

Anaesthesia and perioperative information for robotic-assisted radical prostatectomy

This factsheet contains information about preparation prior to your robotic-assisted prostatectomy, the anaesthetic and the immediate period following the procedure (perioperative). The vast majority of patients recover very well after this procedure and tend to leave hospital after one or 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 usually takes three to four hours, this includes preparation time for the procedure and the time spent afterwards getting you ready to go to the recovery area. You will spend up to 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 most of the procedure, you will be positioned approximately 20 to 30 degrees head down to allow the robotic instruments access to the pelvis. Because of this position, you may have a small degree of facial 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 loss or other 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) for 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 may also give you low molecular weight heparin (Tinzaparin) for the 28 days following surgery. It acts to reduce the risk of 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 of having a spinal include the improvement in pain relief after the operation and a much lower incidence of uncomfortable bladder spasms.
- 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. Temporary nerve damage occurs in around one in 1000 patients. This may last for days or weeks but usually resolves without treatment. More serious nerve injury is rare, with a risk of 1 in 10,000 to 1 in 100,000 patients.
- If you would prefer not to have the spinal anaesthetic, alternative pain-relieving medications can be provided. Please discuss this with your anaesthetist.

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 can 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.
- You can eat and drink after the operation but should begin with easily digested foods (such as fish, ice cream and yoghurt) and only drink water. You can start building up to a more normal diet on the day after the operation, unless instructed otherwise by the surgical team.



- You should start to get up and around on the day of surgery or on the following day. However, when you first stand up you may be dizzy, so you should have a nurse with you to help you sit back down.
- You will remain bloated for three to four days, but this will slowly improve.
- You may have a sore throat caused by the tube used to breathe for you during the operation. If so, the soreness will last for about three days.

Contact details

If you have any further questions regarding your anaesthetic, please do not hesitate to contact the anaesthetists.

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

Dr Nathan Kasivisvanathan ext. 4522

Dr Don Milliken ext. 4501

Dr Francesca Mazzola ext. 2727

