Robotic-assisted laparoscopic radical prostatectomy

Keyhole surgery to remove the prostate gland using robotic assisted techniques.

This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

What are the alternatives to this procedure?

This will depend on the type of cancer that you have. Sometimes active monitoring (active surveillance) may be appropriate. Open radical prostatectomy can be offered. External beam radiotherapy, brachytherapy are other curative treatments. Other options may include hormonal therapy (not curative) or conventional laparoscopic (telescopic or minimally invasive) approach.

Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

~ An artificial heart valve
~ A coronary artery stent
~ A heart pacemaker or defribrillator
~ An artificial blood vessel graft
~ A neurosurgical shunt
~ Any other implanted foreign body
~ Blood thinning medications, particularly
    ~ Asasantin
    ~ Aspirin
    ~ Fish oil
    ~ Iscover
    ~ Persantin
    ~ Plavix
    ~ Pradaxa
    ~ Warfarin
    ~ Xaralto
~ Angina
~ Hypertension
~ Diabetes
~ Recent heart attack

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admissions clinic 5–10 days before the procedure to assess your general fitness and to perform some baseline investigations.

If you are taking warfarin, Clopidogrel, Iscover, Asasantin, Pradaza, Xaralto or Pesantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regards to risks and benefits.

You will be asked not to eat or drink for 6 hours before surgery. Immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

After admission, you will be seen by members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern and your named nurse.

Robotic-assisted laparoscopic radical prostatectomy continued...

Where do I go for my procedure?

The admission section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation.

If no contact has been made telephone Dr Campbell's secretary on (07) 3367 1608, and the problem will be addressed.

Do I need to do anything special before my procedure?

You will need to not drink or eat anything for 6 hours prior to the procedure.

During the procedure

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. During the surgery you will be given antibiotics by injection; if you have any allergies be sure to let the anaesthetist know.

The robot-assisted prostatectomy is an operation to remove the prostate using laparoscopic techniques but with smaller incisions to remove the gland. A robotic console is placed beside you in the operating theatre. Attached to the console are three robotic arms; two for instruments and one for a high magnification 3D camera so there is clear vision in your abdomen. The two robotic arms have the ability to hold various instruments attached to them. These instruments are approximately 7mm in width and have a greater range of movement than the human hand. Because of their size they allow the operation to be carried out using 3D imaging in a small space within the body.

Dr Campbell will be sitting in the same room as you, but slightly away, and he is able to carry out more controlled and precise movements using robotic assistance. The robot does not do the procedure as it cannot operate on its own.

Immediately after the procedure

Once your surgery is complete, you will be taken to the recovery area. Although you have had minimally invasive surgery, you will have some pain and pain killers will be given accordingly. You will wake up with a catheter in your bladder and six small incisions where the robot port sites have been closed. You may have a wound drain from your abdomen.

You will be given clear fluids to drink. It is very important that, whilst you are in the recovery area, you let the staff know if you feel any pain or become nauseous so that they can administer the appropriate medication. At an appropriate time you will be transferred back to the ward.

On the day after surgery (in some instances, the day of surgery) you must be prepared to mobilise actively. Ideally you can go home the day after your surgery.

Your catheter will remain in for approximately 7–10 days to allow the new join (anastomosis) between your bladder and urethra to heal. Your abdominal drain (if you have one) will be removed the morning after surgery.

The average hospital stay is 1–2 days.

Robotic-assisted laparoscopic radical prostatectomy continued...

Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction.

Common (greater than 1 in 10)

- ○ Temporary difficulties with urinary control
- ○ Impairment of erections even if the nerves can be preserved (20–50% of men with good pre-operative sexual function)
- ○ All men have permanent inability to ejaculate or father children
- ○ Discovery that cancer cells have already spread outside the prostate.

