

Anaesthesia and peri-operative information for robotic assisted laparoscopic prostatectomy

This factsheet contains information about preparation prior to your robotically assisted prostatectomy, the anaesthetic and the immediate period following the procedure (peri-operative). The vast majority of patients recover very well and after this procedure and tend to leave hospital after two days.

Preparing for your procedure

You should stop eating at least six hours before the planned start time of the procedure, but you can have water (not tea, coffee or juice) up until two hours before the procedure.

If you have any loose teeth, caps or crowns, please tell us before the procedure. It is extremely unlikely that dental damage will occur during the operation, but any of the above do increase the risk.

The procedure will be reasonably long (usually between four and five hours). This includes preparation time for the procedure (approximately one hour) and the time spent afterwards getting you ready to go to the recovery area. You will spend at least one hour in recovery after the procedure - you will be awake but drowsy.

What are the risks involved and how can I lower them?

Headache, head swelling and visual issues

For the majority of the procedure, you will be positioned approximately 25 degrees head down (in order to drop the organs out of the pelvis to allow access to the prostate). Because of this position, you are likely to have a small degree of head swelling and possibly a headache after the operation, however this will resolve with time (a few hours). This position can also increase the pressure in your eyes. There have been reported cases of visual issues of visual loss or visual problems following this type of surgery, but these have been rare. Patients at greater risk are those with diabetes and pre-existing visual issues such as glaucoma, high eye pressures and/or retinal problems. Please let us know during your pre-assessment visit if you have any of these conditions.

Numbness in your hands, arms or legs after surgery

As you are in the same position for a long time, there is a risk of pressure on superficial nerves which may cause numbness. This has resulted in a numb foot in two (out of over a thousand) patients. This numbness resolved within 48 hours on both occasions, although other cases could last longer and be more extensive. The little and ring fingers of either hand may also be at high risk of numbness.



Deep vein thrombosis (DVT)

You are at risk of developing a deep venous thrombosis. In order to minimise this risk, we will give you compression stockings and intermittent compression devices (inflatable coverings) to your legs. You should continue to wear the stockings for 28 days after leaving hospital. You can remove these when showering or bathing but remember to put them back on immediately after drying your legs.

We will also give you low molecular weight heparin (Tinzaparin) for the 28 days following surgery. It acts to reduce the risk of you developing blood clots after the operation. This comes as a once a day injection - we will show you how to administer this at home.

What happens during the operation?

In addition to the general anaesthetic, we offer a form of pain relief administered via an injection in your lower spine, called a spinal. This is similar to an epidural given to women in childbirth.

- The advantages for having a spinal, include the improvement in pain relief after the operation and a much lower incidence of bladder spasms. There is also some evidence to suggest that it may improve long-term outcome and reduce cancer recurrence.
- The spinal is administered before the general anaesthetic - it takes about ten minutes and is not usually painful. As the injection is made, you may feel pins and needles or a sharp tingle in one of your legs – if you do, please try to remain still and tell your anaesthetist.
- You will then receive a general anaesthetic.
- The common side effects of a spinal include failure, itchiness and nausea (feeling sick). Headaches occur in one in 100 patients and more rarely, nerve damage occurs in one in 23,500 patients.

We may also perform a block of the nerves that supply your abdominal wall, by using the ultrasound machine whilst you are asleep. This may result in some reversible numbness of your abdominal wall (within 24 hours). Following these precautions, you should not feel anything more than mild or moderate pain after the operation.

After the operation

- Although possible, it is unlikely that you will feel sick after the operation, however we will give you an anti-sickness medication, as routine.
- You may experience bladder spasm. This is caused by the presence of the urinary catheter in your bladder (placed while you are asleep), which makes the bladder muscle spasm. This may feel like an urge to urinate even though there is no need to, because the urine is draining via the urinary catheter. The urge usually lasts a few hours and will not cause you any harm.
- You may have an ache in one or both shoulders. This is caused by the carbon dioxide (CO₂) which is used to inflate your abdomen during the operation, so that we are able to see with the robotically controlled camera. The carbon dioxide is absorbed into your blood after the operation and breathed out, but it can take several days to be completely excreted (cleared from your system). In the meantime, the CO₂ can push up underneath your diaphragm, causing a 'referred' ache in your shoulders.



- ## Contact details

Please call The Royal Marsden switchboard on 020 7352 8171 and ask one of the extension numbers below:

Dr Nathan Kasivisvanathan ext. 4522

