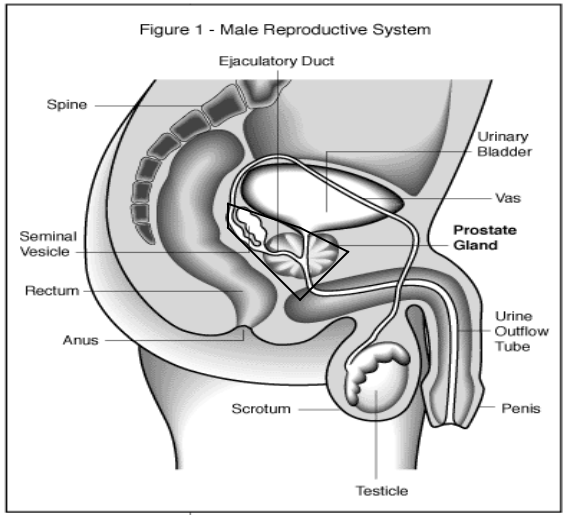
Information and Instructions

What is a Radical Prostatectomy?

The prostate is a small gland sitting below the bladder in men. Its function is to produce seminal fluid. The prostate is made up of two distinct zones, an inner and outer zone. The outer zone remains relatively stable in size and is the area where prostate cancer usually develops. The inner zone enlarges significantly from the age of 40 years but is almost always non-cancerous (benign) in growth. Urine passes through a hollow in the centre of the prostate then down through the penis
Radical Prostectomy is an operation to remove the prostate and pelvic seminal vesicles which may contain cancer. It offers the best form of possible cure for prostate cancer.



Line shows which organs are removed

What type of Anaesthetic?

The most common anaesthetic for this operation is a *general anaesthetic, which* means you are put to sleep for the whole operation.

The anaesthetist will discuss these techniques with you before surgery.

What does the Surgeon do?

The surgeon makes a vertical skin incision from just below the umbilicus (belly button) to the level of the pubic bone. The lymph glands near the prostate maybe removed. If there is suspicion of cancer these will be immediately be assessed by a pathologist. **If the tumour is confirmed in the glands the procedure maybe discontinued.**
The prostate and seminal vesicles are then removed, with great care taken to preserve the urethra as it joins the prostate, this assists in future continence. The cavernosal nerves (which provide erections) are then identified, if they are safe from tumour they are freed from the sides of the prostate and preserved.
The bladder is then sutured to the stump of urethra and a catheter tube inserted. The wound is closed with staples and1-2 drain tubes are inserted to drain any fluids from the operation site.

Are there any Complications?

As with any surgical procedure complications may occur. The major potential problems are post-operative pain, infection and bleeding. Intra-operative complications include bleeding, injury to the rectum or pelvic nerves. Other early complications include breathing difficulties, allergies, cardiac problems, deep vein thrombosis and infection of urine or wound.
Long term complications include impotence (50-60%), urinary incontinence (5-15%) These may occur despite nerve-sparing techniques and symptoms generally improve for up to 12 months.

What to expect after the Operation

- Hospital stay is generally 5-7 days.
- Some pain immediately post-operatively. This will be controlled with an infusion and later with tablets
- You will have a urinary catheter in place and this stays in for two weeks. It maybe uncomfortable and you may feel as though you need to pass urine all the time. You may pass some blood and blood clots, this is to be expected You will receive education on how to care for your catheter at home whilst in hospital
- An Intravenous drip will be in your arm for 1-2 days.
- Diet will be restricted for 1-2 days
- A drain tube will be in place draining fluid from the operation site.
- To decrease the risk of blood clots you will wear special stockings, be given injections to thin your blood (heparin) and be encouraged to walk as soon as possible after surgery.

Recovery at Home

Urinary Symptoms
Whilst catheter insitu:

- Urine may be blood stained and have some small blood clots for 3-4 weeks. This is to be expected but ensure that the flow of urine is not obstructed or there is any heavy bleeding

You should contact your doctor if you:-

- Pass bright red blood
- Persistent urine leakage from catheter
- Have low urine output/catheter becomes blocked
- Have fever, shivers, shakes
- Urine becomes offensive or cloudy

Catheter removed:

- Common to have difficulty controlling the urine. This will improve but may take months to resolve.
- Commence pelvic floor exercises

Diet and Fluids

- Drink 2-3 litres of fluid per day until bleeding has subsided
- Avoid constipation and straining, you may need to increase fibre in diet

Activity

- Avoid lifting and straining for 4 weeks as this may cause bleeding. Do not do activities such as gardening, lawn-mowing, golf and tennis for 4 weeks
- You can drive a car 2 weeks after surgery
- Date to return to work will be discussed at first post-op review

Medication

- Check with doctor before recommencing aspirin/warfarin
- Take other medications as prescribed

Erectile Function

Despite nerve sparing techniques the recovery of erections is uncertain. Patients frequently require supplementation with medication to achieve erections. This can be commenced 3 months after surgery

Monitoring the Cancer

Despite favourable surgical outcomes the behaviour of prostate cancer is unpredictable.

- 3 monthly PSA checks which should fall to undetectable level (<0.2ng/ml) and remain at that level

Admission Details:

*** Hospital** _____

*** Date** _____

*** Time** _____

DO NOT TAKE
ASPIRIN/WARFARIN/PERSANTIN
ONE WEEK PRIOR TO SURGERY

FASTING FOR AT LEAST 6 HOURS BEFORE SURGERY

TAKE USUAL MEDICATION ON MORNING OF SURGERY (except aspirin/warfarin)

Patient Information Leaflet

RADICAL PROSTATECTOMY AND PELVIC LYMPH NODE DISSECTION

Southern Urology

Mr. Scott Donnellan-Urology Surgeon 9563 7899
Mr. John Kourambas-Urology Surgeon 9563 7899
A/Prof. Sree Appu-Urology Surgeon 9563 7899
Mr. David Pan –Urology Surgeon 9563 7899
Amanda Jenkins – Urology Nurse 9563 7899