The Royal Marsden

The ROYAL MARSDEN
NHS Foundation Trust

WELCOME

House rules:

Patient confidentially – Please do not record or screenshot any of the information shared today.

Please keep mics on mute, there will be allocated time for questions, use the raise hand tool to highlight that you would like to raise a question this prevents talking over each other.

If you have a question that you feel is personal to you please put your name in the chat and we will endeavor to get back to you after the seminar

NHS

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SURGICAL SEMINAR

ROBOTIC ASSISTED RADICAL PROSTATECTOMY (RARP/RALP)

NHS

People involved with your care

Consultant surgeons:
Mr Declan Cahill
Mr Phillip Charlesworth
Mr Erik Mayer

Surgical Care Practitioner (SCP):
Marta Marchetti

Clinical Nurse Specialist (CNS):
Izzy Lane

Advanced Nurse Practitioner (ANP):
Kristoffer Ohlin

Physiotherapist:
April Windsor

Cancer Support worker (CSW):
Valentin Faur

TOPICS

Surgical treatment

Preparing for surgery (Pre-hab)

On the day of your Surgery

Post operative recovery

Routine follow up

Recovering from Surgery (Re-hab)

SURGICAL TREATMENT

Prostate cancer is a malignancy that develops in the prostate gland which can be treated surgically

When treating prostate cancer with surgery we aim to:

- **Remove the whole prostate and cancer contained within**
- **Preserve the structures that help maintain urinary continence**
- **Protect (where possible) the nerves that provide sexual function**

THE ROBOT

ANATOMY

What is removed?	Impact/risks of removal & severity of symptoms
Prostate	Urinary incontinence Penile shortening (atrophy) Loss of ejaculate
Nerve bundles – We undertake a Nerve sparing technique where possible	Erectile dysfunction
Seminal vesicles	Infertility
Lymph nodes (these are not removed as standard practice RMH)	Fluid retention

