




You have been booked for a


Radical prostatectomy




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THE SURGERY

A radical prostatectomy involves the surgical removal of the prostate gland to eradicate cancer. The prostate is accessed through a 10 cm incision of the lower abdomen.

Most patients remain in hospital for a period of 3-5 days after the operation.

CONSENT AND RISKS

A consent form is a legal document, recognizing your willingness to proceed with the intended treatment. You are required to sign a consent form for the operation once you fully understand the reason for the operation and the risk involved.

All the operations have risks associated with them. All risks should be discussed with your doctor. You should understand the procedure and any available alternative treatment discussed.

Your local doctor may also be able to answer your question.

PREADMISSION

During this clinic you will receive the assessment you require before your operation.

The anaesthetist will explain their role during your operation and will also assess your general health.

DISCHARGE PREPARATION

The usual length of stay for your surgery is 3-5 days. Your family should be aware that you will require some assistance with daily household activities for a few weeks after your surgery.

YOUR MEDICATION

Some medication can increase the risk of bleeding from surgery. Most of these medication are used for pain relief. Please discuss your medications with your doctor as some may need to be stopped for 1-2 weeks before you procedure.

Some aspirin containing medicines:

ALKA-SELTZER	CARDIPRIN	DISPRIN
ASASANTIN	CARTIA	DISPRIN FORTE
ASPALGIN	CODIPHEN	ECOTRIN
ASPRIN	CODIS	MORPHALGIN
ASPRO	CODAX	SOLPRIN
ASPRO CLEAR	CODRAL FORTE	SPREN
ASTRIX	DLB ASPRIN	VEGANIN

Blood thinning medications:

Asprin- Asasantin SR

Enoxaparin sodium – **Clexane**

Dalteparin Sodium – **Fragmin**

Clopidogrel hydrogen sulfate- **Iscover, Plavix**

Dipyridamole – **Persantin**

Ticlopidine hydrochloride-Ticlid, Tilodene, Ticlopidine, Hexal

Wafarin – **Marevan, Coumadin**

Some anti-arthritis medicines and pain killers.

Celecoxib- Celebrex

Diclofenac –Fenac, Voltaren

Ibuprofen – Brufen, Neurofen

Indomethacin- Arthexin, Indocid

Ketorolac –Toradol

Lumiracoxib – Prexige

Mefenamic acid- Mefic, Ponstan

Melexicam- Mobic

Naproxen- Naprosyn, Proxen SR

Parecoxig- Dynastat

Piroxicam –Felden, Mobilis

Tiaprofenic acid Surgam

Sulindac -Aclin

Some medications are taken for blood clotting. These are usually prescribed for people who have developed clots in blood vessels or lungs in the past eg:

WARFARIN, MAREVAN, COUMADIN

Let your doctor know if you are taking any of these medications well before the procedure.

Some alternative therapy medications such as **fish oils**, Ginkgo or Glucosamine will also need to be ceased prior to

your surgery. Please discuss any alternative medications with your doctor and pharmacist to determine whether they need to be ceased.

Drugs such as Paracetamol, Panadol, Panamax, Panadiene or Panadiene Forte may be taken as alternative for pain relief.

THE DAY OF THE OPERATION

The morning of your surgery you will be admitted the day of your surgery.

On arrival in theatre, you will be introduced to the theatre staff who will ask you some questions to confirm your identity and the operation you are to have.

AFTER THE OPERATION

After your operation you will be transferred to the recovery room where you will be monitored until you are awake. You will then be escorted back to the ward.

After the operation you may have the following:

- **an IV tube** drip in you arm for hydration.
- **an oxygen** mask for the first few hours to assist with your breathing.

- A dressing will have been placed over your **wound**. This dressing will be waterproof allowing you to shower.
- You may have 1-2 **wound drains** to prevent fluid and blood from accumulating inside the wound. This will be removed in a few days and causes minor discomfort.
- A fine tube called a **catheter** will have been inserted into your bladder to drain urine. This allows us to monitor the urine produced by your kidneys and most important, relax your bladder to allow the anastomosis with the urethra to heal.
- A pain boosted pump that releases periodically local anaesthesia in the wound to keep the pain under control.
- A sequential pumping compression stockings to decrease the risk of clotting in your legs during the first day. Once they are removed, you also be fitted with a pair of compression stockings to wear for the duration of your hospital stay to help your circulation and assist in preventing blood clots.

A nurse will monitor your temperature, pulse, blood pressure and wound. This will continue on regular basis and throughout the night.

