
Laparoscopic Radical Prostatectomy

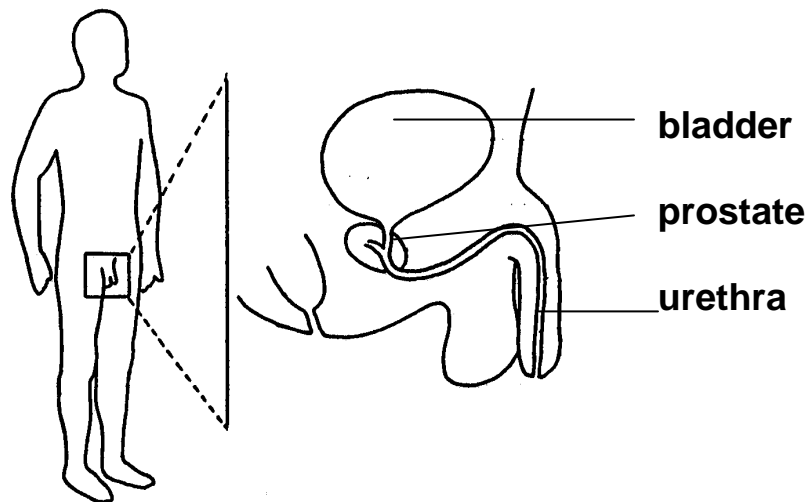
To learn about prostatectomy surgery, you will need to know what these words mean:

The **prostate** is the sexual gland that makes a fluid that helps sperm move. It surrounds the urethra at the neck of the bladder.

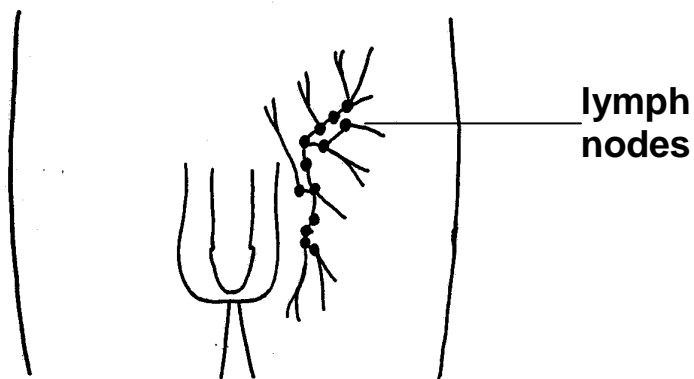
The **bladder** stores urine that is made by the kidneys.

The **urethra** is a tube that takes urine and sperm out of your body.

Here is a picture:



Lymph nodes drain and filter fluid from the body. There are many lymph nodes all over your body. Here is a picture of lymph nodes close to the prostate.



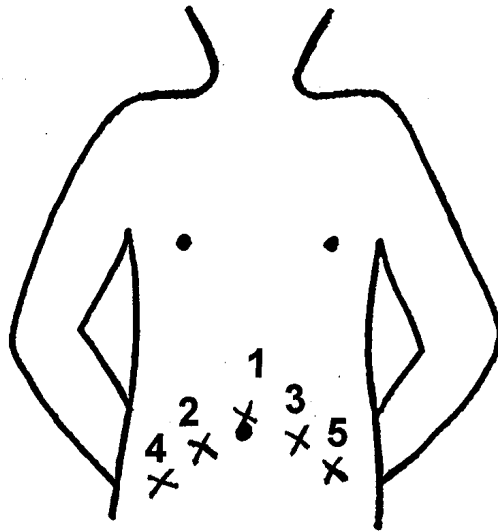
What is a prostatectomy?

This surgery removes the whole prostate gland. The most common reason for this surgery is cancer.

During the surgery, the doctor will may take some tissue from your lymph nodes to check for the spread of cancer.

What is laparoscopic surgery?

Laparoscopic surgery is done by making 5 small incisions, 5 to 10 mms long. The picture shows where the incisions may be. Your incisions may not be in exactly the same places.



1 This incision is used to put a special gas into the abdomen so the doctor can see. Then a very small video camera is put into this incision. The prostate is also taken out of this incision.

