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RADICAL PROSTATECTOMY

Providing Specialist Care in South Australia & Northern Territory

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What is a prostate gland?

The prostate gland is a small but important gland in the male reproductive system. It produces secretions that help to protect the semen and enrich the sperm. The prostate gland sits just below the bladder and surrounds the neck of the bladder and the beginning of the urethra (the tube through which you pass urine).

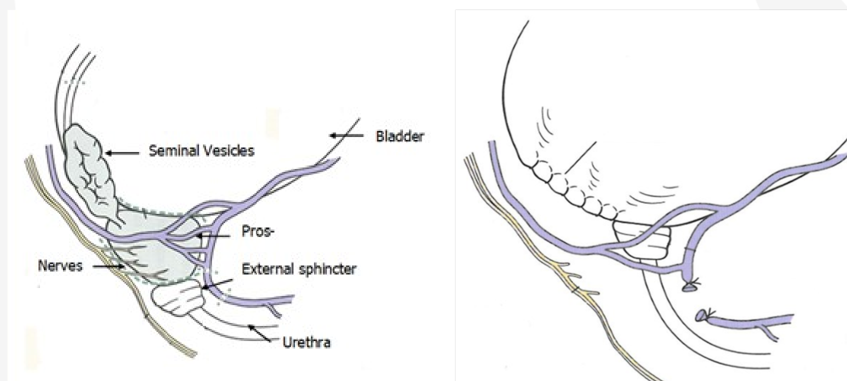
What is a Radical Prostatectomy?

A Radical Prostatectomy is an operation for men with prostate cancer. A small incision is made in the lower abdomen. The pelvis and lymph nodes are carefully evaluated for the presence of disease. The entire prostate gland and seminal vesicles are removed. The bladder neck is then joined to the urethra. A catheter is left in place to drain urine from the bladder. A small drain is left in the pelvis for 48 hours.

Prior to the operation you would have discussed important aspects of the surgery. The way your surgery is approached depends upon the extent of the disease. The aim of the surgery is to remove all prostate cancer as well as maintain urinary control and sexual function. In order to maintain urinary control; as much bladder neck and urethra is preserved as possible.

Return of sexual function after radical prostatectomy depends upon preservation of the nerves that travel alongside the prostate down to the penis (nerve sparing). In many cases we are able to preserve these nerves. It relies on very careful separation of the nerve containing tissue (neurovascular bundle) from the prostate. In the setting of more aggressive disease, nerve sparing may not be advised as it could increase the risk of leaving disease behind.

The pelvic lymph nodes are located on the side wall of the pelvis. Prostate cancer can spread to these lymph nodes if more aggressive or advanced. If there is a risk of the lymph nodes being involved, then removal of these nodes will be advised.



Preparation for the procedure

Preparation for the procedure includes learning about the pelvic floor and pelvic floor exercises. This usually involves an appointment with a continence nurse. A pre-operative appointment will usually be made to meet with your anaesthetist. Pre-operative blood and urine tests will be arranged.

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What to expect afterwards

After the operation you will return to the ward. You will be monitored closely by nursing staff.
Pain can almost always be well controlled. This may include use of a PCA machine (patient controlled analgesia). Initially you will receive fluids through a drip. You will be able to recommence a diet over the next 1-2 days.

Nursing staff will encourage you to do deep breathing and leg exercises. Mobility is encouraged and you will get out of bed with assistance usually the next day.

The chance of developing a deep vein thrombosis (DVT) is low, and we do everything possible to minimise that risk.
You will be fitted with compression stockings, which you should wear for 3 weeks after surgery and given a daily injection of Clexane, which stops unwanted blood clots forming. You will be assisted with early mobilisation.

The wound drain is usually removed in 1-2 days. The wound sutures are absorbable and therefore do not need to be removed. If you notice any increasing redness, swelling or ooze then report it to your doctor or nurse.

Catheter care

You will have a leg bag and a night bag for the time that the catheter remains in place. The catheter will usually remain for 10-14 days.

The catheter can be uncomfortable and may cause irritation of the penile tip. It can also irritate the bladder, which can sometimes give you a sense of needing to pass urine or produce bladder spasms. Please discuss any concerns with your nurse. Do not do pelvic muscles exercises while the catheter is in place.

