



Robot Assisted Laparoscopic Radical Prostatectomy

Robot Assisted Laparoscopic Radical Prostatectomy is an alternative to Open Radical Prostatectomy. It will be performed by your Consultant Urologist at the Epworth Freemasons Hospital.

The duration of the procedure is approximately 2-4 hours and hospital stay is normally 2-4 days.

Robot assisted Radical Prostatectomy is (keyhole) surgery where instruments are manipulated/maneuvered by the "Robot" computer by your surgeon. Surgery is performed using specialized instruments that are introduced through disposable ports placed through the abdominal wall. The abdomen is expanded with gas to provide clear vision of the internal organs.

The ports range in size from 5-12 mm. there will be six incisions and the prostate is taken out through the incision above or below the umbilicus. The umbilical port site needs to be slightly enlarged to allow the prostate to be removed.

The absence of a large incision diminishes the level of pain that you will experience with Robot Assisted Radical Prostatectomy and facilitates optimal recovery.

The primary advantages of Da Vinci Robotic Prostatectomy are:

1. Reduced recovery time
2. Decreased length of stay in hospital
3. Earlier return to work
4. Less pain

PRIOR TO YOUR SURGERY

Appointments will be made for you to see a Physiotherapist and our Urology Nurse consultant. The specialist physiotherapist will teach you pelvic floor exercises that will help you identify and strengthen your pelvic floor muscles which will aid the maintenance of bladder control post-surgery. It is very important to do these exercises and to do them well.

You will also have a specialist physician whilst you are in hospital to monitor your medical progress. The purpose of these consultations is to optimize surgical outcomes, your personal wellbeing and your recovery.

Certain medications may need to be withheld a week or more prior to surgery; you will be advised of these by your surgeon or our urology nurse consultant. In particular, medications that have a blood thinning effect, such as aspirin, Iscover, Plavix and Warfarin. It is important that you take a list of your medications to hospital and a detailed description of your medical and surgical history.

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You should cease smoking prior to your procedure. A healthy exercise and eating program should be undertaken prior to and following surgery.

You should also cease all herbal and natural remedies, including fish oil, garlic and Echinacea.

ON ADMISSION

You will be admitted to hospital on the day of your operation, or the evening before. You will be admitted to a surgical ward that specializes in urological procedures. The staff are experienced in the specialist care you will require after prostatic surgery.

You will be greeted by your nurse, who will go through your medical and surgical history, take your blood pressure, pulse and temperature. You will also have a number of routine tests on admission that include; blood tests, a tracing of your heart (ECG) and a sample of your urine collected.

You will also meet the Anaesthetist who will ask you about your past medical/surgical history, medications and any allergies. The type of anaesthesia pain relief and premedication will be discussed with you at this time.

You will fast prior to surgery, the timing of which will depend on your surgeon's preferences. Depending on your surgeons preferences

Depending on your surgeon's preferences and the time of your operation, will determine when you will fast from.

You may also be given a bowel laxative to ensure a bowel motion prior to surgery. Again this depends on your surgeon's preferences.

A pre-med may be given an hour prior to surgery. This consists of a sedative and sometimes an antacid. This medication reduces the amount of anesthesia required.

You will be given a theatre gown and thigh length anti embolic stockings (also known as TED stockings) to wear prior to surgery. These stockings help prevent deep vein thrombosis by prohibiting blood pooling in the deep veins of the calves. These stockings are to be worn until your catheter is removed. You may also have calf compression devices attached to your legs after the operation, which are also to prevent DVT. These will be removed the day after the operation.

THE PROCEDURE

The entire prostate gland and seminal vesicles are removed and the urethra is then sutured (anastomosed) to the bladder neck. This is done robotically, using fine purpose designed instruments. At the end of the operation the anastomosis is tested for leakage, the prostate is taken out in a bag, and the ports are removed and gas expelled from the abdomen. The port sites are sutured and dressings applied.

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AFTER THE SURGERY

After the surgery you will have a few additions:

A DRIP: the intravenous drip in your hand or forearms provides you with the necessary fluids and a portal for medication while you are not eating and drinking. This will remain in place until you can tolerate fluids. You will be commenced on clear fluids initially and resume eating when you pass flatus.

DRAIN TUBE: The drain tube will be situated on the side of your abdomen and is designed to drain excessive fluid away from the operative site. This usually remains in situ for approximately 24-36 hours and will be removed by your nurse.

CATHETER: The catheter is placed into your bladder while you are asleep. A catheter is not painful; it just feels uncomfortable. It remains in situ for about 8-12 days. Its role is to splint the urethra and bladder neck while healing occurs. Urine continuously drains from your bladder through the catheter tube and is collected into a urine drainage bag. Please refer to the "At home with your catheter" brochure for further information.

