

Recovering after Robot Assisted Radical Prostatectomy surgery

This patient information sheet will inform you about what to expect following your Robot Assisted Radical Prostatectomy. It also provides guidance about your self-care expectations when at home. Contact numbers are provided on the last page if you have any further queries or concerns after discharge.

You will go home with a catheter, which will remain in 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 part of your routine personal hygiene, for example, in the shower.
- **Always** wear a thigh strap (for example Simpla G-strap) and wear it following the manufacturer's guidelines including whilst showering. This helps to keep the catheter in place and prevent 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 2/3rds full. Renew the leg bag once every seven days – this will either be carried out by you or the district nurse. To enable you to have an undisturbed night's sleep, at night attach the larger bag (night drainage bag) to the end of the leg bag. 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 it in the bin. Night bags must only be used once.
- Drink plenty of fluids. This means at least eight to ten glasses of water (or equivalent, for example, squash, milk, juice) in a day.

What should I do if...

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



There is clear urine leaking around the catheter?

This is most likely to be caused by bladder spasms or straining on the toilet and is not uncommon. This usually gets better by itself but please contact the district nurse if it continues. Medication called Oxybutinin 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 also not passing any urine, then your catheter could be blocked. If this is happening then please contact your hospital nurse at the hospital 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), please increase the amount you drink to a glass of water every hour. If you still continue to pass small volumes of urine, then please contact the district nurses. Your catheter could be blocked and the district nurse will need to flush it with sterile water.

Your catheter falls out?

If for any reason your catheter falls out, please 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) .

You 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 to help avoid these problems. You are given a laxative called Lactulose to assist with opening your bowels post operatively. 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. It is common to have some blood in your urine after a bowel movement following this surgery.

Other problems to report to the Practice nurses or GP

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

- Fever over 38.0 Centigrade (C) or 101.0 Fahrenheit (F)
- Chills
- Severe pain not relieved by your pain medication
- Redness or opening of any abdominal incision site
- Foul smelling urine
- Heavy bleeding or clots in your urine

Wound care

You will have five abdominal laparoscopy sites and one drain site when you go home. The laparoscopy sites will be closed with dissolvable sutures and covered with padded Tegaderm dressings. There may be slight ooze from these sites, which is normal, but if you get excessive discharge that soaks the dressings (strikethrough) then you need to 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 and the dressing re-applied after your shower. You will be given some spare dressings by your nurse before you go home. Your wound sites will be closed with dissolvable sutures which will dissolve in approximately 10 days. If you are concerned about your wounds at all, then please contact your GP.

Following removal of the 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, you will be informed in advance. A cystogram is an x-ray test during which a radiographic dye is injected into your bladder through the catheter to assess for any leaks. The procedure is painless and takes no longer than 20 minutes, during which time a series of x-rays will be taken.

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 Centre for Urgent Care 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, then please increase your fluid intake. If for any reason you are not able to pass urine, despite drinking plenty of fluids and taking a warm bath (to relax the bladder muscle), then contact your GP or Clinical Nurse Specialist (CNS) uro-oncology or the Hotline.

Continence

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. To be ready for your catheter removal and any potential temporary urine leakage, you should make sure that you have your own personal supply of bladder weakness products before attending for your trial without the catheter. Bladder weakness products are pads designed for male underwear. You will need to bring at least 4 pads with you to your appointment for catheter removal. It is advisable to bring a spare pair of underwear and trousers just in case.

These pads can be obtained from various sources:

- Your local pharmacy or supermarket. They may need to be specially ordered.
- Order by phone. You can place an order by calling Tena Direct on Freephone 0800 393 431. You can pay by credit or debit card. Lines are open Monday to Friday 8:30am to 5pm (enquiries may be diverted to an answer machine if all lines are busy).
- Order on-line. Available from www.tenadirect.co.uk where you can select the products you need and complete your purchase using the secure on-line payment system.

Most men are able to regain reasonable 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. These exercises will help you to regain your continence and should be done 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

Depending on your function before the operation, and whether it was possible to preserve the nerves, problems with erection can occur. Being able to get an erection after surgery can be slow and time dependent. Even though the nerves are spared, there can be some injury from trauma or stretching from the operation. These nerves need time to heal. At your follow up visits, options will be discussed 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. You may be referred to our specialist symptom support clinic to help manage this in the longer term.

When I go home, how much pain will I experience?

Since the surgery is performed through small incisions, most patients experience much less pain than with open surgery. Some distension and discomfort across your abdomen and the area inbetween 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 sutures. These clips will be removed approximately ten days following surgery either by the district nurse or at the hospital. We recommend that you rinse any soap thoroughly from your body as this may irritate the wounds. You should gently pat yourself dry to minimise the risk of infection. You may experience some bruising around the incision sites but this will reduce with time.

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 is 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 make an emergency stop (usually 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. We ask that you take particular note of any erections or feelings that you do have and report them on your follow up appointments to the consulting team.

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 about six weeks after surgery. 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 nurse specialist on the numbers listed below.

Clinical Nurse Specialist (your key worker): Isabelle Lane 020 8915 4441 Monday to Friday 9am – 5pm

MacMillan Hotline 020 8915 6899

For non urgent queries email urologynurses@rmh.nhs.uk

Medical Secretaries

Surgical Chelsea - 020 7808 2076/2789/2437

Sutton – 020 8661 3269