The catheter **must not** be removed prior to your cystogram. Should a problem with the catheter arise, consult with your surgeon first, or if after-hours; call the Urological Solutions on-call doctor.

Complications:

The main longer term risks of prostate surgery are the potential for incontinence and erectile problems. The risk of these for you will be discussed in detail as part of the decision-making process

Bleeding
Significant bleeding is uncommon now and the chance of requiring a blood transfusion is<10%.

Wound infection
The chance of this is low, around 5% or less.

Urine infection
The chance of a urine infection is around 10%.
Antibiotics given around the time of surgery usually controls this.

Deep vein thrombosis (DVT) / Pulmonary Embolus
The risk is small but real, around 1%. All precautions are taken to minimise this risk.

Rectal or ureteric injury
Both structures are very close to the prostate and are therefore at risk with surgery.
The risk though is very low, less than 1%.

Bladder neck stenosis
Narrowing of the join between the urethra and bladder is possible, but again the risk is low, around 2%.

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After discharge from hospital

When you leave hospital you will be given all the medications and information about supplies that you need.

Catheter— The catheter will usually remain for 10-14 days. Do not do pelvic muscles exercises while the catheter is in place. If the catheter stops flowing then it may be blocked. This could lead to a full and painful bladder. You should either contact our office or present to the Emergency Department for assessment and flushing of the catheter. Contact our practice if you have any concerns. If the urine becomes cloudy or offensive smelling it may indicate a urine infection.

Clexane - You will be given a supply of Clexane injections to complete and instructions on how to self-administer the Clexane, alternatively a nurse can be organised to visit you at home to provide this service.

Pain relief - You will be given appropriate pain relief to take home with you. We advise taking regular pain relief to allow easier mobility.

Antibiotics - You will be given antibiotic tablets to continue taking at home until after the catheter is removed.

Cystogram - Arrangements will be made for you to have a follow up x-ray. The x-ray takes about 1 hour. This is to ensure that the join between the bladder and urethra is secure and following this the catheter can be removed.

Wound care - The wound will gradually heal over 4-6 weeks. You should avoid heavy lifting and straining during this time. You will be comfortable enough to drive again in 2-3 weeks. Shower in the usual way, but keep the wound clean and dry in between. You may need a dry dressing if there is a slight ooze. If you have any abdominal creases where your wound may remain moist, it is important to place a dressing between the creases to separate the skin and keep the area dry. Contact our practice if you have any concerns. If the wound becomes red, hot, swollen, painful or continues to ooze it may indicate a wound infection.

Diet - Avoid becoming constipated by keeping up a good fluid intake and eating fruit and foods high in fibre. If you have problems with constipation you may require an oral stool softener e.g. Coloxyl with senna or Movicol, which you will be able to get from your nearest pharmacy.

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Driving

You should not drive for at least 4 weeks after the operation (or as instructed by your Urologist).

Patients who are travelling outside the metropolitan area are required to check when they are able to travel, and will be required to stay in the metropolitan area for 24 hours (or as instructed by your Urologist).

Emergency Contacts

In the event of an emergency, call our office within business hours and speak to our Practice Nurse. If out of hours, please call our answering service or present to your nearest emergency department.

Ashford Hospital
55 Anzac Highway, Ashford SA 5035 | 8375 5205 | Until 10:00 PM

Flinders Medical Centre (access to Flinders Private Hospital)
Flinders Drive, Bedford Park SA 5042 | 8204 5511 | 24 Hours

Calvary Adelaide Hospital
120 Angas Street, Adelaide SA 5000 | 8227 7027 | 24 Hours

Royal Darwin Hospital
Rocklands Drive, Tiwi NT 0810 | 8922 8888 | 24 Hours

*For patients outside the Metropolitan area, please present to your nearest hospital emergency department.

Follow up

You will be contacted by our practice nurse to follow up on your progress in 1-2 weeks after the surgery.
An appointment will be made to see your surgeon around three weeks after your discharge from hospital.
A follow up PSA test will be organised for 4-6 weeks after your surgery. If you have any concerns after your procedure, then please contact us at Urological Solutions.

The content provided within this document is intended as a guide only and does not apply to all patients. Additional information, including patient specific potential risks, must be obtained during consultation with your Urologist.