

Robotic Assisted  
Laparoscopic Radical  
**Prostatectomy**



**ST VINCENT'S  
PRIVATE HOSPITAL**  
NORTHSIDE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

*Information contained within this brochure was accurate at the time of printing (November 2020).  
Whilst every effort is made to keep this information up-to-date, it is subject to change.*



At St Vincent's Private Hospital Northside,  
we lead through innovative medical care.

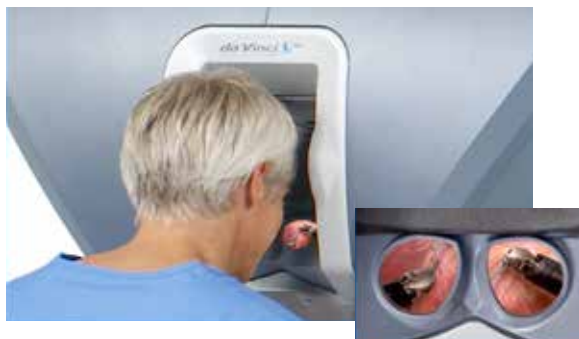
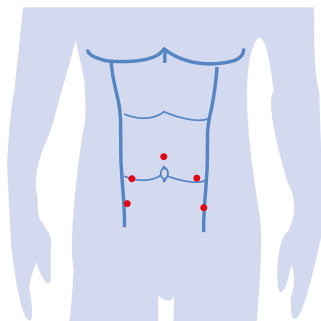
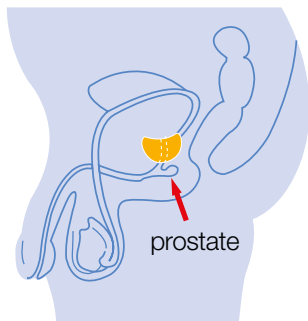
We embrace new technologies designed  
to enhance procedures, treatment  
and care, including robotic systems used  
in robotic assisted surgeries.

## Robotic Assisted Laparoscopic Radical Prostatectomy

Robotic Assisted Laparoscopic Radical Prostatectomy (RALP) is the surgical removal of the prostate gland with the aid of the da Vinci™ Robotic Surgical System.

The operation is performed through small incisions in your stomach. During the procedure, your surgeon sits at the robotic console in the operating theatre and manipulates the arms of the robot. The robotic system is in essence an extension of the surgeon's hands.

The robotic system enables your surgeon to perform complex manoeuvres with excellent vision, access and control. With the robotic console and three-dimensional camera, the surgeon performs precise surgery on your body. The robotic system eliminates the need for any large incision.



The surgical procedure is minimally invasive. As a less invasive surgical technique, benefits include:

- reduced operation time
- reduced blood loss
- reduced rate of anastomotic strictures
- reduced risk of complications (including post-operative complications)
- shorter length of stay in hospital
- a shortened recovery period
- less need for pain medication
- minimal scarring.

After having the procedure, you can expect shorter length of stay in hospital and faster recovery than with other surgery. The minimally invasive incisions result in less post-operative pain.

A catheter is inserted into your bladder, once the surgeon completes the procedure. This catheter is kept in place for seven to ten days, allowing the surgical site to heal.

The removed prostate tissue is sent away for testing. Your surgeon will advise you of the results.

Discharge from hospital following a robotic assisted prostatectomy is generally expected on the second day after the operation.

## **Risks associated with RALP**

It is a major surgical procedure and there are some associated risks.

The risks include:

- complications related to general anaesthetic (including chest infection, deep vein thrombosis, pulmonary embolism, stroke and cardiac event)
- infection
- bleeding (seen in up to 2% of men after robotic-assisted prostatectomies and sometimes results in the need for a blood transfusion or further operations)
- urinary incontinence
- erectile dysfunction
- injury to the rectum (seen in up to 1% of men after robotic-assisted prostatectomies)
- anastomotic stricture.

## **Urinary incontinence**

Post-procedure you may experience some degree of urinary incontinence. You can manage incontinence by performing bladder retraining and pelvic floor exercises.

## **Erectile dysfunction**

A degree of erectile dysfunction is likely. However, in some men it may be possible to preserve the neurovascular bundles, which improves the probability of the recovery of spontaneous erections.

## Preparing for your procedure

### Pre-procedural advice

- Stop smoking. Smoking increases your risk of developing complications such as chest infection post operatively. Smoking can also delay the rate at which your wounds heal.
- Notify your surgeon and anaesthetist about any medications you take. This includes any blood thinning medications or supplements (e.g. fish oil).
- Notify your surgeon, if you have diabetes.
- Notify your surgeon, if you use insulin.
- Commence pelvic floor exercises. You may choose to make an appointment with a physiotherapist to ensure you perform the exercise correctly.
- Keep active. General fitness will aid your recovery.