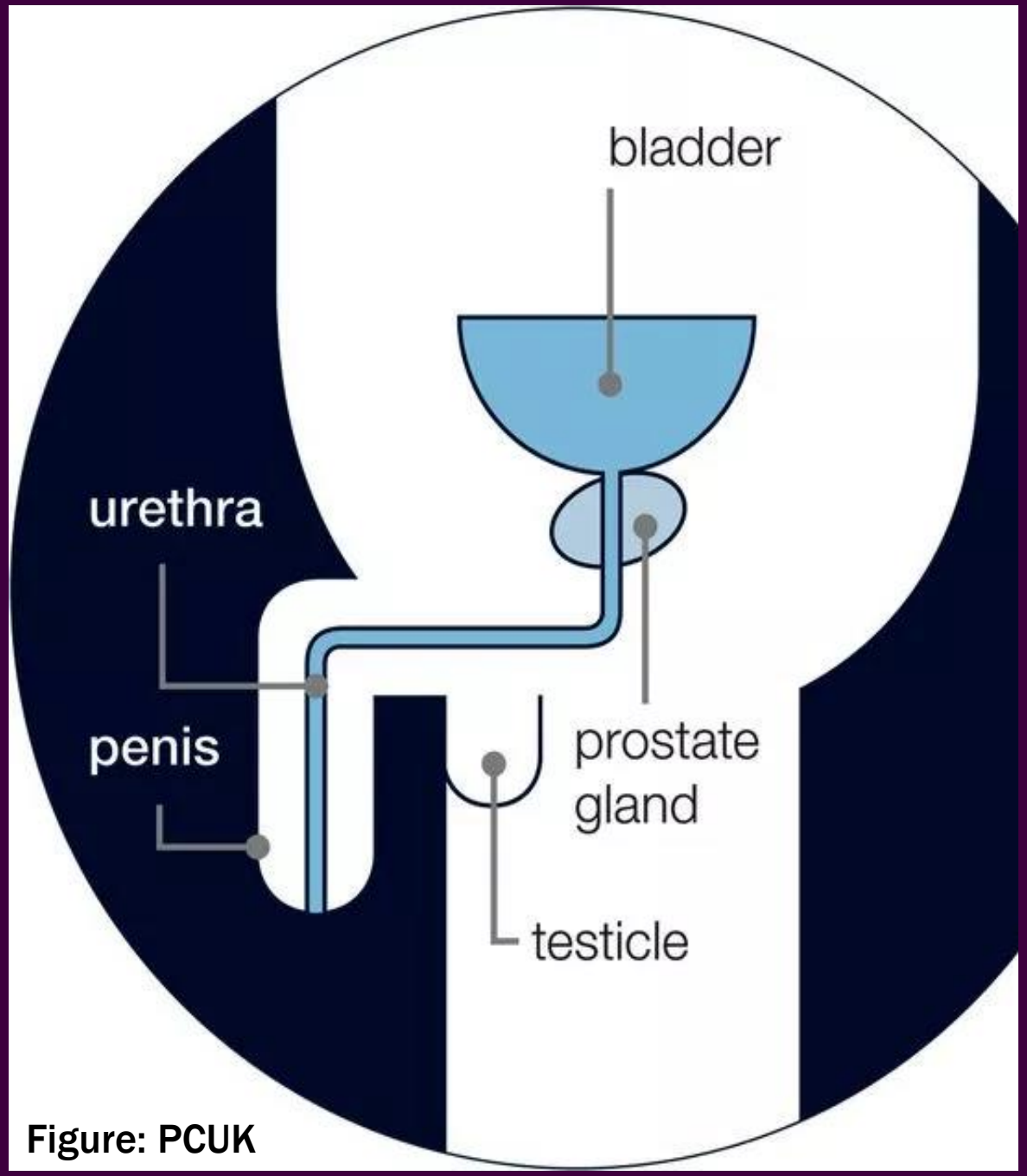


Figure: PCUK

PREPARING FOR SURGERY –

OPTIMIZING YOUR HEALTH AND FITNESS

All treatments for prostate cancer cause side effects:

Eat well

Stay active

DIET & HYDRATION

A good diet is important for your overall general health and fitness, it can lower your risk of common health problems including type 2 diabetes and heart disease.

There is some evidence to suggest that being overweight can increase the risk of spread after surgery (PCUK) successfully in its early stages

If you are a normal weight surgery is:

- Easier to do and therefore you spend a shorter time under anaesthetic
- There is a reduction in risk of post operative complications e.g. wound infections, chest infections.
- There is a reduction in the risk of incontinence and impotence

DIET

- **Pre operative**
  - High carbohydrate diet the night before surgery

- **Post operative**
- High protein
  - Chicken, fish, meat
- High vitamin
  - Fresh fruit and vegetables including plenty of green veg for iron i.e. Spinach, cabbage, sprouts, kale

HYDRATION

- ✓ Optimizes your body function
- ✓ Improves circulation and wound healing
- ✓ Decreases the risk of infection
- ✓ Decreases the risk of constipation
- ✓ Speeds up recovery time

Are you drinking enough?

Colours 1-3 suggest normal urine

1	Check the colour of your urine against this colour chart to see if you're drinking enough fluids throughout the day.
2	
3	If your urine matches 1-3, then you're hydrated.

Colours 4-8 suggest you need to rehydrate

4	If your urine matches 4-8, then you're dehydrated and you need to drink more.
5	
6	If you have blood in your urine (red or dark brown), seek advice from your GP.
7	Please be aware that certain foods, medications and vitamin supplements can change the colour of urine.
8	

EXERCISE

Physical activity

Engaging in regular physical activities before surgery can help improve your overall fitness levels, leading to a smoother recovery process.

PELVIC FLOOR EXERCISES

Doing exercises before and after surgery can be beneficial

Aim to do both Slow and quick squeezes.

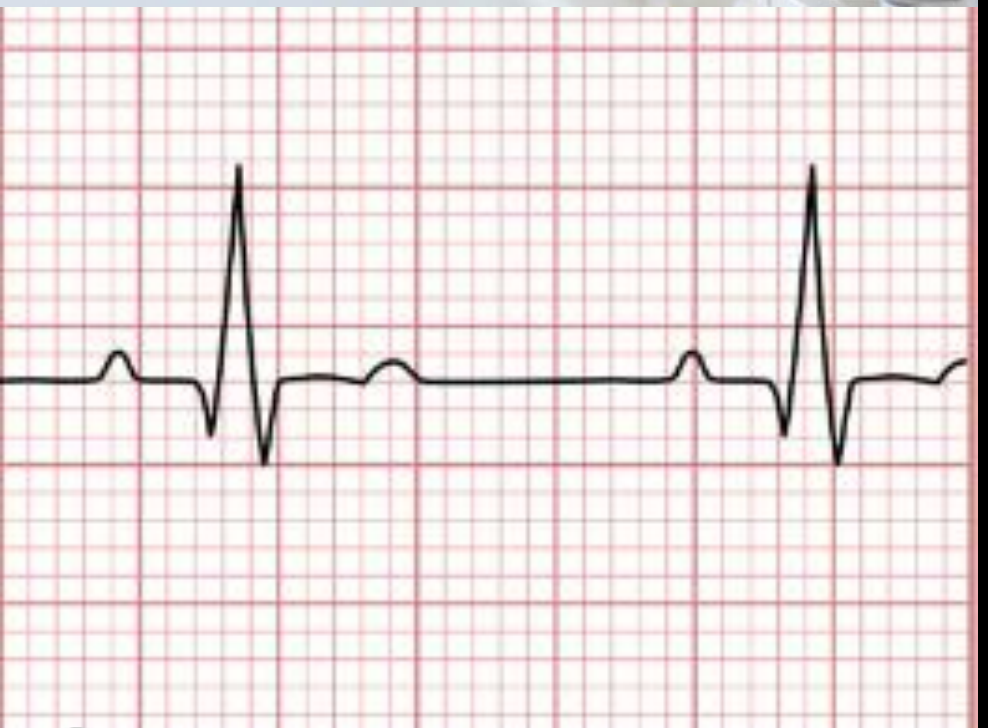
- Slow squeeze- Hold for 10 seconds. Relax for 10 seconds. Repeat 10 times.
- Quick squeeze- Squeeze and release 10 times.

