

Robotic-Assisted Laparoscopic Radical Prostatectomy (RALP)

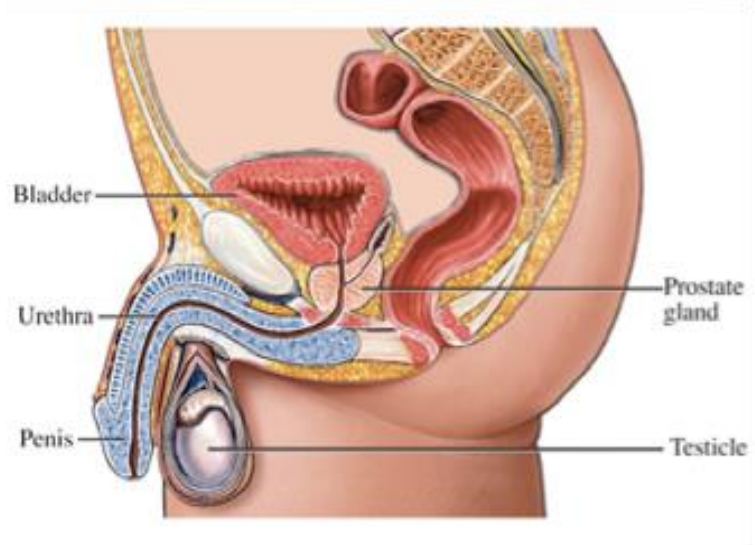
Who is this information for?

Patients (and their family and carers) who are coming to hospital for a Robotic-Assisted Laparoscopic Radical Prostatectomy.

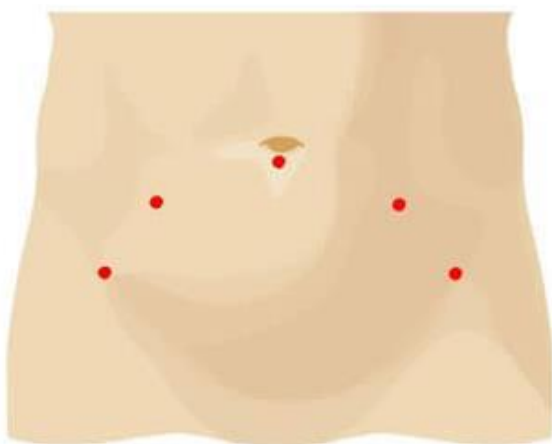
What is a Robotic-Assisted Laparoscopic Radical prostatectomy?

The prostate is a small gland producing part of the semen fluid and is found only in men. It is located just below the bladder and in front of the rectum. About the size of a walnut, the prostate surrounds the urethra. The urethra is a tube that carries urine from the bladder, through the prostate and down the penis.

Your biopsy shows that you have cancer of the prostate. As far as the doctor can tell your cancer has been confined to the prostate.



RALP involves very precise removal of the whole prostate gland, seminal vesicles and, sometimes, the draining lymph glands, as well as dividing the vasa deferentia (sperm-carrying tubes). It is performed through several small puncture (keyhole) incisions in your lower abdomen, using robotic instruments.



The prostate and the part of the urethra within the gland are removed, and the resulting gap is closed by joining the bladder to the urethra. This join is called an anastomosis and during the operation a urinary catheter is inserted into the bladder to protect this join.

Robotic surgery uses sophisticated mini-instruments which are totally under the control of the surgeon. The robot mimics and assists the surgeon's movements; it does not do the operation. This technique is now widely used because of its high degree of surgical accuracy, and because recovery is much faster than it is for open surgery.

You should be aware that there is a small chance (one in 100 or 1%) that we might have to convert a laparoscopic (“keyhole”) procedure to open surgery. Because of this, we are not able to proceed with a robotic (keyhole) procedure if you are not willing to have open surgery under any circumstances.

The operation usually takes 2-3 hours.

What happens before surgery?

Preadmission

On the day of your surgery please bring all your medications with you so that staff can make a note of them in your medical record.

On presenting to the hospital you will be seen by the surgeon, nurses and an anaesthetist. Diagnostic tests may be performed eg blood test, ECG.

You will be linked in with our Urology Nurse, Kate Green, and a Pelvic Floor Physiotherapist.

Please let your doctor know if you are taking any blood thinning medications, these may need to be ceased prior to surgery.

Please let your doctor know of any natural medications you are taking – these may also need to be stopped prior to surgery.

Any medication you are taking will be continued whilst in hospital. Please bring any medications you are currently taking into hospital with you so that the doctor can see them.

Admission

Generally patients are admitted to hospital on the day of their surgery.

It is very important that you fast (have nothing to eat or drink) from midnight or 7am. This time will be highlighted on your letter.

What happens on the day of the procedure?

Your urologist will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

What kind of pain relief will I need?

You will have some pain after surgery, but most patients experience this at a mild to moderate level, usually controlled with oral medication.

Important exercises to perform before and after surgery

Surgery for prostate cancer can sometimes cause muscle and nerve damage to the sphincter, which is the muscle that helps hold urine in the bladder. Loss of control of urine may result. This loss of control of urine can be helped with physiotherapy, particularly pelvic floor exercises. You will see the pelvic floor physiotherapist prior to your surgery so that you have time to practice these exercises and then you will see the physiotherapist again after the operation.

What happens after the procedure?

