

Robotic Assisted Laparoscopic Radical Prostatectomy - RARP

What is the surgery for?

RARP is an operation to cure prostate cancer by the completely removing all of the prostate and the attached seminal vesicles. You will also have a vasectomy close to the prostate gland.

What does the operation involve?

There are six small incisions made on the abdomen. The first is above the umbilicus (belly button) where the camera is inserted. This wound is enlarged at the end of the operation to remove the prostate gland and is the only wound that is normally felt post operatively. The dissection is done deep in the pelvis with the prostate separated from the pelvic muscles, the bladder, rectum and usually the erection nerves. The sphincter is then dissected free of the apex of the gland and preserved. The gap between the bladder and sphincter is closed by bringing the bladder down to the pelvic floor with sutures, The sphincter is then sutured to the bladder and a catheter inserted.

What are the risks of surgery?

We will explain these in detail in person prior to signing a consent form. Although RARP is major surgery, complications or problems are rare due to its minimally invasive nature, magnified vision and precise instruments. Incontinence and erectile problems are common in the immediate post operative period.

What do I need to do in the weeks before surgery?

It is normal to have a few weeks between biopsy and surgery to allow the tissues to settle. During this time it is common to undertake a conditioning program. We will target fitness, weight loss, pelvic floor training and erections. The aim is to minimise the risks of surgery and maximise your chances of a rapid recovery from this major operation.

Who will be involved in my care?

As well as your surgeon, you will meet many people along your journey. These include; Lisa Ferri - Lisa is our Prostate Cancer Specialist nurse who will be with you from the start. Her role is to help you gather and process information to help in decision making, answer questions as they arise and give you support as you move through surgery to recovery. Lisa is a highly experienced and knowledgeable member of the team. Lisa is employed by Hollywood hospital with her services provided free to you by the hospital.

Francesca Leggitt - Francesca is our practice nurse who also works on the Urology ward at the hospital. Francesca can help with weight loss, advice and support before and after surgery. Francesca will also follow your progress as you recover and return to normal again, working closely with Lisa.

Sexual health - The doctors at Perth Human Sexuality Clinic located on site in the Specialist Centre will see you pre and post operatively to maximise the return of sexual function after surgery. Physiotherapists - We may recommend seeing a physiotherapist pre op if we feel that you will benefit from their expertise in pelvic floor training.

Ionic Health - Ionic health is our satellite clinic that works in preventative medicine. They are a multidisciplinary team with a doctor, dieticians, exercise physiologists and psychologists. Pre operatively they can provide an individual diet and exercise program to get you in shape before surgery. Post operatively they can look at your risk of developing other diseases and put in place a preventative program to maximise your long term health.

Hospital staff - there is large team of nurses who work closely with us in speciality areas in day surgery, theatre and on the ward. You may not meet them all, but they are essential to your care.

Shirley Armstrong - Shirley is our secretary who coordinates us all and keeps everything running smoothly.

Why do I need to lose weight before surgery?

Most patients who develop cancer are overweight. Unfortunately for men most of our excess weight is 'toxic fat' in the abdominal cavity. Too much fat can make surgery difficult, whilst losing weight improves the access to the pelvis and reduces the stress of the anaesthetic on your body. Having less weight inside makes it easier to regain urinary and sexual function post op. Toxic abdominal fat is a special kind of fat that is linked to cancer, diabetes and heart disease. Many men who develop prostate cancer will also develop these conditions, if they have not done so already. We can arrange to measure your toxic fat with a DEXA scan before and after your weight loss if this is of interest to you. We have been working with our patients for many years to improve their overall health, with the aim of keeping you fit and healthy. There is little point in curing your cancer to have you die from a heart attack!

How do I learn pelvic floor exercises?

Many men find it difficult to learn pelvic floor exercises, and what works for one man, may not work for the next. Prior to surgery we will perform a flexible cystoscopy, where we will look into the bladder with a telescope. This is a simple procedure that can give us a lot of information as well as allowing us to show you how your urinary control works. By seeing the sphincter in action, you should soon master the exercises you need to do. Lisa will discuss this with you also when you meet. If needed we can involve a physiotherapist to help with your training.

Why do I need the bowel preparation before surgery?

On the day before surgery you will need to clear the bowels. This will prevent constipation post surgery and reduce infection risk. Please follow the bowel preparation information sheet as supplied.

How do I do the pre op wash?

Please see the attached instructions on the body wash.

What should I expect when I wake up after the operation?

When you wake up you will be in the recovery ward. This is a special ward with specially trained nurses, with a single nurse assigned to look after you until you are awake. You will have an oxygen mask, fluid drip into the arm, catheter in the bladder and a drain that sits in the abdominal cavity. All the wounds have local anaesthetic in them, so we expect you will be comfortable. This will wear off after a few hours. The main wound you will notice is the one above the belly button, where the prostate was removed. If you use your abdominal muscles, you will notice this wound. Keep your head and shoulders on the bed and try not to lift up your knees to minimise the use of these muscles. Although you will have a PCA or pain relief button to use, we prefer that you avoid the pain altogether, as the drugs will have side effects that may slow your recovery from surgery. Expect some discomfort, but not pain. The catheter can be noticeable after the surgery, giving you a feeling that you need to pass urine or open your bowels. This does settle as your body becomes accustomed to the tube draining your bladder. Please be assured that the bladder is empty. When the recovery nurses are happy with your progress you will return to the ward.

What happens on the ward?

Once you are on the ward you will be checked in by the nursing staff and have regular measures of many things including your pulse and blood pressure. If you can relax and even sleep you will be comfortable. On the night of the surgery you will stay in bed, connected to many things in many places. The ward will place pneumatic compression stockings on your legs that will regularly inflate and deflate to massage the blood from the legs to prevent clots developing. You will have a blood

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thinning injection twice a day also. It is a good idea to take the occasional fully deep breath to re expand your lungs after surgery. We may give you a machine to help with this. We will probably take away your painkiller button before you go to sleep. If we leave this on, you will need to be woken at frequent intervals as a part of routine observations.

