

# Having a robotic-assisted radical prostatectomy

Department of Urology

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Information for patients

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## Introduction

The prostate is a small gland, which is found only in men. It is found at the base of the bladder and surrounds the water pipe (urethra) which carries urine from the bladder to the penis.

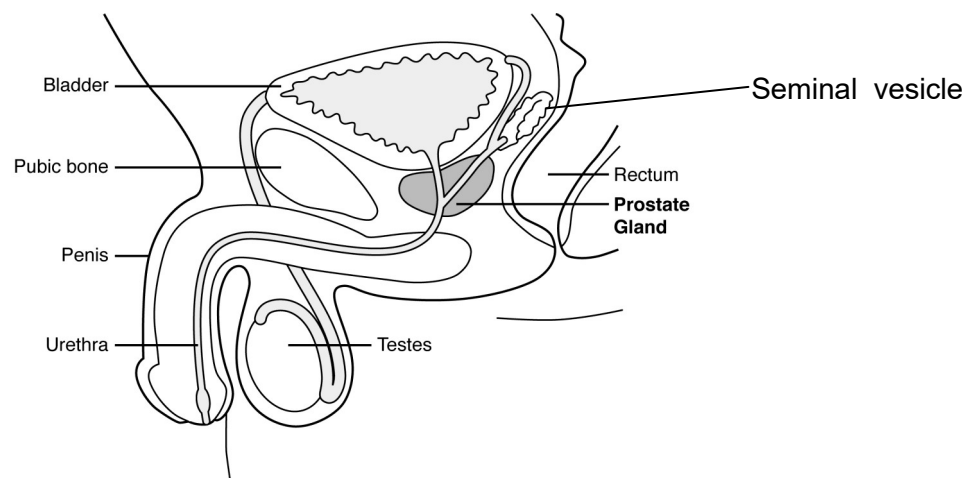
The easiest way to imagine your prostate is to compare it to an apple, which has had its core removed. The purpose of the prostate gland is to produce substances which assist with the passage of sperm.

## What is a robotic-assisted radical prostatectomy?

This is an operation to remove the prostate gland and seminal vesicles (see diagram below) in men with a diagnosis of prostate cancer. In most men the aim of the operation is to remove all of the cancer, thereby providing a cure.

RARP is mainly offered to men whose prostate cancer is localised to the prostate. The age of the patient affects the outcome, so RARP is not usually offered to men over the age of 73.

In the past, radical prostatectomy was performed by an open or laparoscopic (keyhole) method. However, we are now able to offer RARP using the da Vinci robot.



Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice

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## What are the benefits of this operation?

RARP has the following benefits when compared with traditional open surgery:

- Smaller scars—six small incisions (cuts) compared with one large incision above the pubic bone.
- Less pain—oral (by mouth) painkillers are usually the only pain relief needed.
- Less blood loss-reducing the risk of needing a blood transfusion.
- Shorter length of hospital stay-most patients go home 24 hours after surgery.
- Improved technique– the robotic technique gives the surgeon a high level of control within the abdomen, minimising risk and helping with cancer clearance.
- Rapid return to work– most patients go back to work after two to six weeks, depending on their job.

## What are the possible risks?

As with all operations, there are possible risks. These include:

- Continence problems—it is usual to experience some temporary loss of control over passing urine. This tends to settle within six to twelve months, but during this period you may need to wear absorbent pads. A small number of patients will experience incontinence for a longer period after the operation, and this may require corrective surgery at a later date.
- Erections– your ability to get an erection may be affected by surgery, even if a nerve-sparing procedure was performed at the time of surgery.
- Inability to ejaculate or father children, as the structures which produce seminal fluid have been removed.
- Chest infection, which can result from difficulty in breathing deeply because of the wounds, and reduced activity.
- Bleeding.
- Hernia at the site of the incision(s).
- Deep vein thrombosis (DVT): this kind of surgery has a small risk of clots in the leg veins which occasionally travel to the lungs and cause breathing difficulty (pulmonary embolus). Heparin (blood-thinning) injections will be given to you (normally for 28 days) to minimise the risk.
- Leakage or collections of lymph fluid (if lymph nodes are removed during surgery).
- Wound infection, which may require treatment with antibiotics.
- Urethral stricture: narrowing of the urethra at the site of the operation.
- Discovery that cancer cells have spread outside the prostate, or that not all of the cancer has been removed. Further radiotherapy may then be a possibility.

## What are the possible risks? (continued)

Rare side effects include:

- Rectal injury during the operation, which could mean that a colostomy is needed.
- Compartment syndrome—a painful and potentially serious side effect, caused by bleeding or swelling within an enclosed bundle of muscles in the leg.
- Ureteric damage (damage to one of the two tubes that bring urine from your kidneys to your bladder).

You will have time to discuss all these risks with the doctors and nursing staff before you consent to your operation.

Before your operation you will have the opportunity to speak to a specialist nurse about urinary incontinence and erectile function. The nurse will advise you how to improve urinary control after the operation, including how to do pelvic floor exercises. It is advised that you start these exercises before surgery and continue them after your catheter has been removed.

## What do I need to do before my operation?

You will be seen in a pre-assessment clinic before your operation to make sure that you are fit and ready for surgery.

At this appointment the nurse will fill in your admission forms, and provide you with more information about your operation.

The pre-assessment nurse will tell you about the bowel preparation needed before your operation. The nurse will give you the medication to take home and written instructions about when to take it.

You will be told about the consent form. You will be asked to sign this when you come in on the day of your operation.

This appointment is a good time to for you to ask any questions you may have.

Depending on your general health and your age, you may have some tests carried out. These will be discussed with you as necessary and may include an ECG (heart tracing) and blood tests.

You will also be given some energy drinks and instructions on when you should drink these.