### Pre-admission advice

A urology nurse will meet with you or contact you by phone prior to your operation to discuss the admission procedure, surgery and what to expect following your surgery.

You will be advised of the appropriate time to stop eating and drinking before your procedure. Usually, you are advised to stop approximately six hours prior to your operation.

Please remember to bring all relevant x-rays and scans with you on admission day.

### Online Admission Registration

We want your hospital admission to run smoothly, so please register your details with us well before your planned admission date, preferably using online admission registration.



The image shows a purple-bordered box with a light purple background. At the top, it says 'To register online, please visit our secure website:' followed by the website address 'www.svphn.org.au'. Below that, it says 'Then click on the 'Online Admission' button.' There is a blue button with the text 'Online Admission' and a right-pointing arrow. At the bottom of the box, it says 'A family member or friend may assist you with your online registration.\*'

\* If you are unable to complete your registration online, please call our Patient Registration Staff on **1300 884 974** (8.00am – 5.00pm Monday to Friday).

## What to expect

When you arrive at our hospital, please present to Main Reception located on Ground Floor.

### On the day of your procedure

Once transferred to the Day Surgery Unit, you may be given an enema to clear your lower bowel.

You will be asked to shower and then dress in a clean gown and anti-embolic stockings. These stockings help prevent blood clots forming in your legs during surgery.

You will be seen by an Anaesthetist and an anaesthetic nurse before surgery.

The surgical procedure can take anywhere from two to five hours.

### After your procedure

As you wake from the anaesthetic, you will be monitored in the recovery room. Once you are awake, we will transfer you to the ward.

You will wake up with:

- a catheter in your penis that is attached to a urinary drainage bag. A leg bag is attached to your catheter on the first day post operatively so that you can walk around.
- one or two drainage tubes. These are clear plastic tubes that will come from your abdomen. These are used to drain residual blood and urine from your pelvis. Generally, they are removed the first day after your operation.

- an intravenous drip. This will provide you with fluids and medications. Generally, this is removed the first day after the operation.
- compression devices on your legs over the top of the anti-embolic stockings. These devices also help to reduce the risk of clot formation. You will need to move your feet and ankles and wriggle your toes to help encourage circulation in your legs while you are in bed.
- wound sites on your abdomen covered with wound glue or small waterproof dressings. These dressings will need to stay in place for up to five days. Your wounds will be secured with stitches that dissolve so they will not need to be removed.

It is normal to experience some discomfort after the operation. You will be given regular pain relief. If your pain does not reduce, please speak with your nurse.

It is common to experience shoulder pain following laparoscopic procedures. This is due to gas that is used to inflate your abdomen during surgery.

Your nurse and physiotherapist will encourage early mobility and deep breathing exercises after your procedure.

Your doctor will advise a diet to commence after surgery.

## Following your procedure and discharge from hospital

- Expect to feel tired at times. After major surgery, it is normal to need a period to recover before returning to normal activities.
- Eat a well-balanced, light diet that is high in fibre to avoid constipation.
- Drink adequate amounts of fluid to prevent urine infection. If you experience pain or discomfort and suspect infection, contact your GP or Specialist.
- Remain active. Non-strenuous walking (i.e. walking on a flat area) on a daily basis is best.
- Avoid lifting heavy items and other strenuous activities (i.e. lifting weights, running, shopping, playing golf, lawn bowls, mowing the lawn).
- You should restrict your activities for two to four weeks following your surgery.

## Driving

Your doctor will advise specific instructions regarding when you can resume driving. Refrain from driving until you are able to perform an emergency stop without feeling hesitant to do so. You should also contact your insurance company to check your cover following surgery.

## Bowels

It may take a couple of days for your bowels to return to normal after surgery. You may feel bloated or experience wind pain. Non-strenuous walking will help you to pass wind. Try not to force a bowel movement or strain on the toilet. The use of stool softeners, good fluid intake and high fibre diet will help constipation. You may also experience blood leakage from around the catheter after passing a motion. This is usually not a concern and typically settles by avoiding straining at stool and increasing oral fluids.

## Resuming sexual activity

You may attempt sexual activity two to four weeks after your catheter removal. Please be aware that you may not be able to achieve an erection in the early stages of your recovery. You can however experience arousal and even climax without an erection. Following a radical prostatectomy you will not ejaculate. Please make note of any erections or feelings you experience after the surgery. Report this back to your doctor during your follow-up appointment. Your doctor or urology nurse will be able to offer ongoing support and treatment for your sexual health.



