

INFORMATION FOR PATIENTS UNDERGOING RADICAL PROSTATECTOMY

A radical prostatectomy is the removal of the entire prostate gland, the seminal vesicles, the part of the urethra (urinary passage) that passes through the prostate and part of the bladder neck.

It can also be performed by open surgery, but is now mostly performed with the aid of a Robot.

Sometimes a cystoscopy will be performed at the same time just prior to the prostatectomy. This is an examination of the bladder and urethra.

The surgery takes approximately 3 hours.

It is expected that you will be discharged on day 1 or day 2 post operatively. That seems very soon but most patients feel very well and are happy to go home. There is usually minimal discomfort and patients generally feel much more comfortable in their own environment.

PRE-OPERATIVE (before surgery)

It is mandatory that you inform your doctor of your current medications, especially anticoagulants and anti-inflammatory agents. You will be given a list of the names of the medications that fall into this category. These will need to be stopped 1-2 weeks prior to your surgery as they may increase bleeding. Your doctor will advise you when to recommence your medications. Some medications used for Diabetes need to be stopped. You will be advised about this.

Bowel preparation: A bowel preparation is not usually required. In certain specific cases it is still used and patients will be notified accordingly.

Knee-high anti-embolic stockings (TEDs) will be given to you on admission and are required to be worn during your hospital stay or until you are fully mobile after surgery. These help to prevent blood clots forming due to decreased mobility during the operative and immediate post operative period. You should wear them for about 2 weeks after you go home.

You should also spend some time with our continence nurse who will give you an introduction to the pelvic floor exercises you will do to help regain urinary control.

POST-OPERATIVE (after surgery)

Diet:

You can usually begin fluids post-operatively when you are fully awake if you are comfortable. You can usually start a light diet either later in the day or the following morning. Generally you have whatever you feel like to eat or drink but it is best to start slowly as some patients feel a little nauseated after the anaesthetic. Your bowels will start to work over the next day or two and you should not need to strain to open your bowel. Sometimes you may need an aperient to help you but you should not be concerned if it takes several days. Often when you are discharged home and in more familiar surroundings, normal functions return more quickly.

Drains:

Some patients will have a drain post-operatively to prevent fluid collecting in the pelvis. This is usually removed within about 36 hours.

Catheter:

This is a hollow tube that passes through the opening of the penis into the bladder and enables urine to drain from the bladder to a drainage bag. This allows the internal stitch-line where the urethra has been rejoined to the bladder to heal.

The catheter remains in place for approximately 7 days. Before discharge from hospital your catheter will be connected to a smaller bag that is strapped to your leg. This allows you to mobilize more freely and without the embarrassment of having a visible bag. Occasionally you may experience slight leakage from around the catheter. This is due to spasm of the bladder due to irritation by a foreign body, ie, the catheter. If this does occur you may need to wear a small pad in your underclothes. Please notify the doctor if excessive leakage occurs. Ensure your catheter is securely taped to your leg to prevent it from pulling.

Sufficient equipment and thorough instructions will be given prior to your discharge from hospital.

Activity:

Early mobilization is encouraged as well as deep breathing exercises. This may be uncomfortable in the immediate post operative period, but it is essential that these are carried out and they will become easier with practice.

You may also be seen by the physiotherapist again to assist you with these exercises.

You will be given a small injection twice a day. This is given into the skin of the upper part of the arm. This also helps in the prevention of clots.

It may take several weeks before you regain full strength as is the case following any major surgical procedures. Gradually increase your activities over time and stop when you feel tired. Be sensible.

Wound:

You will have a dissolving suture in each wound. It takes about 3-4 weeks for the suture to dissolve and for your wound to heal completely and tenderness to disappear. You should avoid heavy lifting during this period.

Your dressings can remain in place for a week or so as they should be water tight. It is not an issue if they come off sooner.

You may notice some swelling of the genitalia (penis, scrotum) area. If this occurs then you should wear supportive (not tight, but firm) underwear. Please inform your doctor of any such swelling.

Follow-up:

On discharge from hospital ring and make an appointment to see Dr. Ende approximately 4-6 weeks from the date of your operation. You would usually have a PSA blood test prior to your post-op visit.

AFTER A RADICAL PROSTATECTOMY

Incontinence:

Most patients ultimately achieve total urinary control. However, the time period within which continence is achieved is variable. This may vary from a few days until 3-6 months.

You will be instructed how to do pelvic exercises. These help to strengthen the muscles near the operation site that help in urinary control.

Occasionally physiotherapy and/or medication may help if bladder control is not regained within a reasonable time, but your doctor determines this.

You will be instructed on the different pad types that may be suitable and where they can be purchased. These will be required until you regain control and leakage ceases.

A small number of patients (approximately 1%) may never regain total control. Certain treatments can be offered to cure this.

Impotence:

Because the prostate gland is close to the erection nerves, the operation can lead to changes in physical sexual functioning. The return of sexual function after this operation is variable.

Erections return gradually so be patient. It may take up to 12 months to know the full effect of how the operation has affected your erections.

In the meantime there are various treatments that will aid in obtaining an erection. Discuss this with your doctor.

You and your partner should experiment with ways to satisfy each other. You can still have orgasms, although there will be an absence of ejaculatory fluid.

General activity:

Your activity should be dictated by what you feel comfortable doing. Walking and driving should be achievable within the first week, whilst gentle sporting activities can occur at 1-2 weeks. Heavy lifting should be avoided for 4-6 weeks. It is most important to BE SENSIBLE.

This pamphlet does not attempt to present every aspect of a radical prostatectomy operation; rather it serves as a guide.