Declan Cahill
Urological Surgeon

Mr Declan Cahill

What to expect during your admission for robotic radical prostatectomy

Admission

You will be admitted on the day of surgery and will see the anaesthetist and Mr Cahill before your operation. This is the time to ask any remaining questions. The anaesthetist will discuss with you the pros and cons of having spinal anaesthesia (an injection in the back that numbs you from the waist down for 4-6 hours) before your general anaesthetic. It provides optimal post-operative comfort.

The Operation

This will take on average 3 hours, depending on the degree of complexity. The prostate and seminal vesicles will be removed, together with the lymph nodes that drain the prostate if indicated.

In the Recovery Room

When you wake the nurse looking after you will ask you if you have pain and/or sickness so that drugs can be given if needed to counter these. You will have a catheter in the bladder, a drip in the arm, drains in the tummy, an oxygen mask or nasal prongs, a blood pressure cuff and a plastic clip on a finger to measure your blood's oxygen saturation. The lighting is quite bright. If all of your observations are normal, you will go back to the ward after an hour. You can have some water. Mr Cahill will come and talk to you. You may not remember this. He will call your partner or next of kin to reassure them.

On the ward

Ring your bell if you need attention for pain relief or anti-sickness medicine. You will be allowed initially to drink only sips of water but if you don't feel sick you will be allowed to drink whatever you want within a few hours. Mr Cahill will come and talk to you on the ward. During the first night after your operation you will probably only sleep intermittently because of the blood pressure cuff on your arm, an intravenous drip which is noisy and the staff checking on you. Your mind might well be racing over things. Just relax. You can catch up on sleep the following day. It may help to bring in some movies but be aware your ability to concentration won't be great.

Duration of stay

Most patients are physically well enough to go home the day after surgery. Some private patients' package of care with the hospital, facilitates a further day's recuperation

before travel home if desired. Everyone goes home with a catheter in place as healing needs to occur before it is removed.

The first day after surgery

After the surgical team has seen you, the oxygen can be discontinued, and the drip taken down. You will be given a light breakfast and a catheter bag will be strapped to your thigh to allow you to move around your bed and the room freely. You can shower with it. You will see the physiotherapist to go through breathing and pelvic floor exercises. Drink plenty of fluids but don't eat too much as this will cause abdominal distension.

Day 2 post-op

Expect to do a bit more physically. This might be a little more uncomfortable so take painkillers. It's easier to prevent pain than stop it. Use your arms and legs to move not your abdominal muscles. By the time you are home or on day 3, remove the dressings from your wounds and get in the shower. Pad your wounds dry.

What to expect following surgery

Rest and exercise

- During the first few weeks after surgery you will probably feel less energetic and want to take a nap in the afternoon. This is your body's way of telling you that you need to slow down for a while to allow it to heal.
- lt is important to balance rest and activity. Each day you should walk outside, gradually increasing the distance, and to potter around the house and garden in between.
- You should avoid strenuous exercise and lifting for 6 weeks - heavy lifting for 12 weeks. The risk we worry about is developing a groin or a wound hernia. If you are concerned, limit your calories to avoid putting on too much weight if exercising less.
- You shouldn't ride a bicycle for 2 months. I'm not sure why but that seems to be popular advice. If you start and it's uncomfortable then that is too soon. If comfy you're fine.

Wound Care

- You will have surgical clips. Most of the dressings will be removed prior to discharge. Just occasionally you may need to go home with a dressing or external drain bag on and there may still be some oozing from the wounds. However, wounds heal faster when allowed to dry out so ideally

dressings should be removed after the first 48 hours and you should get them wet in the bath or shower at least once a day.

- If the wounds become red and hot to touch you should contact us for further advice. This may be a sign of infection.

Scrotal swelling

Expect some bruising and/or swelling of the abdomen, scrotum, penis and sometimes legs. The scrotal swelling can be quite alarming (up to the size of a grapefruit) but will settle completely over the course of 2-3 weeks. Wearing supportive underwear (Y-fronts rather than boxer shorts) will help. Bruising is common too. It tends to be most revealed at the base of the penis or scrotum.

Discolouration of the urine

Expect to see some blood both in the urine and at the end of the penis from time to time. This is likely to become more pronounced each time you open your bowels (especially if you strain) or if you are overdoing things. You should drink more fluids until it clears.

Catheter care

Your catheter should be secured to your thigh by a strap or other device and should not be under tension. Clean off any exudate that dries on it daily with moistened tissue. If the catheter stops draining urine, check the tubing for kinks. If the catheter drains little urine or stops draining altogether then you must phone us as soon as possible for advice.

Pain and Discomfort

You should take pain relief if you have pain or discomfort. **Regular paracetamol and ibuprofen are good** if you can take them. **It's easier to prevent pain rather than stop it**. We recommend that you take pain relief regularly for the first 48hrs following discharge then as required. Paracetamol and Ibuprofen work very well together. The areas of discomfort are likely to be the wound sites and the perineum (between the scrotum and the back passage). Use your arms and legs to move: not your abdominal muscles.