Pain relief is very important to your recovery. Your nurse will ask you to score your pain out of 10 (0 = no pain, 10 = worst pain imaginable), this will help your nurse to assess your pain relief needs.

You may have a device called a PCA (patient controlled analgesia) connected to your drip for pain relief. This has a regulated button you can press each time you need pain relief.

For good circulation, leg exercises, deep breathing and change of position is encouraged while you resting in the bed.

THE NEXT FEW DAYS

Your observations and pain score will continue to be monitored regularly

The physio will review you daily to encourage you to deep breath, cough and mobilise where necessary. We encourage you to mobilise at least twice a day, starting the day after the operation. Early mobilisation improves the recovery and decreases the pain.

Your nurse will assist you in the shower daily regardless of your tubes (they will be secured.)

You will be gently restarted on diet with just fluids and building you way back to a normal diet as your bowel function returns to a normal diet as your bowel function returns to

normal (i.e. when your stomach begins to rumble and you start to pass wind).

The tubing that are in place will slowly be removed over the next few days, you will find it easier to move once this has occurred. However all patients will be discharged with the catheter in place, more details can be provided if required.

The dressing on your wound should be removed after 3-5 days. The wound now remain uncovered unless there is a discharge.

Most patients will receive injections twice a day to thin you blood, this will prevent you from developing blood clots. Once you are discharged you have to continue with a daily injection for a month in your tummy of Clexane to prevent you from developing clots in the first month of the discharge.

Most patients are sufficient comfortable to leave hospital after 3 days. If you have clips in your wound these will be removed 10 days after your operation. Arrangements can be made to have them removed by your GP or in Outpatients.

HOME ADVICE

ACTIVITY

Avoid straining and heavy lifting for six weeks after the operation.

Walking is the best exercise. After one week slowly increased the distance you walk each day. You will find that you tire quickly in the early weeks after surgery.

You should not drive for 1-2 weeks following the operation, but seek clarification from your doctor.

DRINKING

Drink 2-3 litres of fluid/day to continue flushing your urinary system.

WOUND

The wound can now stay uncover unless there is leakage. If you have clips in your wound these should be removed 10 days after your operation. Arrangements can be made for your GP to do this. Monitor your wound over the next few weeks for signs of infection such as redness, swelling, ooze, heat or increased pain. Please seek medical attention if you are concerned about the wound.

URINARY CATHETER

Care of the catheter

The urinary catheter is protecting your bladder to have a proper healing with the urethra without leakage. The urinary catheter only can be removed by the urologist after checking the Cystogram done 10 to 14 days for any leakage. The **Cystogram** is a test done in Medical Department, that consists

in injecting contrast through the catheter to fill the bladder to check for any leakage in the healing of the anastomosis of the bladder with the urethra.

DRAINS

If you have drain in the side of the wound, you have to empty daily the content in the collection device and written down the amount contained.

CONTINENCE

Although patients generally experience some difficulties with urine control following the removal of the catheter, control is improved over time. Pelvic muscle exercises increase the chances of early recovery. Most of the patients recover continence in the first 2 months after the operation. The continence can improve in the first 12 months. Some of the patients will need at the beginning some small incontinence pads specially with exercise.

If you are experiencing problems report to your treating doctor or to the Urology Continence Nurse.

SEXUAL FUNCTION

You will find that sexual activity will feel different after the operation. You may not be able to achieve an erection. The recovery of the potency is related to the preexistent before

the operation, the use of sparing nerve technique and the recovery after the operation.

Erection may improve with time, can take up to 2 years. To improve the recovery we recommend early help with tablets and/or injection as a rehabilitation of the sexual function. Your fertility is going to be affected and you will not discharge semen with an orgasm, it will be a dry ejaculation.

HOSPITAL DISCHARGE

At the time of discharge, please, ensure that you have been provided with


- A discharge letter and follow-up appointment
- An appointment with the continence nurse
- An arrangement for the removal of your wound clips
- All of your usual (and any new) medications
- Any valuables that were brought in with you
- A medical certificate if required
- A scrip with the antibiotic, a scrip with Clexane for a month
- Information about how to take care of the IDC catheter
- Information and training about how to self administrate Clexane.

IN CASE OF PROBLEMS

If you develop any of the following:

- Dark blood stained urine
- Fever, chills, sweats
- Worsening wound discomfort
- Concerns with continence or impotence.


NOTIFY THE UROLOGIST OR ATTEND TO THE
EMERGENCY DEPARTMENT




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