## Caring for your wound and other sites

- Your surgeon will advise care of surgical wounds.
- If your wounds have surgical dressings, then usually they can be removed after four days.
- If your wound is covered with surgical glue, then this will wear-off over a four-week period.
- When showering or bathing, wash your wounds with warm soapy water, thoroughly rinsing the area.
- Try to avoid using any lotions or creams as these may cause irritation.
- Take time to examine your wounds for any redness or tenderness, each day when showering.

You may notice bruising around the incision sites. Typically, these bruises appear one to five days after the operation. You may also experience some scrotal swelling. This is normal and should settle within a few weeks.

***Please contact the urology nurse or your doctor, if you have any concerns.***

## Caring for your catheter

You will return home with a catheter in place for seven to ten days. It is important to care for your catheter. This includes changing the catheter bag, emptying the bag once it fills and keeping it clean. The area around the catheter insertion site needs to be kept clean and washed twice daily with warm soapy water. It is important that your catheter remains secured to your thigh to prevent pulling or tension at the point where your urethra is joined to the bladder.

You will be supplied with an overnight drainage bag that can be attached to your leg bag. By connecting this larger bag, you eliminate the need to get up and empty the smaller bag throughout the night.

Nursing staff will teach you how to care for your catheter, leg bag and overnight drainage bag before you go home.

Some leakage or urinary bypass can occur around the insertion site of the catheter. If you experience leakage, you may want to wear an absorbent pad to avoid your clothes getting wet.

Blood staining of your urine is normal during the recovery process. It may appear darker first thing in the morning or after passing a bowel motion. If bleeding becomes heavy or clots appear, contact your doctor or the urology nurse.

## Trial of void

When it is time to have your catheter removed, you will be admitted for a trial of void. This process requires you to be admitted to the hospital, and will usually take half a day to complete. Before your catheter is removed, you may require a cystourethrogram. This is a scan that requires liquid contrast injected into your bladder via the catheter to check if the surgical join, from where the prostate was removed, healed. If you need to have a cystourethrogram, your doctor will review the results before your catheter is removed.

After catheter removal, the nursing staff will record the volumes of urine that you pass and monitor your bladder to see if you leave any urine behind after you void. This is measured by an ultrasound machine probe, which is placed on your abdomen.

It is normal to experience urinary incontinence after your catheter is removed. You may need to wear pads for the first few months, but most incontinence usually settles within three to six months.

## Pelvic floor exercises

Regularly practicing pelvic floor exercises strengthens your muscles and helps to regain continence. We recommend that you practice these exercises before your operation and as soon as practical after your catheter is removed. This is to give you a quicker return to continence as soon as possible after your procedure.

### Important reminder

If you recognise any changes to your condition, contact your GP or Specialist to report the following:

- high temperatures
- fever
- feeling unwell
- pain in your chest
- pain in your legs
- difficulty breathing
- redness, discharge or swelling at your wound sites
- ongoing constipation
- pain in your rectum
- blood in your urine
- cloudy, foul smelling urine
- problems with your catheter (i.e. it is dislodged or no urine has drained for over two hours).

## Contact us

Please speak with our nursing staff so we can assist you by answering any questions or concerns.

A urology nurse is available at any stage throughout your treatment – whether it be to assist with bookings, appointments or general advice.

You are welcome to contact our urology nurse on **0400 592 521**.

## Other resources

<a href="http://www.prostate.org.au">Prostate Cancer Foundation of Australia</a>	<a href="http://www.prostate.org.au">www.prostate.org.au</a>
<a href="http://www.andrologyaustralia.org">Andrology Australia</a>	<a href="http://www.andrologyaustralia.org">www.andrologyaustralia.org</a>
<a href="http://www.bladderbowel.gov.au">Bladder and Bowel website</a>	<a href="http://www.bladderbowel.gov.au">www.bladderbowel.gov.au</a>
<a href="http://www.cancerqld.org.au">Cancer Council Queensland</a>	<a href="http://www.cancerqld.org.au">www.cancerqld.org.au</a> 13 11 20
<a href="http://www.continence.org.au">National Continence Helpline</a>	<a href="http://www.continence.org.au">www.continence.org.au</a> 1800 33 00 66

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 @stvincentsprivatehospitalnorthside



Free WiFi available by connecting to WiFiHotSpot



Developed in consultation with our consumers (December 2016)

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES