

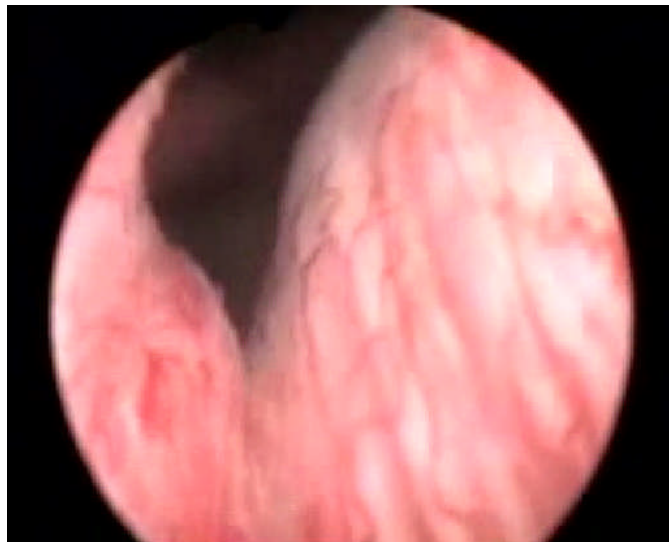
## **Edith Cavell Hospital Department of Urology**



### **Radical Retropubic Prostatectomy**

#### **What is the prostate?**

This is a small gland that lies just beneath the bladder in the male and surrounds the urethra through which urine is passed



#### **Why is this operation necessary for me?**

Your consultant has performed investigations on your prostate gland, which have shown the presence of prostate cancer. The operation, which is described below, will remove all of the prostate gland.

### **Are there any alternatives?**

For this kind of cancer, the alternatives to removal of the prostate gland are treatment of the prostate cancer with radiotherapy (a beam of special, focused x-rays), brachytherapy (implantation of radioactive seeds).

It is possible to do nothing for the time being – i.e. to watch and wait to see if problems develop.

For further information please see the information sheet on the [Treatment of Prostate Cancer](#).

### **What happens before the operation?**

You may be requested to attend the ward before your admission date to have blood tests and examinations performed to ensure you are fit for the operation. On admission to the ward, you will be welcomed and shown to your bed. You should plan to be in hospital for 7-10 days. The nursing staff will discuss your discharge with you.

You will be seen by the Surgeon who will explain the operation to you and ask you to sign the consent for surgery. If you are unsure about any aspect of the operation, please ask for more details from the medical or nursing staff. You will be advised of the approximate time of your operation

You will be seen by an anaesthetist who will discuss the type of anaesthetic you will be given. They will be interested in chest troubles, dental treatment and any previous anaesthetics you have had. The anaesthetist will discuss with you the different types of pain.

You can have your usual diet until approximately 6 hours before surgery. This will let your stomach empty to prevent vomiting during operation. You will be advised at what time to stop drinking fluids.

You will be asked to wear stockings to prevent blood clots and aid circulation. You will be asked to wear a cotton gown and remove all jewellery.

You may be given a sedative about one hour before the operation to help relax you; if so you will be taken to theatre on a trolley. If no sedation has been prescribed, you may choose to walk to theatre, accompanied by a ward nurse. Your details will be checked again before your anaesthetic begins.

## **What happens after the operation?**

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed. You will have a tube (catheter) coming from your penis. This tube drains the urine from your bladder and is connected to a collecting bag. It is quite normal for your urine to be quite bloodstained initially. Some men experience slight discomfort around the catheter. Please inform the nursing staff who will be able to give you pain killers.

On the first day after your operation, you may begin to sip fluids. You will have in intravenous drip containing saline and this will make up for any fluids you are unable to drink. By the second day, you will probably be drinking quite freely again, and may be able to tolerate a light diet. Your bowels may stop working for 1-2 days after surgery. If you have not opened your bowels after 2 days, or are feeling comfortable, please ask the nursing staff for advice.

You will be encouraged to get out of bed and start walking right from the first day. You will not do your wound any harm and it is important to start moving to avoid complications.

You will need to remain in hospital until you can walk freely without pain, and can manage by yourself. We will also ensure that you are eating normally, and that your bowels are working, before you are discharged home.

**You will be sent home with your catheter in place. This catheter should remain in place for two weeks and must not be removed for any reason except on your surgeon's instructions.**

**If any problems occur with the catheter please contact Ward 11 immediately for advice.**

## **Complications**

Serious complications are unusual but are rapidly recognised and dealt with. If you think that all is not well, please ask the nursing or medical staff.

Chest infections can occur after anaesthetics, particularly in people who smoke. Exercises are taught to clear the air passages, and can prevent this condition. You should try not to smoke before surgery, and make every effort to give up smoking after your operation.

There is a risk that blood clots may form in the veins of the calf during surgery (known as "deep vein thrombosis") This may lead to a swollen, tender calf. Although this is easily treated, it can lead to further problems if the clots break away and float up into the lungs ("Pulmonary Embolus"). You will be given stockings to wear prior to surgery and you should keep these on during your stay on the ward. You will also be given a fresh pair to take home and you should wear these at home for a further 6 weeks. Your surgeon may also prescribe daily injections during your hospital stay to thin the blood slightly and reduce the risk of forming these clots.

## **Discharge advice**

### **Diet**

You can eat and drink whatever you wish. You may drink alcohol but it is not wise to overindulge. Try to avoid constipation by keeping to a diet that contains plenty of fruit and fibre. If you do become constipated, then ask your doctor for advice – DO NOT have an enema as the rectal wall is quite thin after this kind of surgery and you may damage the rectum.

### **Exercise**

After you go home, you should avoid heavy lifting and vigorous exercise for 6 weeks, to let the scar tissue and wound heal. If you engage in strenuous activity before this time, you might cause damage to the join between the bladder and urethra (water pipe) and in the long term this could cause problems with incontinence.

For the first four weeks at home, do not sit upright in a firm chair for more than an hour at a time. Instead sit in a semi-reclining chair, on a sofa, or on a comfortable chair with a stool.

This achieves two aims:

- It raises your legs and improves the drainage from your leg veins reducing the risk of clots forming
- It avoids placing weight on the area of your surgery

You should take light exercise regularly. You can take off the elastic support stockings after 6 weeks at home and you can drive your car when you can operate the pedals without any discomfort at all.

### **Removal of the catheter**

When you go home after the operation, you will have the original catheter draining urine from the bladder. Although it will be taped to your thigh immediately after your surgery (to prevent any pulling on the catheter), this tape will be removed when you go home. Avoid any situation where the catheter may be caught, or pulled on.

**The catheter must remain in place for two weeks and should not be removed for ANY reason except on your surgeon's instructions.**

You will be given an appointment to come back into hospital two weeks after your operation for the catheter to be removed. If there have been any problems after the operation then your doctor may wish to organise a special x-ray (known as a urethrogram) first

If the x-ray confirms that healing has taken place, the catheter will be removed on the ward. This is a painless procedure and is performed at the bedside, usually prior to going to sleep at night or first thing in the morning. You will then be able to pass urine normally, although you will need to remain on the ward for 1-2 days so that we can ensure you are able to control your water sufficiently.

When the catheter is removed, you may find to begin with that you get little warning before needing to pass urine, and may leak a few drops of urine on movement. This is quite common and usually settles quickly. If it does not, please let the nursing staff know.

If the urethrogram shows that the join in the urethra has not yet healed, you will be allowed home again with the catheter for a further week, and another x-ray appointment will be made for you.

## **Problems which may occur**

### **Bleeding**

It is common for there to be a slight discharge of blood around the catheter when you open your bowels. This will settle down by itself and is not a cause for concern. You may also see some blood in the catheter bag, particularly after exercise. If this happens, you should increase your fluid intake to help flush out the blood. This kind of bleeding usually settles by itself and does not require treatment in most cases.

### **Leaking around the catheter**

Like bleeding, this is also common and does not require treatment. If the leakage is very severe, then it can be managed by absorbent pads that the community or hospital nursing staff will provide for you. **The catheter should not be removed.** Very rarely, the catheter may stop draining altogether. If this happens, lie down flat and drink plenty of fluids for an hour. If this does not result in drainage from the catheter, then **come straight to Ward 11** for advice. **Do not let anybody remove your catheter without agreement with your Consultant.**

### **Wound problems**

You can shower or bathe at home. The clips, which hold the wound edges together, should be removed ten days after you option. If you have already gone home at this stage, we will arrange for the District Nurse to remove the clips for you.