Bowels

Following surgery, it can be 3-4 days before you open your bowels. If your tummy is bloated and uncomfortable you should reduce your food intake but continue to drink fluids. Exercise, fluids and taking a laxative all help. You will take laxatives regularly and be ahead of the game. If your bowels are generally an issue for you, get on top of it preoperatively with laxatives or whatever regimen suits you best. You will be given laxatives postoperatively to take in hospital and at home according to need. Constipation is a nuisance and avoidable.

Pelvic Floor Exercises

You should do your pelvic floor exercises at home, following the advice leaflet and Physiotherapist's instructions. Only start these at least a week after the catheter is removed or it will be sore. You may still experience discomfort in the perineum (between the scrotum and back passage) during and after these exercises and if this discomfort is significant then stop doing pelvic floor exercises until you're better recovered.

Driving

You should refrain from driving for at least 7 days and until you can comfortably do an emergency stop. Check your insurance details as some say longer after major surgery. A good idea is to try sitting in a stationary car and stamping your foot hard on the brake. If this hurts in the abdomen you shouldn't be driving. Only start driving again if you have good concentration, feel alert and safe.

Return to work

It is sensible to give yourself enough time to recover from your major surgery before returning to work. We suggest you take 3-6 weeks off, depending on your job and your progress. If you require a letter please ask for one. It's easier to go back sooner than planned and it can be overwhelming to go back before you are ready with a full diary. Plan to do this well. Clear your diary for 6 weeks if you can. If not whatever you can.

General advice

- Take adequate rest periods as it allows your body to heal.
- If you are uncomfortable take some pain relief.
- If you are worried or concerned please contact us.

Catheter removal

Most patients will be asked to return to the hospital 7-10 days post-surgery to see if they are able to cope without their catheter. This is called a 'trial without catheter' or TWOC.

You will need to attend the hospital for half a day (or overnight if you live more than 1 hour's drive from the hospital) for catheter removal and observation to monitor the urine output and the efficiency of the bladder to empty satisfactorily. This is assessed by measuring the volume of urine that you pass on a chart and by using a bladder ultrasound scanner. During your trial of voiding (the period immediately after your urethral catheter has been removed), you should drink a glass or a cup of fluid every 30 minutes.

What to expect following catheter removal

Incontinence

- You may experience some incontinence of urine. The amount of leakage of urine varies greatly from person to person.
- In all but < 1% of patients, the heavy incontinence is only temporary. It will resolve over days, weeks or months. If you fall into the 1% who don't spontaneously regain continence, then an operation to implant a sling or artificial urinary sphincter may be necessary to resolve the problem.
- It is advisable to wear the incontinence pants supplied in the first few weeks. If there is little leakage the small pad is ideal for day-to-day wear thereafter. These pads should not be flushed down the toilet as they will block it. When you think you're completely continent you may still have accidents when you are tired or with alcohol. Don't hesitated to wear a pad just in case. It will give you confidence.
- You will initially want to pass urine quite frequently - this will improve over the course of the following 2 -8 weeks.
- Reducing fluid intake after 7 p.m. and avoiding too much caffeine (in tea and coffee), fizzy drinks and alcohol will also help.
- Don't be alarmed if, when passing urine, you see some suture material, a small metal clip or some blood. This is all normal.
- It is important that you continue to do your pelvic floor exercises regularly.

Erectile function

- For patients who have had either partial or full nerve sparing operations, erection recovery varies. For some return may be prompt, for others it can take longer, even years for your erections to return. You may begin experimenting trying to get erections following the removal of your catheter. It is beneficial to get the blood flowing into the penis early as this will aid recovery of sexual function. Don't be too discouraged if nothing happens initially.
- If you agree, your GP will be asked to prescribe sildenafil or tadalafil according to our advice and/or the vacuum erection device which we will have discussed

- You may attempt sexual intercourse when you feel comfortable. You will experience normal sensations during intercourse. When you climax no fluid or ejaculate will come out. It'll either be dry or you will leak some clean urine.
- Unfortunately, in patients who have had both nerves removed (for reasons of cancer control) erections won't return to normal. However, you can be made potent again with either an injection or pellet inserted into the penis. We can discuss these with you further on a case-by-case basis. (Search "Caverject"on YouTube.

Wound Care

- The bruising and swelling will be subsiding by now but it may take at least another week or two to completely go.
- All internal and external stitches dissolve after about 6 weeks. Your wounds will gradually soften, flatten and become less noticeable during the first 12 months. The camera port, the wound near the belly button, which we extend to remove the prostate will feel harder and sorer than the rest due to the strong sutures used to repair it.

Histology results and follow-up appointment

You will have an appointment at 1-2 weeks post-op. During this appointment you will be given your histology results, detailing the final Gleason grade (aggressiveness) and stage (extent) of tumour. This is important to know but it is worth remembering that however bad the report is, it is describing something that has been removed.

The PSA blood test at 2 months post op will give us a good idea if all the cancer has been removed.

Longer-term follow-up

We meet frequently in the first year, really to manage symptoms. You will have a PSA test every 3-4 months. In year 2 post-op you will have a PSA every 6 months and thereafter it will be annually.

If your PSA level becomes detectable we may need to discuss further treatment such a s radiotherapy.