2, 3, 4, 5 are smaller incisions for instruments that hold and move the prostate and other organs around. A thin tube called a drain may be placed in **4** to help drain fluid after surgery.

What is the open method?

Sometimes during laparoscopic surgery the doctor decides to remove the prostate by the open method for safety reasons. The open method means that prostate is removed after making a 15 to 20 cm incision in the abdomen. If you have the open method, you will stay in the hospital 3 to 5 days. Your recovery period is about 4 to 6 weeks.

What happens before surgery?

You will come to the Pre-Admission Assessment Unit 1 to 2 weeks before to learn how to get ready for surgery. Here you will meet with a nurse and an anesthetist.

In this clinic, you will have blood taken for any tests your surgeon has ordered. You will also have a heart test done called an ECG. You will meet with the anesthetist to talk about having general anesthesia for this surgery. This means that you sleep during surgery.



In the Pre-Admission Assessment Unit you will get a set of instructions to follow before surgery. If you are not sure of anything, contact your surgeon's office for advice.

If you have a CPAP or BiPAP machine:

Get ready to bring your machine and mask to the hospital the day of surgery.

Write down your prescription provider and settings for the machine so your health care providers will be able to operate it.

The respiratory technician at St. Joseph's Hospital may need to talk to your provider about your settings.



What to bring to hospital:

Pack your bag and follow the list you got in the Pre-Admission Assessment Unit. You will stay in the hospital about 2 to 3 days.



Bring your CPAP or BiPAP machine and mask if you use one at home.

The Day Before Surgery

Diet and Bowel Preparation:

Follow the eating and drinking instructions you were given in the Pre-Admission Assessment Unit. **'Nothing to Eat or Drink'** means no chewing gum, sucking candy or anything.



You can take any medications the anesthesiologist reviewed with you in the Pre-Admission Assessment Unit with a small sip of water.

The Day of Surgery

Day Surgery Unit (DSU)

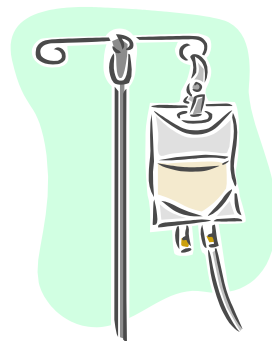
You will check in at the Reception Desk of the Day Surgery Unit about 2 hours before surgery. You will wait in the waiting room until you are called in. If you have a friend or family member with you, you go into the Day Surgery Unit by yourself at first. As soon as you are ready for surgery, the nurse will invite your support person to join you.

In the Day Surgery Unit, you will get ready for surgery. You will go to the bathroom and then put on a hospital gown. The nurse will ask you some questions and answer your questions.

Before surgery, the surgeon will also come to see you and mark the surgical area with a special pen. The anesthetist or anesthetist's assistant will also come and talk to you before surgery

Intravenous Therapy

You will have a small thin tube put into a vein in your arm. This is called an intravenous or IV. The IV is used to give you fluids and medications before and after surgery. Before surgery you will get antibiotic medication in your IV to help prevent infection.



The Operation

Operating Room

When it is time, you will be taken to the Operating Room. This room is bright and cool. You will move from your stretcher bed onto the operating room table with help.

The team then goes through the steps of preparing for surgery called a “surgical time out.” They make sure they have the right patient and the right surgery before starting your anesthesia.



What happens during the surgery?

You will be given a general anesthetic in the operating room. This means that you will be asleep during the operation. The surgery takes about 4 hours.

What happens when the surgery is over?

You will go to the Post Anesthetic Care Unit (PACU). You will be watched closely by the nurses and given pain control medication. You will stay here until you are fully awake and then go to your bed on a nursing unit. There is a waiting area for your support person.

How will I feel after surgery?

Pain and discomfort

Each person feels pain and discomfort in his or her own way. There are many ways to help control pain. You and your nurse will work together to control your pain and be comfortable.

You may have shoulder pain caused by the air that was put into your abdomen during surgery. The best way to relieve this pain is to move around.

You may also have gas pains. These are caused by the surgery as well as being off your normal fluids and diet before surgery. Pain control medications also slow bowels down. Your nurse will help you get up and move around after surgery to help your bowels move.