On the first post op day, after review, we will start to disconnect you from all our devices to get you moving. The drain will come out and we will place the catheter onto the 'leg bag'. The drip will cease and the oxygen will come away. We will show you how to get out of bed and start walking around. Once you have passed wind, you will be allowed to eat.

What if I need to cough after surgery?

It is common to need to cough at some stage. Coughing is a violent action that can be quite painful, mostly to the main wound at the belly button. If you place your hand flat on your abdomen and push in a little, this will help support the muscles and limit the discomfort.

How should I manage my pain after surgery?

After the operation, you will have a button connected to a pain killer medication. The drug is a type a narcotic, good for pain relief, but associated with side effects. The best approach is to avoid the pain, rather than treat it. As most of the pain comes from the abdominal wounds, we find it is best to stay still after the surgery. If you lift your knees or shoulders, you will use your abdominal muscles and have pain. If you need help to move, ask the nursing staff to help you. The day after surgery, we will get you up, and you will be more comfortable upright.

How do I get out of bed?

There is a right way and a wrong way to get out of bed after surgery. You should roll onto your side, and let your ankles start to fall off the bed. Turn to face the pillow and push up using both arms, letting your feet fall towards the floor. Once you are sitting up, place your feet on the floor, lean forwards, and stand up using your legs.

When can I go home?

When you go home -

What can I do?

How do I look after the catheter?

What is the discharge around my catheter?

What do I do if my catheter doesn't drain properly?

When will my bowels open?

What if I see blood in my urine?

How much can I do in the first week after surgery?

The catheter removal -

How long will my catheter stay in?

What does catheter removal involve?

What can I do when the catheter comes out?

Can I drive a car?

What activity is acceptable to do?

Can I hurt myself?

Why do I feel so tired?

Is it OK to have an erection after surgery?

Why do I have to wait for the post op PSA test?

When you go home from hospital please be mindful of the following:

Bowels -

You need to keep your bowel motions soft and regular. This is important after any operation. We do not want you to strain to open your bowels as this may cause bleeding from your urinary tract. Straining will also put pressure on your abdominal wounds.

Whilst you have a catheter in place it is important to avoid constipation, you will likely be sent home from hospital on Movicol.

If you continue to be troubled with constipation and are passing no stools or hard stools please use Movicol or another osmotic laxative. You can get Movicol from any pharmacy if you have not been supplied it by the hospital.

If constipation persists please speak to your local pharmacist. If your bowels have not opened by day 3 post operatively you need to self administer suppositories.

Drink plenty of water (1.5-2L per day) and maintain a healthy balanced diet to help prevent constipation.

Activities -

No heavy lifting or strenuous activities for 4 weeks post operatively. Any activity which causes you to use your abdominal muscles will increase abdominal pressure and you may experience bleeding from your urinary tract and put pressure on your abdominal wounds.

Please discuss with us when it is appropriate to return to work.

No driving for at least 2 weeks after abdominal surgery. It is advisable to speak to your insurance company with regard to this. You need to be safe to respond in an emergency, i.e : slam on the breaks and move freely in the car.

Catheter Care -

Your urine may have some blood in it. You need to drink adequate amounts of fluid to keep your urine clear - light pink coloured. Should you experience bright red bleeding, rest, drink plenty of water and if the bleeding does not resolve please contact the rooms.

You will be instructed by the nurses at the hospital on how to care for your catheter.

Wash your hands before handling the catheter. Ensure you wash the end of the urethra where the catheter goes in with soap and water in the shower.

You may experience some bypass at the end of the catheter, urine, discharge or blood are normal. You should wear supportive pants and a continence pad to contain this.

Ensure the catheter bag is secured correctly to your thigh, above your knee, the catheter leg bag shouldn't pull and should sit comfortable but securely.

At night you attach the bigger overnight bag to the bottom of existing catheter leg bag. The overnight bag simply plugs into the bottom drainage tap on your leg bag. In the morning you detach the overnight bag from the leg bag and rinse the overnight bag out.

You should never detach the leg bag from the catheter tube that goes inside your urethra.

If you are concerned the bag is not draining consider the following:

- Stand up, allow gravity to drain the urine from your bladder
- Check the tube is not kinked
- Are you drinking enough water
- Are you constipated as this can impact on the catheter draining
- Alert the rooms or the hospital immediately if you are uncomfortable and the catheter isn't draining.

Wound Care -

Your small laparoscopic wounds on your abdomen will be dressed with waterproof dressings. You can remove these dressings 3-5 days post surgery. Once these dressings are off they shouldn't need to be replaced.

Under the dressings are steri-strips, sometimes they come off with the waterproof dressings and sometimes they stay in place and will gradually peel away.

All internal sutures will be dissolvable.

You need to monitor the wounds for signs of infection. Any excess redness / swelling / ooze / pain or odour you need to alert the rooms or the hospital.

Pain -

You should only require simple analgesia after your procedure, use regular Paracetamol for discomfort. You have however had major abdominal surgery and need to balance rest with gentle mobility. If you are tired and sore you need to rest.

Your abdomen will feel bloated, heat packs are comforting for this. Wear supportive pants to reduce scrotal swelling.

When to alert us -

- If your catheter is not draining and you feel uncomfortable
- If your wounds are red / oozing / hot / painful.
- If you experience signs of an infection - fever / discomfort / odour to your urine / feeling unwell
- If you have bright fresh blood in your urine that doesn't settle with rest and increased fluid.