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ROBOTIC ASSISTED RADICAL PROSTATECTOMY

Providing Specialist Care in South Australia & Northern Territory

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Urological SOLUTIONS

What is the prostate?

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 Robotic Assisted Radical Prostatectomy?

A robotic assisted radical prostatectomy is an operation for men with prostate cancer that uses the latest *da Vinci XI Robot* to assist the surgeon with the procedure. The robotic system provides a high definition 3D view for the surgeon and allows all members of the surgical team to view the procedure. Websites that can help you learn more about robotic surgery are listed below.

Intuitive Surgical:
https://www.intuitive.com/en-us

Da Vinci Surgery:
www.davincisurgery.com
www.davinciprostatectomy.com

The da Vinci Xi system

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.

Six small 'band-aid' incisions are made across 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.

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.

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 muscles 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.

What to expect afterwards

After the operation you will return to the ward. There will be six small "band-aid" incision sites across the lower abdomen. You will also have a catheter insitu. Staff will encourage you to do deep breathing and leg exercises.

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.

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Catheter care

The nursing staff will fit a urine drainage bag that attaches to your leg. This allows for easier mobility. You will be given instructions on how to look after the catheter prior to admission.

Complications

The two main risks of robotic assisted radical prostatectomy 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 is 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%.

After discharge from hospital

Hospital stay is usually overnight. When discharged, you will be given all the medications and information about supplies that you need.

Catheter - 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 at 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 (if cystogram is required) . Should a problem with the catheter arise, consult with your surgeon first, or if after-hours; call the Urological Solutions on-call doctor.

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 that you take regular pain relief to allow for easier mobility.

Cystogram - If required 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.

After discharge from hospital cont.

Wound care - The small dressings on the abdomen can stay on for five days and then be removed.

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.

Contact our practice if you have any concerns. If any wound becomes red, hot, swollen, Painful or continues to ooze it may indicate a wound infection. If the urine becomes cloudy or offensive smelling it may indicate a urine infection. 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.

Most people can return to work in two to three weeks after the robotic procedure, whereas four to six weeks is usually required after an open approach.

Driving

You should not drive for at least 4 weeks after having this 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 after the surgery. An appointment will be made to see your Urologist between four to six weeks after your discharge from hospital. A follow up PSA test will be organised and is required prior to the appointment. if you have any concerns after your procedure, then please contact us at Urological Solutions.