HAVING A LAPAROSCOPIC RADICAL PROSTATECTOMY
Owen Cole – Consultant Urologist – MSG

What is the prostate?
The prostate is one of the male sex glands. The prostate adds nutrients and fluid to the sperm. During ejaculation, the prostate secretes fluid that is part of the semen.
The prostate is about the size of a walnut and lies just below the urinary bladder and surrounds the upper part of the urethra. The urethra is the tube that carries urine from the bladder and semen from the sex glands out through the penis.

What is cancer?
Our bodies are made up of cells; each cell can divide to make two new cells. Sometimes the process of cell division goes wrong and the cell continues to divide in an uncontrolled way, causing a cancer to develop.

You have recently been diagnosed with cancer in the prostate, and an operation called a laparoscopic radical prostatectomy has been recommended. This means that your prostate will be removed, in order to try and cure you of your cancer.

What is a laparoscopic radical prostatectomy?
Radical prostatectomy means removing the entire prostate gland. Laparoscopic refers to the surgical approach by which this is performed – through 5 tiny keyhole incisions in the lower abdomen.

Keyhole surgery for prostate cancer is now replacing open surgery. The advantages of keyhole surgery include less blood loss, less pain after the operation, and a quicker return to normal day to day activities. The only disadvantages are that it takes longer to perform, and is technically demanding.
The operation also removes the seminal vesicles. Every attempt will be made to preserve the nerves that run next to the prostate which help to produce erections. However, these may have to be sacrificed in order to remove all the prostate cancer.

I may also elect to remove the lymph glands draining the prostate – this will be discussed this with you before the operation.

What are the benefits of having a laparoscopic radical prostatectomy?

If left alone prostate cancer can grow and invade surrounding structures e.g. bowel and bladder, or even spread to other parts of the body e.g. lymph glands and bones. The operation aims to remove all of the cancer.

What are the risks, consequences and alternatives associated with having a radical retropubic prostatectomy?

Most operations are straightforward; however as with any major surgical procedure there is a chance of side effects or complications. If you are concerned about any of these risks, or have further queries, please speak with Mr Cole directly about them.

Frequent

- Temporary insertion of a bladder catheter and a wound drain
- High risk of impotence due to unavoidable nerve damage
- Dry orgasm with no seminal fluid produced causing infertility

Occasional

- Urinary incontinence, temporary or permanent, requiring pads or further surgery
- Discovery that cancer cells already outside the prostate, needing observation or further treatment including radiotherapy or hormonal therapy
- Conversion to an open procedure, as removal of the prostate not possible via keyhole route

Rare

- Blood loss requiring transfusion or repeat surgery
- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- Rectal injury, very rarely needing temporary colostomy

Alternatives to laparoscopic radical prostatectomy

- Watchful waiting – monitoring the PSA level
- High Intensity Focussed Ultrasound (HIFU)
- Radiotherapy – giving radiation treatment to the prostate
- Brachytherapy – the implantation of radioactive seeds into the prostate
- Hormonal therapy
- Perineal or open removal of the prostate
Getting ready for the operation

If you smoke, try and cut down or preferably stop, as this reduces the risks of heart and chest complications during and after the operation. If you do not exercise regularly, try and do so for at least half an hour per day e.g. brisk walk or swimming.

You will be sent an appointment to see the continence nurse specialist. He / she will discuss pelvic floor exercises with you. These are important in speeding up your return to full continence after the operation.

You will be sent an appointment to visit the pre-assessment clinic a few days before your operation date. This is a general health check to ensure you are fit for surgery. The pre-assessment anaesthetist will organise for you to have bloods taken and have an ECG (heart tracing), and answer any questions that you may have.

Before the operation you will be asked to sign a consent form. It is important that you read the consent form before signing. It is also important that you be aware of any potential side effects of the operation before you sign the consent form.

The day before your admission you can eat and drink as normal. You will be advised at your pre-operative assessment when you should stop eating and drinking before the operation. You will be admitted on the morning of your operation.

Precautions will be taken to stop you developing a blood clot; you will be asked to wear elasticated support stockings and will be given injections of blood thinning drugs after your operation.

The morning of your operation you should have a bath or a shower. You will be given a theatre gown to wear before you go down to theatre. A nurse or porter will take you to the operating theatre reception, your details will be checked and you will go through to the anaesthetic room.

