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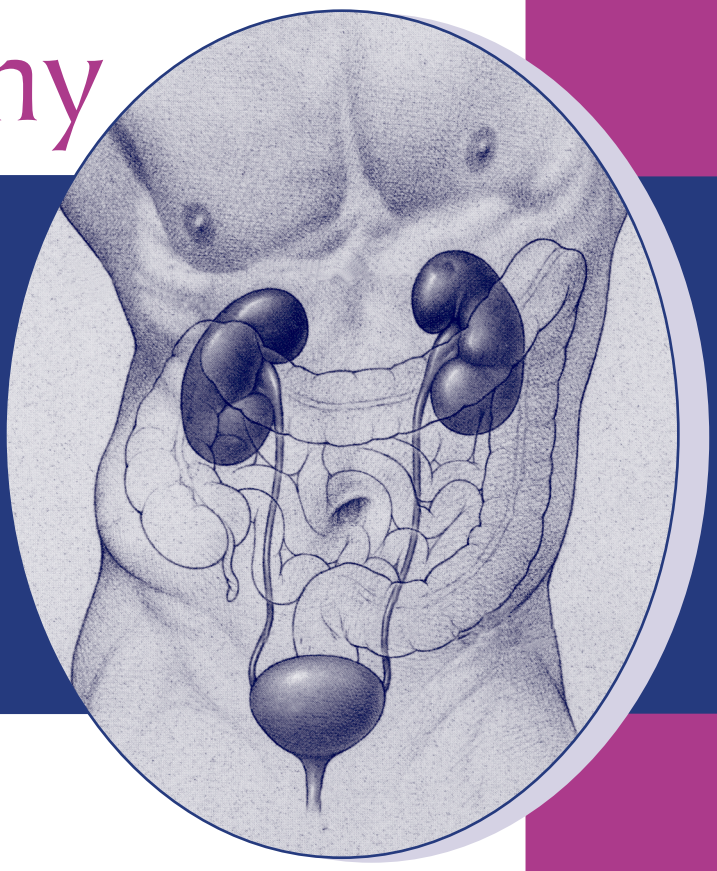
Radical Retropubic Prostatectomy



A Guide *for Patients*

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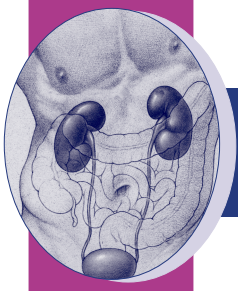
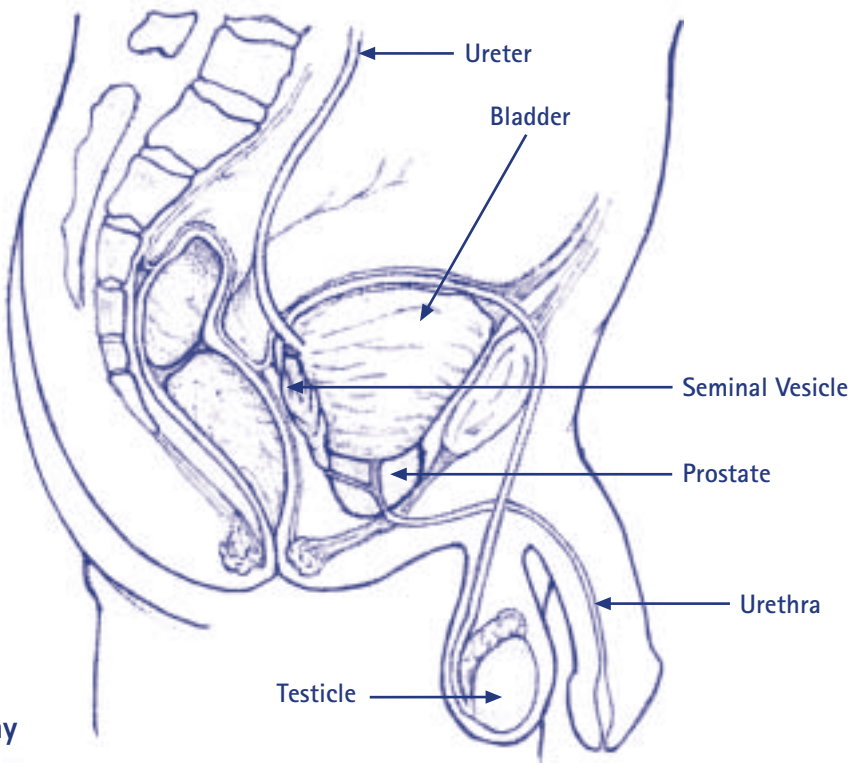