## How am I prepared for my operation?

Before you have your operation the anaesthetist will visit you and discuss your anaesthetic and the pain control you will require after your operation.

Please follow the instructions on your admission letter about when you need to stop eating and drinking.

You will be asked to dress in a clean theatre gown and surgical stockings. Your nurse will then complete a checklist of questions before you leave the ward to go to theatre.

On arrival at the operating department you will be handed over to theatre staff, who will go through the checklist again. You will then be taken into the anaesthetic room where you will be given your anaesthetic.

## What happens after my operation?

Once your operation is over, you will be taken into the recovery area, where you will wake up. How long you spend in the recovery area varies from patient to patient, but as soon as you are well enough you will go back to the ward.

After being settled into your bed, your blood pressure, temperature and pulse will be monitored regularly.

### You will have:

#### A drip (intravenous infusion)

This will be in your arm or hand. It replaces any fluids that you may have lost during surgery or by fasting. The drip is usually removed on the morning after your operation, when you are eating and drinking. If the drip becomes painful please tell the nurse looking after you.

#### A urinary catheter

This is a tube which goes into your bladder and drains the urine out into a bag. After surgery this can be heavily blood stained and you may have some leakage of urine around the catheter. This leakage may continue until the catheter is removed.

Your catheter will need to stay in for two weeks after you go home. You will be taught how to care for it yourself.

#### Wounds

You will have six incisions (cuts) on your abdomen where the robotic instruments were inserted during the operation. The incisions are very small (5-10mm), apart from the one by the umbilicus (belly button) as this one is extended to remove the prostate gland at the end of the operation. The wounds may be closed with staples which will need removing ten days after your operation or dissolvable stitches that do not need removing.

Most patients having RARP will have much less pain than with open surgery because the incisions are smaller. After one week, few men will have any pain. When you go home you will be given a supply of painkillers and instructions on how and when to take these.

#### Shoulder tip pain

During the operation your abdomen is filled with gas to create a space for the surgeon to operate in. Although all the gas is let out at the end of the operation, your abdomen may feel stretched and bloated afterwards. Also, some people get pain in their shoulders. This is because your diaphragm has been stretched by the gas. This usually settles within 24 to 36 hours after surgery.

#### Facial swelling

Some people have swelling of the face and eyes when they first wake up after surgery. This reduces quickly as soon as you are able to sit up in bed. Please do not rub your eyes as this can cause accidental damage and pain.

#### Sore throat

Occasionally patients have a sore throat after surgery. This is caused by the anaesthetic tube that helps you breathe during the operation and will soon settle.

#### Numbness

Rarely patients have numbness over their knee, thigh or fingers, but this settles completely in most patients.

#### Scrotal bruising

It is not unusual to have bruising across the lower abdomen and in the scrotum. The scrotum may become swollen and occasionally turn dark purple. If the pain or swelling become more severe after you go home, please contact your GP for advice.

## **What happens when I go home?**

Most men stay in hospital for just one night. You will go home with a catheter in. This will be attached to a leg-bag and worn under your trousers. You must not have a tap or valve attached to your catheter. Your catheter should not be removed or changed at home, even if leakage occurs. If your catheter does need changing, this must be done by one of the doctors on the Urology Unit. Please telephone 0116 2588328 or 0116 258 4247 (24 hours) if there any problems which your district nurse cannot sort out.

### **Heparin injections**

You will need heparin injections at home. If your urine becomes dark red, please contact the hospital for advice using the numbers below.

Make sure that you have had 28 days of heparin injections in total after surgery.

### **Exercise**

You should go for short gentle walks, but avoid too much exercise. Expect to feel tired for a few weeks and take an afternoon rest if necessary. You should not do any heavy lifting or gardening for four weeks.

### **Driving**

You should not drive for 4-6 weeks due to the surgery you have had.

### **Return to work**

Your consultant will advise you about going back to work.

### **Sex**

When you feel ready you can resume sexual activity. However, this is a very personal matter and will depend on the extent of your surgery. It is sometimes possible to have an orgasm without an erection. This is because the nerves causing an erection are different from those responsible for orgasm.

Please discuss any worries that you may have with your consultant or specialist nurse.

Above all be sensible and remember you have had major surgery.

### **Other medicines**

Before your operation you may have been started on medication such as tamsulosin or finasteride to help with the urinary symptoms caused by your enlarged prostate. After having a part or all of your prostate removed, you can stop taking these medications as your symptoms will get better after the operation. Your hospital doctor should have advised you to stop taking them. If not, please ask your GP or consultant about stopping these medications.

## When will my follow-up appointment be?

Your first appointment will usually be on the ward ten to fourteen days after surgery to remove your catheter. If you are not a Leicester patient, it may be possible to have this appointment at your local hospital. You should expect to be at the hospital all day.

During your operation, the prostate gland and surrounding tissue that were removed will have been sent to the laboratory to be examined under the microscope. The results from this (histology results) will be discussed by the Multidisciplinary Team (MDT). The MDT includes surgeons, oncologists and specialist nurses. You will be seen in the Outpatient Department about six to eight weeks after surgery to discuss these results.

## Useful contact numbers

This booklet has been written to answer many of your questions, but of course there may be others. If you have any questions you would like to ask before you come into hospital, you can contact the specialist nurses or the ward directly, using the numbers below.

For further information please contact:

### Prostate Cancer Nurse Specialists (Key Workers)

#### Leicester

Telephone: 0116 258 8328

#### Lincoln

Telephone: 01522 573 821

#### Kettering

Telephone: 01536 493 587

#### Northampton

Telephone: 01604 523 905

## Emergency Contact Number (24 hours, seven days a week):

Urology Unit 0116 258 4247 (based at Leicester General Hospital)

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
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