

Recovering after robot assisted radical prostatectomy surgery

This factsheet informs you about what to expect following your robot assisted radical prostatectomy. It also provides guidance about self-care when at home. If you have any further queries or concerns after discharge, please see our contact details on page 5.

You will go home with a catheter, which will remain in place for between seven to 14 days to allow the new join (anastomosis) between your bladder and urethra to heal. In some circumstances, this period may be extended. The catheter will be removed in hospital at a follow up appointment. Catheter care is very simple but the following information will help you manage it at home.

Looking after your catheter

- Good hand hygiene is essential. Always thoroughly wash and dry your hands before touching the catheter.
- Clean the catheter and tip of the penis daily with warm, soapy water. This can be done as part of your routine personal hygiene, for example, in the shower.
- **Always** wear a thigh strap (for example Simpla G-strap) and follow the manufacturer's guidelines including whilst showering. This helps to keep the catheter in place and prevents potential trauma to the bladder neck and urethra.
- **Never** pull on the catheter.
- Keep the drainage bag tubing free of kinks and loops. Always keep the collection bag below the level of the bladder to make sure the flow of urine is unobstructed.
- **Always** wear a **long** leg bag (drainage bag) and empty when two thirds (2/3rds) full. Replace the leg bag once every seven days – you can do this yourself or a district nurse can change it for you.
- To enable you to have an undisturbed night's sleep, attach the larger bag (night drainage bag) to the end of the leg bag before you go to bed. Remember to open the valve between the leg bag and night bag. The night bag can then be placed in a small box such as a clean ice cream tub, beside your bed. Disconnect the night bag in the morning, remembering to close the leg bag valve. Empty the contents of the bag into the toilet and discard the bag in the bin. Night bags must only be used **once**.
- Drink plenty of fluids. Aim for at least eight to ten glasses of water (or equivalent, for example, squash, milk, juice) a day.

What should I do if...

Here are some useful tips if you are experiencing any catheter-related problems. Please contact your district nurse, GP or hospital if you need any further guidance:



There is clear urine leaking around the catheter?

This happens most commonly when straining on the toilet, coughing, sitting down or standing up. It can also be caused by bladder spasms. This usually gets better by itself but please contact the district nurse if it continues. Medication called Oxybutynin may help to relieve the symptoms of bladder spasm - if you think you are experiencing this, please contact your hospital nurse. If, however, you are experiencing these spasms **and** not passing any urine, then your catheter could be blocked. If this happens, please contact your hospital nurse or Advanced Nurse Practitioner (ANP) who will be able to flush the catheter (and remove the blockage).

Small amounts or no urine is draining into the catheter bag?

If you are not passing much urine into the catheter bag then this could mean you are not drinking enough. If you notice that your urine is concentrated (dark), you should increase the amount you drink to a glass of water every hour. If you continue to pass small volumes of urine, please contact the district nurses. Your catheter could be blocked and the district nurse will need to flush it with sterile water.

My catheter falls out?

If for any reason your catheter falls out, contact the hospital, district nurse or GP **immediately** as it may need to be put back. You should ask your district nurse or GP to contact the on-call urologist at the hospital for advice. Depending on where you live, you may need to have the catheter re-inserted at your local hospital (if you do not live near The Royal Marsden).

I have not had a bowel motion for three or more days?

It is important to avoid constipation. Drink between eight to ten glasses of water a day and eat a well-balanced diet. This includes foods high in fibre, fruits, vegetables, and whole grains. We will give you a laxative on discharge to assist with opening your bowels following surgery. If you are unable to have a bowel movement, you may require a stronger laxative as directed. **Do not strain** or use suppositories or enemas. Following this surgery, it is common to have some blood in your urine after a bowel movement.

Symptoms to look out for

If you experience any of the following, please tell your district nurse or GP:

- Fever over 38°C or 101° F
- Chills
- Severe pain not relieved by your pain medication
- Redness or opening of any wound
- Foul smelling urine
- Heavy bleeding or clots in your urine.

Wound care

You will have five abdominal laparoscopy sites (where incisions have been made) and one drain site when you go home. The laparoscopy sites will be closed with dissolvable stitches or surgical clips and covered with padded dressings. There may be slight oozing from these sites, which is normal, but if you get excessive discharge that soaks the dressings (known as strikethrough) then you must inform your district nurse. The dressings are waterproof so you can shower/bath with



them on but you will need to change them every few days or when strikethrough occurs and inspect the wound; this is best done **before** your shower. Carefully dry the wound and apply the new dressing after your shower. Your nurse will give you some spare dressings before you go home. The stitches will dissolve in approximately 10 days. If you are concerned about your wounds, please contact your district nurse.

Venous Thrombo Embolism (VTE) Prophylaxis

You will be discharged with one month's supply of Tinzaparin injections. These injections are given to prevent the development of blood clots after surgery. You can either administer these to yourself (a nurse will teach you how to do this) or your district nurse can assist you. Please inform the nurse which you would prefer so the necessary teaching or referral can be made. We will also provide you with anti-embolic stockings on discharge. These should be worn for one month post-surgery and can be washed weekly in the washing machine and re-used or washed more often if they become soiled.

Catheter removal (Trial Without Catheter)

The catheter will be removed at an outpatient appointment seven to 14 days following the surgery. For some patients a cystogram will also be required at this appointment; if you require one, we will inform you in advance. A cystogram is an x-ray test where a radiographic dye is injected into your bladder through the catheter to assess for any leaks, and a series of x-rays are taken. The procedure is painless and takes no longer than 20 minutes.