RADICAL RETROPUBIC PROSTATECTOMY

This information is designed to help you , your family and friends prepare for your surgery. It will also help you plan how to take care of yourself in the weeks following your discharge from hospital.

WHAT IS A RADICAL RETROPUBIC PROSTATECTOMY?

A radical retropubic prostatectomy is an operation for men with prostate cancer. It involves removing the entire prostate gland through an incision in the lower abdomen. The prostate gland is a small but important gland in the male reproductive system. Its main job is to produce secretions that make up part of the semen protecting and enriching the sperm. The prostate gland sits just below the bladder and surrounds the neck of the bladder and the beginning of the urethra (the tube through which you pass your urine).



Retropubic Prostatectomy

Your urologist has determined that you have prostate cancer and that it is likely that it has not spread outside the prostate gland.

You and your urologist have decided on surgical removal of the prostate gland as a treatment for the cancer. The operation is called a Radical Retropubic Prostatectomy. This may involve firstly the removal of the pelvic lymph nodes and then the prostate gland through an incision in the lower abdomen.

The lymph nodes are part of the lymphatic system, which is the cleansing system of the body. The pelvic lymph nodes drain the prostate gland and if the cancer is of a higher grade and spreads from the prostate, the lymph nodes are the first port-of-call. If the lymph nodes do need to be removed through the abdominal incision at the start of the surgery, they are sent directly to the laboratory where they are examined for any signs of cancer spread. If the lymph nodes are clear, the urologist then goes on to remove the prostate gland. In the

unlikely event that there are any signs of cancer spread in the lymph nodes, surgery would stop at this stage and other treatment options would be offered.

If the lymph nodes are removed, once it has been determined that they are clear and the prostate gland has been removed, the ends of the urethra are joined back together. A catheter (flexible tube that drains the bladder) is placed for 2 weeks to allow for healing of the urethra. A wound drain is put in the lower abdomen to drain any ooze, this usually stays in for 2 days. The wound is closed with staples, or a dissolving stitch, which dissolves slowly in the months following your operation.

Radical prostatectomy is a commonly performed operation that takes 2-3 hours to do and involves a hospital stay of 3 - 4 nights.

YOUR CONSENT

We need your permission for your operation to go ahead.

Before you sign the consent form it is important that you understand the risks and effects of the operation and anaesthetic. This will be discussed with you by your doctor and the nurse, should you have any questions, your nurse or doctor would be happy to answer these.

There is a chance with this operation that you will need a blood transfusion. However, if you do need a blood transfusion and you want to refuse one, it is vital that you tell your surgeon and nurse prior to your operation. It is possible to donate some of your own blood prior to surgery. If you would like to do this please discuss it with your surgeon.

If you would like your prostate gland returned to you for personal reasons, please discuss this with your family and inform your nurse and surgeon before your operation.

ABOUT YOUR ANAESTHETIC

You will NOT be allowed to eat or drink anything for at least six hours before your surgery. This includes chewing gum and sweets.

There are two main types of anaesthetic used for this surgery;

- *General Anaesthetic:* You will be asleep throughout the operation and remember nothing about the operation.

- *Regional Anaesthetic e.g. Spinal, Epidural or Caudal:*
  A needle is placed into your back and a solution is injected that will numb your body from the waist down. You will be awake but may be sleepy and you will not feel the operation.

Feel free to discuss these options, and your questions with the anaesthetist.