Other ways to relieve pain and discomfort are:

- drinking warm fluids
- any method of relaxation such as listening to music, deep breathing or meditation



Catheter and Tube

You will have a thin tube called a catheter in your urethra and bladder to drain urine. This catheter will stay in 7 to 14 days to promote healing. You may have pain or a burning sensation from the catheter.

Your nurse will teach you how to manage your catheter before you go home.

Abdominal Drain

This is a tube placed in the abdomen to drain extra fluid or blood after surgery. The nurse will test this fluid during your stay. This tube is usually removed before you go home or you may have a nurse visit you at home.

What can I eat and drink?

You can have clear fluids the day after surgery.

After you have passed gas from your rectum, your nurse will tell you when you can eat more solid foods.

Walking as soon as possible after surgery will help you pass gas. Your nurse may give you a medication to help you pass gas if needed.

You do not have to have a bowel movement before going home.

You can slowly return to your normal diet when you feel comfortable.



How do I look after myself?

Hygiene

You can shower as soon as you feel ready. It is important to wash around the tube coming out of your penis 2 to 3 times a day to prevent infection. You can use soap and water. Do not have a bath until your catheter has been removed.



Incision care

The incisions are closed with special paper tape that will fall off on their own. The stitches are inside your skin and dissolve on their own. The special paper tape does not need to be changed.

How long will I be in hospital?

Plan to be in the hospital 2 to 3 days.

Before you go home

Make arrangements for pick-up before you come to the hospital for surgery. You need to have a support person ready to come.

Before you leave the hospital, have your support person pick up a wheelchair in the lobby and bring it to the unit if you feel you will not be able to walk on your own.

What activity can I do?

Activity and exercise

To prevent problems after surgery, it is very important for you to do deep breathing, coughing and circulation exercises each hour you are awake. You need to do these exercises even though it may be uncomfortable. Your nurse will show you how to do these exercises.

You will be encouraged to walk shortly after you return from surgery.

Moving and walking as soon as possible after surgery will:

- keep your muscles strong
- prevent breathing problems such as pneumonia
- help your blood move around your body and prevent blood clots
- help your bowels become active and pass gas



You should walk as much as you can but listen to your body and rest when you feel you need to. When you go home walk everyday. Slowly increase the amount you walk.

Avoid lifting heavy items or heavy work for 2 weeks. This includes things like shoveling snow, cutting the lawn, vacuuming, carrying groceries, driving and lifting children. Prepare your family and friends for your return home by making arrangements for someone else to do your heavy work.

You can return to your normal activities after 2 weeks.

Sexual activity

Nerves that supply the penis surround the prostate. These nerves help you have an erection. During surgery, your surgeon makes every attempt to protect these nerves. However, you may not be able to have an erection after surgery. For some this is temporary and returns after healing.

If you already had erectile dysfunction before surgery then your function will probably not change.

There are medications that may help. You can discuss this with your doctor.

Loss of bladder control or incontinence

Loss of bladder control may occur after the catheter is removed. You may not be able to hold your urine. You may dribble after voiding or you may not be able to make it to the bathroom in time. This does not happen to everyone. There are many incontinent products to wear and can be found at most pharmacies.

Loss of bladder control may be due to muscle weakness of the pelvic floor. Your nurse will teach how to do pelvic floor muscle exercises to help strengthen these muscles.

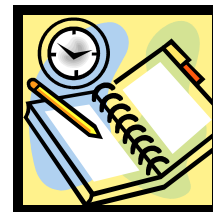
You can also help prevent incontinence if you limit the use of caffeine and alcohol and decrease the fluids you drink after dinner. Your doctor may refer you to a continence clinic.

When can I go back to work?

You can return to work in 2 to 4 weeks after you talk to your doctor.

When do I see my doctor?

You will be given a follow-up appointment to see your doctor in 10 to 14 days.



Contact your doctor if:

- you have a temperature greater than 38°C or 100°F
- you see drainage from any of the incisions
- any incision is swollen or red
- you have pain that increases or becomes worse
- your urine becomes bright red or does not drain into the catheter bag