Occasional (between 1 in 10 & 1 in 50)

- ○ Temporary insertion of a bladder catheter
- ○ Scarring of the new join between the bladder and the urethra, resulting in weakening of the urinary stream and requiring further surgery (2–5%)
- ○ Scarring or narrowing of the urethra itself requiring further surgery (4–5%)
- ○ Severe urinary incontinence (2–5%)
- ○ Blood loss requiring transfusion (1%) or repeat surgery (<1%)
- ○ Further treatment at a later date due to recurrence or relapse
- ○ Lymph collection in the pelvis if lymph node dissection is performed
- ○ Injury to nerves and vessels of the pelvis during lymph node dissection
- ○ Some degree of mild constipation
- ○ Apparent shortening of the penis
- ○ Development of a hernia
- ○ Scrotal swelling, inflammation or bruising
- ○ Perineal (between the anus and the scrotum) ache for a few weeks following surgery
- ○ Urinary leak at the anastomosis site (<2%)

Rare (less than 1 in 50)

- ○ Anaesthetic or cardiovascular problems
- ○ Pain, infection or hernia at incision sites
- ○ Rectal or bowel injury
- ○ Injury to other intra abdominal organs during insertion of instruments
- ○ Very small risk of mechanical malfunction of the robot (0.3%)

Hospital-acquired infection

- ○ Colonisation with MRSA (0.02%; 1 in 5,000)
- ○ Clostridium difficile bowel infection (0.04%; 1 in 2,500)
- ○ MRSA bloodstream infection (0.01%; 1 in 10,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions).

What should I expect when I go home?

When you leave hospital, a discharge summary of your admission will be sent to your family doctor. This holds important information about your inpatient stay and your operation.

General Recovery

The amount of pain experienced tends to be less than for an open prostatectomy. After about 1 week, very few men feel any pain at all.

Light walking is encouraged straight after the procedure. After 2 weeks, jogging and aerobic exercise is permitted. After 4 weeks you can resume light lifting.

You are able to shower. The stitches are dissolvable and the dressings are waterproof. After showering, rinse the soap off thoroughly and gently pat yourself dry.

It is usually safe to drive 2 weeks after surgery, when you feel comfortable to do so and when you feel you are able to make an emergency stop.

Nearly all men lose all erectile function in the first few months after surgery while the nerves start to recover (if a nerve sparing procedure was performed).

You can normally return to work after a couple of weeks recuperation. If your work entails heavy lifting, please ask for specific instructions.

Robotic-assisted laparoscopic radical prostatectomy continued...

What else should I look out for?

If you develop a temperature, increased redness, throbbing, drainage at the site of your operation, increasing abdominal pain or dizziness, please contact your GP.

For after-hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, the Greenslopes Private Hospital Emergency Centre (07) 3394 7111 and St Andrew's Emergency Centre (07) 3834 4455 are other resources that are also available.

Who can I contact for more help or information?

Dr Peter Campbell
Suite 1, 530 Boundary St (cnr North St)
Spring Hill, QLD 4000
(07) 3367 1608
www.campbellurology.com.au

The Wesley Hospital, Urology Ward
451 Coronation Dr,
Auchenflower, QLD 4066
(07) 3232 7168
www.wesley.com.au

The Wesley Emergency Centre
451 Coronation Dr,
Auchenflower, QLD 4066
(07) 3232 7333

Greenslopes Private Hospital, Continence Advisor
Newdegate St,
Greenslopes, QLD 4120
(07) 3394 7978
www.greenslopesprivate.com.au

Greenslopes Private Hospital Urology Ward
Newdegate St,
Greenslopes, QLD 4120
(07) 3394 7261
www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre
Newdegate St,
Greenslopes, QLD 4120
(07) 3394 6777
www.greenslopesprivate.com.au

American Urological Association Foundation
1000 Corporate Blvd, Suite 410,
Linthicum, MD 21090
1800 828 7866
www.urologyhealth.org

Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the procedure, please sign below and this leaflet will be filed in your chart..

If you wish to retain a copy for you own records, one will be provided.

I have read this information sheet and I accept the information it provides.

Signature Date