WOUNDS: There will be six small incisions in your abdomen; these will be sutured with a dissolving stitch that does not need to be removed. Small adhesive tapes are applied to the skin edges with a waterproof dressing on top. They will be removed when you come back to the urology rooms.

PAIN RELIEF: You should not have much pain following the operation. Your doctor will prescribe the medication which will be administered by your nurse. The medication is initially intravenous and will progress to oral tablets when you are able to tolerate fluids. Sometimes you will also be given a PCA (patient controlled analgesia system), where you press a button that will deliver pain relief at your request.

OXYGEN: Initially you will have an oxygen mask over your face supplying you with oxygen. It is very important that following your operation you do deep breathing exercises and coughing. These exercises will help prevent you developing a chest infection. Once the oxygen levels in your blood are within normal limits the nurses will remove the oxygen.

You will be encouraged to ambulate and shower the day after your operation. A few short walks around the hospital ward are essential, as it helps to get your bowels moving and prevent clots in your legs and chest infections.

DISCHARGE

LEG BAG: A leg bag will be attached to the catheter when you are mobile. This allows you greater mobility and privacy. Your catheter will be attached to a leg bag by your nurse and you will be provided with the relevant equipment and education. Please refer to the "At home with your catheter" brochure for more information.

BOWELS: It is very important that you keep your bowels soft and regular following your operation. To avoid constipation it is recommended that you consume at least 2Litres of fluid per day, maintain a high fibre diet

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and ambulate. If you are experiencing difficulties you may need to take a mild laxative such as Metamucil or Coloxyl with senna, which you can purchase at your local pharmacy.

CATHETER REMOVAL: You will come back to the urology nurse consultant will remove your catheter. You will receive an appointment for this prior to discharge. You will need to allow 2-3 hours for this appointment. It is advised you wear dark coloured trousers, wear firm fitting underwear and bring along incontinence pads (Tena for Men, Level 2).

Once the catheter is removed you may recommence your pelvic floor exercises gently. A follow up with your physiotherapist should be made one week after your catheter has been removed.

MANAGING INCONTINENCE: After your catheter has been removed, you may experience leaking of urine (incontinence). It is a common sequel of radical prostatectomy, particularly immediately after the operation. Initially the leaking may be significant. Exercising the muscles from the pelvic floor (the region between your anus and scrotum) is a good way of stopping or lessening leakage. Specially trained physiotherapists, whom you will be referred to before and after the operation, will assist you in identifying and strengthening these muscles. In the meantime you will find that wearing incontinence pads will help manage the leakage (Tena for Men Level 2).

Your ability to maintain bladder control should improve significantly with time. It usually returns in 3 phases

Phase 1: You will be dry at night or when lying down

Phase 2: You will be dry when walking

Phase 3: You will be dry when you rise from a seated position, cough or exercise.

Most patients regain good control by three months, however, it may take more time for some other patients. A very small number of men have persisting incontinence, which may need further urological treatment.

ERECTILE DYSFUNCTION: As men get older, it normally becomes more difficult to obtain and sustain erections. For many men. Erectile dysfunction, as a result of prostate cancer treatment, is of major concern. Although urologists perform a nerve sparing operation, it is important to be aware that it can take up to 18 months 2-3 years for these nerves to begin to recover and the repair process may continue for a further four years. Gaining erections post-surgery can depend on the strength of erections prior, as well as other pre-existing medical co-morbidities.

It is important to know that this is not the end of a patient's sex life. Aids such as medications and penile injections can assist in gaining and maintaining erections prior. Not only is this important psychologically for men, but physically too. Professor Webb and urology nurse consultants will help you with these sequelae after your surgery.

HEALING: There should be no driving 2 weeks post your operation. Heaving and/or strenuous activity should be avoided for at least 4-6 weeks. Although you will usually feel comfortable, it is advised that you should plan to take 4-6 weeks off work and take all opportunities to rest.

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ASSOCIATE PROFESSOR
DAVID WEBB
U R O L O G Y



POST OPERATIVE CHECK: You will have two appointments. The first is to remove the catheter, usually about 1-2 weeks in the East Melbourne rooms. The second is for routine post op follow up with Prof Webb. Both of these appointments should be made before you are discharged from hospital. They will be made by the ward clerk in consultation with your surgeon, orology nurse and secretary. Please check that you have these appointments before going home.

If there are other queries or concerns please do not hesitate to contact your urology nurses. If the matter is major you may wish to contact Prof Webb's rooms.

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