What sort of anaesthetic will I have?

The anaesthetist will visit you before the operation to discuss this with you. This operation is performed under a general anaesthetic. This means that you will be fully asleep during the operation.

What should I expect after the operation?

After your operation you will normally go back to Giffard Ward, or Victoria Wing if you are a private patient. Occasionally patients go to the High Dependency Unit for 24 hours where the doctors and nurses can monitor you more closely. The purpose of your stay here is to monitor your blood pressure, heart rate and fluid levels using accurate equipment. You will be given oxygen through a mask or nasal tube; this is to aid your recovery.

The physiotherapist will visit you and discuss your progress after the operation including breathing and leg exercises, walking and stairs.

Pain

Pain from this operation can be easily controlled. Different methods of pain control are available, and patient controlled analgesia. Your anaesthetist will explain the advantages and disadvantages of these to you. There is a separate information sheet available from the
acute pain team to explain this to you. If you are experiencing any pain it is important to tell the nurses so that they can adjust your medication to control this. Usually after 12 hours the pain has lessened so it can be controlled using tablets alone.

**Eating and drinking**

You can start drinking small amounts of clear fluid immediately after your surgery. You will also have a drip, which will give you any extra fluids that you need. If you feel sick you are advised not to drink until this feeling has passed. You will be offered medication if the feeling doesn’t go away. You should be able to start eating the day after your surgery.

**Wound drains**

You will have a flexible tube coming out of your abdomen, near to the wound; its purpose is to drain away any blood or urine collecting underneath your wound. The tube is connected to a bag or bottle. When the amount of blood coming from the tube has slowed down to only a small amount it can be removed.

**Catheter**

A urinary catheter is a tube that runs from the bladder out through the tip of the penis and drains into a bag. It is important to drain the urine in this way until the new connections that are made after removing the prostate have healed. The catheter stays in for 3 weeks (i.e. you go home with it still in).

**Discharge information and at home advice**

Most patients stay in hospital for 48 hours. I will monitor your progress and decide when it is appropriate for you to go home.

Before you are allowed home:

- You must be eating and drinking normally
- You must have had your bowels open
- Mild painkillers such as Paracetamol and Voltarol must adequately control any pain
- Your temperature must be normal

Your wound must be healing.

**Pain**

Mild painkillers such as Paracetamol and Voltarol should be enough to deal with any pain.

**Bowels**

It is important that you do not get constipated. There are no dietary restrictions but you should try and eat plenty of fruit and vegetables and wholemeal bread. If you feel that you may be constipated, see your GP.

**Catheter**

Three weeks after your operation, you will be re-admitted to hospital for a day when you will have you catheter taken out.

If you have any problems with your catheter, you should ring the urological ward or the community urology team for advice. It is very important that your catheter does not block or become dislodged.
Do not allow anyone to remove your catheter unless you have been admitted to hospital

Exercise
You should take it easy for 3-4 days, although it is important to take some gentle exercise like walking, as you will be at a slight risk of developing a blood clot in your legs.

During the first 3 weeks you should not:
- Lift or move heavy objects
- Dig the garden
- Housework
- Carry shopping

Work
Recovery takes 6-8 weeks from your operation date; I will be able to advise you when it will be safe to return to work as this depends on your occupation. We can provide a sick note for you.

Driving
You should not attempt to drive a car for 4 weeks after your operation. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

Sexual intercourse
The issue of resuming sexual function will have been discussed with you prior to your surgery as this type of operation affects sexual function. It is an issue that can be revisited post surgery when you feel that the time is right for you to do this. It is rare to get erections immediately after the catheter has been removed, and I may recommend trying some tablets (e.g. Viagra, Levitra, Cialis) in the early phase of recovery to improve the chances of attaining an erection.

Questionnaires
I collect and submit data on all my major cancer operations to the British Association of Urological Surgeons for audit (all data is anonymous). I also internally review all my figures for various outcomes specifically related to laparoscopic radical prostatectomy. For this reason you are kindly requested to fill in the following 3 questionnaires related to continence, potency and quality of life. You will also be asked to do so again at various times after the operation (3, 6 and 12 months). This helps me to monitor my results and compare them with other surgeons.