Some patients may develop a wound infection after they go home which shows as redness or swelling around the wound. If this happens, seek advice from your GP.

## **Clots in the leg (Deep Vein Thrombosis)**

In the first six weeks after surgery, one of the most serious potential complications is the development of clots in the back of the calf. If you develop any of the symptoms described earlier, e.g. chest pain, shortness of breath, pain or swelling in your leg, then call your GP or contact your nearest Accident and Emergency Department if you are away from home. You should tell the doctor who sees you that you have had a radical prostatectomy, and are concerned about a possible blood clot.

## **Infection in the urine**

Urinary tract infections are quite common in anyone who has a catheter in place. Unless you have symptoms, the infection may not require any treatment.

Symptoms of a urinary tract infection include

- Chills and fever
- Concentrated or cloudy urine
- General malaise

Sometimes there may be cloudiness in the urine, which does not necessarily signify an infection, but may represent sediment in the urine that is a normal occurrence.

## **Urinary control**

In the discussion you had with your Consultant prior to surgery, the problem of urinary incontinence following surgery was discussed with you. The majority of men find that they experience a small amount of urinary leakage. However for a few men, the problem is more severe.

The return to normal control occurs in three phases, and you should try to be patient with the speed of your recovery. The first phase is that you will be dry when you are lying down at night. In phase two you will be dry when walking around, and finally in phase three you will be dry when you get up from a sitting position. The return to normal occurs at different speeds in different men and is impossible to predict accurately. Until you gain full control, you may find it useful to limit the amount of caffeine drinks (tea and coffee) and alcohol that you drink as these drinks act as a stimulant on the bladder.

Overall recovery of urinary control occurs in up to 92% of men who undergo this procedure.

## **Return of sexual function**

Erections may return gradually after this option, and as with incontinence problems, you must be patient and remain positive.

The speed at which erections return is variable, and some men may not regain their erections until two years after surgery, although the majority will notice an improvement in performance over this time.

Do not be afraid to attempt intercourse, but it is better to wait for at least 6 weeks after surgery, to make sure everything has healed. Do not be tempted to wait for a perfect erection before attempting intercourse – you should be able to have an orgasm even if you do not have a very good erection. You will not produce any semen because the prostate and seminal vesicles have been removed.

If problems with your erections persist, then treatments are available and you can discuss these with your Consultant at one of your regular follow up appointments.

Overall, the risk of impotence developing is up to 32% but this will also depend on the quality of erections present prior to the operation.

## **Follow up after surgery**

6-8 weeks after the operation you will be seen by the Consultant in the outpatient clinic. This so is the results of the surgery can be discussed with you, and any other treatments planned. At this stage, the Consultant may arrange a blood test to test for PSA (Prostate Specific Antigen – see leaflet) to help decide how successful the surgery has been.

Further follow up appointments will be given at regular intervals, although the time between visits may lengthen if there are no particular problems.

## **Any questions?**

This leaflet has been written by the nursing and medical staff who work in the Urology Unit.

If you have any questions, jot them down here and ask the nursing or medical staff for answers.

**Urology Department , Ward 11 - Telephone (01733) 875311**

## **Please do not hesitate to ask the nursing staff**

If you have any further questions

## **DISCLAIMER**

THE MOST STRENUOUS EFFORTS HAVE BEEN TAKEN TO ENSURE THAT THE INFORMATION CONTAINED WITHIN THESE PAGES IS FACTUALLY CORRECT AND CONTAINS UP TO DATE INFORMATION.

HOWEVER, NEITHER THE AUTHOR, PETERBOROUGH HOSPITALS NHS TRUST, NOR ANY OF THE PERSONS MENTIONED IN THESE PAGES WILL ACCEPT RESPONSIBILITY FOR ANY INJURY TO PERSONS OR PROPERTY WHICH MAY OCCUR AS A RESULT OF ADVICE OR IDEAS CONTAINED WITHIN THESE PAGES.

YOU ARE THEREFORE MOST STRONGLY ADVISED TO SEEK COMPETENT MEDICAL ADVICE FROM A REGISTERED MEDICAL OR SURGICAL PRACTITIONER

© Mr C Dawson 2006: All rights reserved. No part of these web pages may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage or retrieval system, without prior written permission from the Author.