Be prepared to spend the majority of the day in the Outpatient Unit for a Trial Without Catheter (TWOC) appointment. For most patients, this will be at the Clinical Assessment Unit and for some private patients this will be at the PP Day Surgery Unit. Once your catheter has been removed, it is important to continue drinking at least eight to ten glasses of water (or equivalent) a day.

If you notice blood in your urine, you should increase your fluid intake. If for any reason you are not able to pass urine, despite drinking fluids and taking a warm bath (to relax the bladder muscle), then contact your district nurse, Clinical Nurse Specialist (CNS) or Advanced Nurse Practitioner (ANP) **immediately** for further advice.

Continence

Incontinence or the inability to hold urine is something we discuss prior to surgery as we know that men will have an element of inability to control urine for a period of time and most men will experience dribbling of urine after their catheter has been removed and will need some form of protection (incontinence pads). Tight-fitting underwear usually works to hold pads in place.

Make sure that you have your own personal supply of bladder weakness products before attending for your TWOC appointment. This will ensure you are prepared for your catheter removal and any potential temporary urine leakage. Bladder weakness products are pads designed for male underwear. You will need to bring at least four pads with you to your appointment for catheter removal. These pads can be obtained from various sources such as your local pharmacy or supermarket - they may need to be specially ordered. We also advise to bring a spare pair of underwear and trousers just in case. Most men are able to regain reasonable bladder control in the first three to six months. A small number of patients will continue to experience incontinence after



this time. If this happens, additional support and follow up can be arranged and will be discussed at your next outpatient appointment. To help recovery of continence, it is **essential that you resume pelvic floor exercises** following your TWOC and continue doing them regularly. You will be assessed at your follow up appointment and if symptoms persist, you may be referred to our specialist symptom support clinic.

Sexual function

Following Robotic Prostate surgery it is very common for men to not have the ability to achieve and maintain an erection. This is dependent on your function before the operation, and whether it was possible to do a nerve preserving operation. The ability to get an erection after surgery can be slow and time dependent. Even though the nerves are spared, there can be some injury as a result of trauma or stretching from the operation. These nerves need time to heal. At your follow up appointments, we will discuss options with you. Erection problems can be helped by treatments ranging from tablets to injections. It is highly unlikely that you will lose your sex drive (libido) as a result of the operation.

Keeping an open dialogue with your partner is important for support and your rehabilitation in sexual function, you may be referred to our specialist symptom support clinic to help manage this in the longer term.

Pain

Since the surgery is performed through small incisions, most patients experience much less pain than with open surgery. Some distension (bloating) and discomfort across your abdomen and the area in-between your rectum and scrotum (the perineum) is common. However after one week, very few men feel any pain at all.

Can I shower or bath?

Yes. The incisions in your abdomen are closed with dissolvable stitches or metal clips. Clips will be removed approximately ten days following surgery either by the district nurse or at the hospital. You can shower or bath but should rinse any soap thoroughly from your body as this may irritate the wounds. Gently pat yourself dry to minimise the risk of infection.

When can I exercise?

It is a good idea to do some gentle walking straight after the operation. After four to six weeks, jogging and aerobic exercise should be OK. After six to eight weeks, you may resume heavy lifting.

When can I drive?

When you are comfortable to do so and when you feel able to carry out an emergency stop (usually four to six weeks). Please check with your insurance company before you start driving again.

When can I resume sexual activity?

This will depend on whether a nerve-sparing procedure was possible at the time of surgery. Please take particular note of any erections or feelings that you have and report them on your follow up appointments to the consulting team. We will be happy to discuss any concerns you may have.



When can I return to work?

Please allow a couple of weeks' recovery before returning to work. If your work involves heavy lifting, please speak to your consulting team about this before leaving hospital.

Follow up

It will be some weeks before the final pathology results on your prostate are available. We discuss all biopsy results at a multi-disciplinary meeting before any further treatment decisions are made. We will inform you and your GP of the results after this discussion. You will receive an appointment to attend the outpatient clinic no earlier than eight weeks after surgery.

You would have had a Prostate-Specific Antigen (PSA) test leading up to your surgery - this is a blood test to measure the activity in the prostate. The PSA test should be taken the week prior to your appointment; this can be done at either Sutton or Chelsea. If your PSA is taken locally at your GP or hospital, please ensure you bring the result with you to clinic.

The surgeon will ask you how you are recovering and discuss the findings of the pathology report with you. We will take blood tests regularly to check your PSA level. The level should remain near zero after surgery but if the PSA rises significantly, we will carry out further tests.

Contact details

If you have any further questions after reading this information, please contact your consultant or your uro-oncology CNS on the numbers listed below.

Advanced Nurse Practitioner: 0207 352 8171 ext. 1701/1799
Monday to Friday, 8am – 5pm

Clinical Nurse Specialist (your key worker): 0207 352 8171 ext. 4508
Monday to Friday, 9am – 5pm

Out of office hours Site Practitioner: During evenings and weekends, please call 0207 352 8171 and ask to speak to the '022' – the nurse in charge of the hospital.

Burdett Coutts Ward: 0207 808 2370/2380
Granard House Ward: 0207 808 2666

District Nurse:
Weekdays (8am-4pm):
Out of hours:

The Royal Marsden Macmillan Hotline: 020 8915 6899

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments. This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