If you do not have an epidural anaesthetic after your surgery, you may have a P.C.A pump attached to the drip in your arm. P.C.A stands for Patient Controlled Analgesia. It is a computer controlled machine which delivers pain relief through your drip. You will be able to control the amount of pain relief given but the anaesthetist prescribes the maximum dose. You will receive more information about the P.C.A. pump and your anaesthetic at the pre-assessment clinic.

YOUR OPERATION

Before your operation you will need to have an enema or fluid laxative drink to clear the lower bowel. Depending on what time of the day your operation is you will either be visited at home by the district nurses to be given an enema, or you maybe asked to self-administer suppositories, or you will be given the enema or suppositories by the nurse when you arrive at the hospital. The prostate gland sits just in front of the bowel and the specialist must

separate the prostate from the bowel wall. This is why it is important that the lower bowel is empty as this helps avoid contamination in the unlikely event of a tear being made in the bowel wall during surgery. If a tear is accidentally made in the bowel wall it is sewn closed and patients are prescribed a stool softener to use after surgery to allow healing to take place.

On admission you will be informed of an approximate operation time and prepared for theatre by your nurse.

You maybe fitted with T.E.D. stockings which help aid circulation and prevent blood clots which there is always a slight risk of with open surgery. You may also be instructed about special deep breathing and leg exercises which you should do after surgery.

A shave of the surgical site is required, this is usually done just prior to going to theatre or in theatre itself once you are asleep.

You may be given some tablets before theatre. These are charted by your anaesthetist and may include tablets for tension, nausea and pain prevention.

You will be escorted to the theatre, where you will be transferred to the theatre table. Anaesthetic staff will then insert a drip in your arm and attach various monitoring devices. Once you have been completely prepared and given your anaesthetic, surgery will begin.

When the operation is completed you go to the recovery room where you will be cared for until you are ready to be transferred to the ward.

AFTER SURGERY

Your nurse will check your blood pressure and pulse regularly. Your wound and the drainage from it will also be monitored closely.

You will have a drip in your arm to make sure you receive adequate fluids. This will be removed once you are drinking normally. You can usually drink when you return to the ward and you may eat once you are tolerating fluids. You may have a P.C.A. pump connected to your drip or you will be kept comfortable by an epidural infusion, which numbs the body from the waist down.

Your urine will drain from the bladder, through your catheter, into a bag. Your nurse will measure your urine output every hour. The urine is likely to be blood stained, this usually clears within the first 48 hours. The catheter is held inside your bladder by a small inflated balloon, which prevents it from slipping out.

DAY ONE AFTER YOUR OPERATION:

The morning after surgery the nurse will help you get up into a chair for a wash by the bed side or if you feel up to it you can go for a shower on a commode chair.

You will be able to eat and drink as you feel able.

You will be given regular oral pain relievers, such as panadol to help keep you comfortable.

You should do regular deep breathing and leg exercises after surgery until you are fully mobile.

The physiotherapist may come and see you to give further instructions.

DAY TWO AFTER YOUR OPERATION:

On the second day, if the drainage from your wound drain is minimal it will be removed. On this day you will be helped to walk down for a shower and your wound dressing will be replaced.

Once you are up and about independently, the nurse will connect a leg bag to your catheter and teach you how to care for this. You will also be taught how to connect a night drainage bag to your leg bag for overnight drainage.

If you are comfortable enough on regular oral pain relievers you will have your P.C.A. or epidural removed. The drip is not completely removed until the course of post-operative antibiotic treatment is complete which is usually on the second day after surgery.

After this time you only have your catheter remaining. All sutures used are dissolving and don't need to be removed, however if wound staples are used these usually stay in for 7 to 10 days and are taken out by your own doctor or by the district nurse.

GOING HOME

Prior to leaving the ward you will be given some catheter and dressing supplies and a district nurse referral is sent so that the district nurse visits you at home.

You will be given written information and a discharge letter which contains helpful information about how to care for yourself and your catheter when you get home.

Your nurse will inform you about taking mild pain relievers, should you have any pain or discomfort after you return home.

An appointment will be made by your nurse for 2 weeks after your surgery date. This is for you to return to the ward/clinic to have your catheter removed. You will also be sent an outpatient appointment for follow-up with the specialist 4-6 weeks after your operation.

