag and you feel uncomfortable as if you want to pass urine it may mean that your catheter is blocked. If this happens, contact ward A9 on 01902 694004 / 694003. **Under no circumstances should the catheter be removed by the district nurse or in the accident and emergency department or by anyone without direct discussion with your surgeon.**

It is important to drink plenty of fluids when you have a catheter to help prevent infection and keep the catheter draining freely. Drink a glass of water or squash every hour as well as your normal tea or coffee intake.

Empty your catheter leg bag when it is about three quarters full, to prevent it pulling and causing you discomfort. You will be shown how to connect a night bag to the leg bag for overnight drainage. Drainage bags may be disposed of in the dustbin, provided they have been emptied and wrapped in newspaper or a plastic bag for hygiene reasons.

If you experience a high temperature and feel cold / feverish or your urine is cloudy or smells offensive it may mean that you have a urine infection. You must contact your GP as you will need some antibiotics.

What happens after the catheter has been removed?

Once the catheter has been removed it may take quite a long time for your bladder control to improve. You can expect some degree of incontinence after the catheter has been removed and by performing pelvic floor exercises regularly you should expect to see a week by week improvement.

If you are anxious that you are not seeing any improvement in bladder control, contact your nurse practitioner. A small number of men may benefit from medication to help their bladder control.

When will I get my operation results?

You will be given an appointment to see your consultant approximately four weeks after surgery and you will have your PSA level checked before this appointment. Your PSA should fall to undetectable levels following the operation. As long as it does not rise in the future, it is generally considered that you are free of cancer.

At this time your consultant will be able to discuss the results of the pathology report with you. The pathology report will tell the consultant how much cancer was present in the prostate, but at this time it is too early to say whether a complete cure of the cancer is likely.

You will need to attend clinic with an up to date PSA test at regular intervals.

Can I take part in clinical trials and research?

Depending on the pathology results from your surgery, your consultant may talk to you about taking part in a clinical or research trial. If you wish to be considered for this, further information will be provided by the research team.

What can I do to help after my operation?

- Remove the small wound dressings as soon as the dressings are dry
- Avoid heavy lifting for six weeks after surgery
- Avoid gardening or rigorous activity for six weeks after surgery
- Avoid driving a car for four weeks after surgery
- Your urine may be blood stained for a little while. It is important that you drink at least two litres of water based fluid per day
- Take gentle exercise e.g walking, gradually increasing the distance
- Eat a healthy diet
- Avoid constipation
- Do pelvic floor exercises as advised
- Avoid travelling abroad for six weeks after surgery.

You should be able to return to work approximately six to eight weeks after surgery.

Depending on your job you may need slightly longer time off work. It is often regaining adequate control of the bladder that determines when you feel ready to return to work.

It is important to remember that everyone is an individual and these times are only meant as a guide. Depending on your general fitness level before surgery some men may recover quicker or find that the recovery process is longer.

Further information and support

If you have any questions or concerns about your treatment, please speak to your doctor or contact the nurse practitioners on telephone number 01902 694467. The number may divert to answer phone where you can leave your name and a brief message. Nurse practitioner's hours of work are Monday to Friday 08.00-17.00.

There is also a Wolverhampton Prostate Support Group, which is open to anyone affected by prostate cancer. If you wish to speak to anyone that has had a radical prostatectomy this can be arranged for you either through the support group or your nurse practitioner.

Useful Contacts

The Wolverhampton Prostate Cancer Support Group

(c/o New Cross Hospital)

01902 694467

www.wolverhamptonprostatecancersupportgroup.org.uk

Urology Hospital to Home Team

01902 694048

Prostate Cancer UK

020 3310 7000

www.prostatecanceruk.org

0800 074 8383

Prostate Cancer Support Association

0800 035 5302

www.prostatecancersupport.co.uk

Cancer Research UK

0300 123 1022

www.cancerresearchuk.org

0808 800 4040

Macmillan Cancer Support

0808 808 0000

www.macmillan.org.uk

The Sexual Advice Association

020 7486 7262

Email:sexualadviceassociation.co.uk

www.sda.uk.net

Macmillan Support and Information Centre

01902 695234

www.cancercarewolverhampton.nhs.uk

Da Vinci Surgery

www.davincisurgery.com

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。