ROBOTIC RADICAL PROSTATECTOMY

Patient Information

Before your surgery

Fluid diet (soup etc) to start 24 hours prior to surgery
Pre Op carbohydrate drink (Nutricia), 6 x 200ml, 200ml to be taken every few hours the day before surgery (4 bottles) and 2 bottles x 200ml on the day of the procedure 2 hours before anaesthetic.
This will prevent you from being hungry and thirsty before your surgery and assist with early bowel movement post operatively.
Dulcolax suppository per rectum night before surgery if morning slot or in the morning if afternoon slot
Admission morning of procedure ± 05h00 (morning slot) / Nil per mouth as from previous night 24h00.
Admission morning of procedure ± 10h00 (afternoon slot) / Nil per mouth as from 06h00 the morning of admission.
Betmiga 50mg daily to start 3 days preoperatively – to prevent bladder spasms and continue for one month.
If you desire to get your erections back sooner it is advised to go buy a Vacurect device and start using it pre-operatively.

Day of the surgery

Theatre 07h00 (morning slot) or 13h00 (afternoon slot)
General anaesthetic, on occasion you may get an epidural block as well.
General ward post operatively / ≤ 1% ICU admission / ≤ 2 % blood transfusion.
The wound drain stays one or two days dependent on drainage.
You will get a suppository the evening post operatively to help with the bloated feeling you may experience.
Leakage of urine next to catheter is normal, blood coming past when passing stool to be expected.
You can start mobilizing the following morning and have a normal diet.
Many patients can be discharged the day after surgery dependent on pain and mobilization.
Pain due to bruising around the wounds are to be expected, patients experience this very differently.
If you have pain or feel uncomfortable to go home, you can stay a second day.
This pain does improve quite quickly.
Shoulder pain is common to all laparoscopic procedures due to irritation of the diaphragm

Going home

It is very important to have a bowel movement before leaving the hospital and to keep your stool soft.
Many complications due to constipation. You will also have more pain due to the catheter if you try to push hard stool out.
Catheter 7 – 10 days, you will get a urine bag to fix to your calve for during the day, use normal bag at night.
Catheter bag must always be lower then you bladder.
Your urine must be clear before catheter can be removed, if still bloody the bladder-urethra anastomosis may not be healed and catheter will have to stay in longer.
On occasion we do a cystogram to exclude a urine leak.
When removing the catheter you will be taught pelvic floor muscle exercises to achieve earlier continence.
You can wash from the first day, plasters are waterproof, if they come off you can leave wounds open.
Time off work - 2-4 weeks, mostly dependent on continence; increase activity gradually as pain and continence allows.

COMPLICATIONS - What can go wrong?

Possible complications due to specific positioning during anaesthetic (calf muscle injury / nerve injury).
Change in bowel habits / constipation, feeling of rectal discomfort, cannot pass stool so easily.

Perineal pain, deep between anus and scrotum.
Rectum, blood vessel, nerve bowel injury – very rare.
Ileus (lazy bowel) with abdominal distention – resolves spontaneously, but can prolong hospitalization and might require a nasogastric tube.
Delayed bleeding (clear urine becomes bloody again) – prolong catheter time.
Urine leak – drain needs to stay longer, catheter left in for longer.
Deep venous thrombosis (blood clots) – uncommon after prostatectomy alone, more common if lymph node dissection as well – you will receive prevention in hospital and to take home – your Medical Aid might not pay for the preventative medication to take home.

Prescription

Pain medication, laxatives / Clexane is the blood clot prevention medication.

Follow up appointment:

You will be seen again 4 weeks after catheter removal with a PSA test, this should go down to 0.01.
We will assess your continence and confirm that you are passing urine properly.
We will also discuss the status of your erections.
Thereafter we will see you every 3 months for follow up for the first year and then 6 monthly if all well.

Continence

It is important to do your pelvic floor muscle exercises as explained, if you struggle we can refer you to a pelvic floor physiotherapist. You can also see the physiotherapist before your surgery to improve your chances of being dry early.
To test your sphincter (pinching muscle) try and stop your urinary stream.
The average patient requires one pad per day 6 weeks after surgery and often this is just a security pad.
Most patients are completely dry after 3 months.
Stress incontinence (leak when cough, laugh or sneeze) takes longer to completely disappear. An overactive bladder (passing urine frequently, needing to rush to toilet and getting up at night multiple times) is common after any prostate surgery. An overactive bladder can be treated with medication. You will use Betmiga for a month post operatively. If you stop the Betmiga and suddenly leak more, you should start using it again – phone us for a prescription.
Patients who still leak at 3 months will most likely be dry after 6 months and can still improve up to 12 months after surgery.

Erections

The most important factors determining erections after surgery are – age, preoperative erections, nerve sparing surgery and patient motivation.
Initially you will have no erections. Once you are continent you will start erection medication such as Dynafil (Viagra generic) or Cialis. If this is combined with vacuum device such as the Vacurect you will give yourself the best chance of getting your erections back early.
Recovery of erection is highly dependent on erection quality before surgery and whether you had a nerve sparing procedure or not. Other diseases like Diabetes, high blood pressure and smoking continues to have a negative effect. In case of a nerve sparing procedure with Vacurect and medication you can expect erections within 3-6 months with good recovery by 12 months. Erections can continue to improve for up to 5 years. You can also try intra-cavernosal injections if the erection medication does not work.