We will send a letter to your own doctor about your operation and the details of your treatment while you were in hospital.

ONCE HOME

The district nurse will call to see how you are managing with your catheter.

You should take regular pain relief as instructed by the nurse prior to your discharge. This helps to keep you comfortable so you are able to get about easier, and feel better.

Your wound should heal within a week. However, beneath your skin the muscle layers will take longer to heal. For this reason it is important to avoid any strenuous activity, heavy lifting and straining e.g. mowing lawns, digging, strenuous sports etc. for 4-6 weeks.

Avoid becoming constipated by keeping up a good fluid intake and eating fruit and foods high in fibre. If you have problems with constipation you may require an oral stool softener which you will be able to get from your nearest pharmacy. No suppositories are allowed.

You can shower or bath at home, but you should not soak in the bath or use soap directly on your wound until it has fully healed. You may need to place a dry dressing over your wound to collect any slight ooze, however this should only be needed for a few days after surgery. It is important that your wound be kept clean and dry. Should you have any abdominal creases where your wound may remain moist, it is important to place a dressing between the creases to separate the skin and keep the area dry.

Contact your own doctor if:

- Your wound becomes red, hot, swollen, painful or continues to ooze.
- For any reason, your catheter stops flowing and the district nurse isn't available.
- Your urine becomes cloudy, offensive smelling or you have any other signs of a urine infection.
- If you have any concerns at all.

FURTHER INFORMATION

When you return to the ward/clinic to have your catheter removed, the appointment is usually in the morning. Once the catheter is removed and you have passed urine several times you will be able to return home, usually by midday. When the catheter is removed most men experience some urinary incontinence (leakage of urine without control), particularly with coughing or movement. You will be given pads to use, however, it is a good idea to take an extra pair of undergarments and trousers with you to the appointment. This urinary incontinence usually continues for some weeks and several months may go by before complete control returns. The hospital arranges for a supply of incontinence pads and other incontinence products for you and you will go home with an initial supply after the catheter is removed. The district nurse continues to visit to see how things are going and to offer further support and advice.

Please remember to do your pelvic floor exercises. You will be given information about these exercises and have them explained to you prior to your surgery. These exercises help you get dry after your catheter removal.

In a small number of patients the area of the join between the bladder and urethra forms scar tissue. This scar tissue may cause your urine stream to diminish. If you notice anything like this, report it to your own doctor as soon as possible.

Impotence, or loss of penile erection, is common after this type of surgery even if the nerves controlling your erection have been preserved. Many patients experience long term impotence, however in virtually all cases potency can be regained with the use of tablets, injection therapy, vacuum devices or implants. Ask your surgeon about these options at one of your follow-up visits. These treatments can often be started as soon as 3 months after your surgery.

Don't be afraid to ask your nurse or doctor questions about the incontinence and impotence that may result from your operation, these issues need to be talked about openly.

After surgery you will require regular blood tests and examinations to be sure that the prostate cancer has been completely removed. In some cases the removal of cancer is incomplete and it may be necessary to undergo a 6 week course of radiation to kill the remaining cancer cells. Only after years of very low levels of PSA blood tests, can a complete cure be determined. If the PSA blood test does not return to low levels or starts to rise again, hormonal treatment may be necessary.

The important thing to remember is that you're not alone . . .

Radical retropubic prostatectomy is a relatively common operation and many men like yourself have undergone it with a high degree of success. A positive attitude on your part will make everything easier. There is every reason to believe that you will experience a successful outcome.

If you would like to talk to or meet with other people who have had prostate surgery you can contact: The Prostate Awareness & Support Society (PASS) – 0800 627 277 who will be happy to arrange this for you.

While you are in hospital we will do everything we can to make your stay as comfortable as possible. The important thing to remember is that you are not alone. A positive attitude always aids a speedy recovery and the nursing and medical staff are always available to help with whatever needs you have. If you are worried about anything before or after your surgery, or if you have any further questions or would like more information, please do not hesitate to ask your nurse who will be more than happy to help.