- **It is important to sit out of bed and start walking as soon as possible after your operation.**
- You will be given pain-relieving medication to make you more comfortable. It is important to tell the nurses if you become uncomfortable.
- You might get some bruising and swelling around the keyhole incisions together with some swelling or puffiness in your scrotum.
- You may also get some facial puffiness for a day or two because you lie slightly “head down” during the surgery.
- You may feel some shoulder pain and bloating until your bowel starts working again (normally after 24 hours).
- Most patients can go home after 24hrs after surgery.
- You may have a couple of drain tubes in your abdomen to drain away any excess fluid which may accumulate at the site of surgery. These will be removed when there is minimal drainage.
- You will have a tube (catheter) coming out of your penis, to drain away urine and to allow the join between the bladder and urethra to heal. You will be sent home with your catheter in.

Things to remember at home

Catheter Care

The catheter will stay in for 7-14 days on average.

- You will be educated on how to care for your catheter and given the necessary equipment to care for your catheter.
- You will be given an appointment to come back to a hospital clinic to have your catheter removed. The clinic is called the Trial of Void Clinic (TOV).

If you encounter any troubles with your catheter e.g. unable to pass urine, please contact the rooms or attend an Emergency Department who can seek advice from your Urologist. It is very important that the catheter is not removed without this advice.

While the catheter is in DO NOT attempt pelvic floor exercises

Rest

Try resting (lying down) for at least an hour each day. This may be two sessions of half an hour. Avoid prolonged standing, sit down whenever you can. Sitting upright may be uncomfortable, therefore try a semi-reclined position to put less pressure on the operated area, or sit on a soft cushion.

Wound care

- Incision discomfort is common for several weeks after surgery and will subside with time. Pain medications are available for you on discharge.
- The keyholes will be covered by water proof dressing. You can leave the dressing until back to clinic for TOV (7-14 days).

Diet

- You may eat a regular diet, but if a meal seems too heavy, go back to a liquid diet for a day or so. You may find eating 4-6 small or light meals may be more desirable.
- By increasing your fluid intake up to 2 litres per day and eating fresh fruit and vegetables you will avoid constipation and straining.

Urinary Control

- You may find some difficulty in controlling your urine flow once the catheter is removed. The degree of incontinence can vary from nil to severe and each case is very individual, however most men fall somewhere in between. This is because the sphincter is bruised and swollen after the operation and doesn't work as well.
- You will be seen by the physiotherapist after your operation and they will recommence you on an individualised pelvic floor exercise program. They will also educate you on good bladder habits. You may have trouble controlling your urine, if so the physiotherapist will help you to regain control. You may need pads after the removal of the catheter. Urinary control will improve with time, and it can vary from weeks to months.

Sexual Function

- The return of erections is slow process and unfortunately in most cases may never spontaneously return. There are alternative means of achieving an erection, and it would be best to be guided by your Prostate Care Nurse, Urologist or your GP as to an appropriate form of treatment.
- It is normal to notice a difference in your penile length due to the loss of the urethral portion that runs through the prostate. On average patients notice approximately 1cm shortening in length.
- Although there may not be any spontaneous erectile activity, it is safe to sexual activity when you feel comfortable to do so and once the catheter has been removed.
- Counselling is available to assist men and/or their partner to adjust to changes if necessary.

Physical Activity

- Do not lift anything heavier than 2kg for 2 weeks. Then anything heavier than 5kg for further 4 weeks.
- You should have lots of rest periods during the day and avoid any strenuous exercise including straining and heavy lifting or gardening until you have seen the doctor.
- Walking is the best form of exercise, try to gradually increase the distance you walk each day, especially after the catheter has been removed.
- We advise you do not drive a car for at least 2 weeks after your operation.
- Remember not to strain on the toilet. Straining puts extra pressure on the pelvic floor muscles and will stress the operation site.
- You may walk as you want, but try to limit the number of stairs you climb. No active sport is permitted for 6 weeks.

What to bring to Hospital**Personal Toiletries**

- Deodorant
- Toothbrush and toothpaste
- Hairbrush and/or comb
- Soap
- Shampoo and conditioner
- Tissues

Clothes

- Dressing Gown
- Pyjamas (a pair for each expected day of stay)
- Underpants (boxer shorts whilst catheter is in place and then supportive firm fitting jocks after the catheter is removed).
- Slippers or firm shoes (no slip-ons)

Remember:

Bring any x-rays, CT or MRI scans and any medications that you normally or occasionally take, with you on admission.

For Your Information:

- We advise that you do not smoke at least one week prior to your surgery to help prevent complications developing from your anaesthetic and surgery.
- Please note that there are no laundry facilities available.
- Please do not bring jewellery or large sums of money into the hospital. However, you may want some change for daily requirements such as newspaper, magazines or phone calls.
- You may wish to have the TV and telephone services connected. A daily fee for each service is charged. This can be paid at reception at the time of admission. Please remember that payment is in advance and that this is not refundable if you leave hospital sooner than expected.

Visiting Hours

Visitors are welcome. Please check times of visiting hours as they may vary. It is requested that all other times are respected as rest periods for the patient. Under certain circumstances special consideration may be given after consulting the Nurse Unit Manager on the ward.

Please note visitors are restricted to **immediate family only** on the day of your operation.

Please notice there are visitor restrictions during COVID-19. Please check with hospital to avoid disappointment.

Phone Enquires

Due to the busy nature of the ward it would be appreciated if you could nominate one family member to make the calls