Aim to do this 3-6 times per day in standing. Remember to breathe.

You should start the exercises today. After surgery don't start these exercises until 1 week after your catheter is removed

Video

Leaflet



PRE-ASSESSMENT AND INVESTIGATIONS

Blood tests, MRSA swabs, fitness check (heights and weight), ECG

Meeting you Pre-assessment Nurse / Doctor (Anaesthetist)

Medical history and previous surgery

Medication to stop or continue

When to stop eating and drinking

Body wash

THE DAY BEFORE SURGERY

GETTING READY

Have a nice dinner, but don't go for greasy foods!

Nil by mouth from the time you are advised at pre-assessment

Take your meds as advised

Bring your meds with you

Have a wash - Use Pre-op wash

Do not shave your tummy

Pack your bag

RELAX!

Planning:

- ✓ Childcare / Pets care
- ✓ Housework/Gardening
- ✓ Prepared meals
- ✓ Transport

TIMELINE – DAY OF ADMISSION & SURGERY

DAY SURGERY and ADMISSION UNIT

- Check-in
- Meet Nursing Team
  - Change clothes:
    surgical gown + stockings
- Meet Surgical Team (Surgeon and Anaesthetist)
  - Name your Next of Kin (NOK)

07.30-11.00

08.15-15.00

OPERATING THEATRE - ANAESTHETIC ROOM

- Confirm ID and Procedure
- Start Anaesthetic
  - Apply Monitoring Vital Signs
  - Insert Cannula for administration of drugs
  - Spinal Anesthetic vs General Anaesthetic (GA) only

09.15-16.00

OPERATION Time: 2-3 hours

Insertion of Urinary Catheter while asleep

RECOVERY AREA: 1-2 hours

- Waking up
- Pain monitoring
- Nurse 1:1 – Discharge to Ward

11.30-18.30

WARD : 24 h stay

- Continue Monitoring Vital Signs and Pain
- Catheter Management: Leg bag
- Early Mobilisation with Nursing Team
- **Meal Time**: In chair

- **Day after surgery (Day1)**
  - Meet the Urology Surgical Team (Ward Round)
  - Assess fitness for discharge
  - Teaching + post-op info by Nursing Team
  - **Discharge home between 8 AM and 1 PM**

13.30-20.30 (24 h stay)

POST OPERATIVE CARE

E.R.A.S - Enhanced Recovery After Surgery

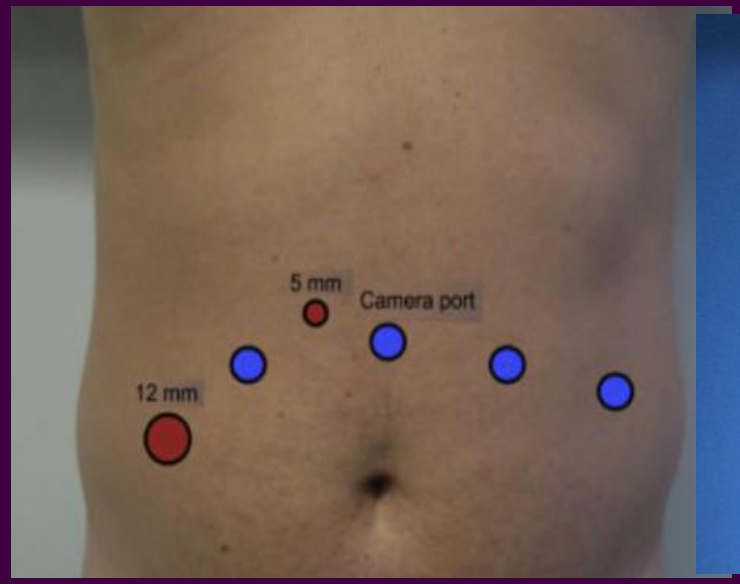
Rest and mobilisation

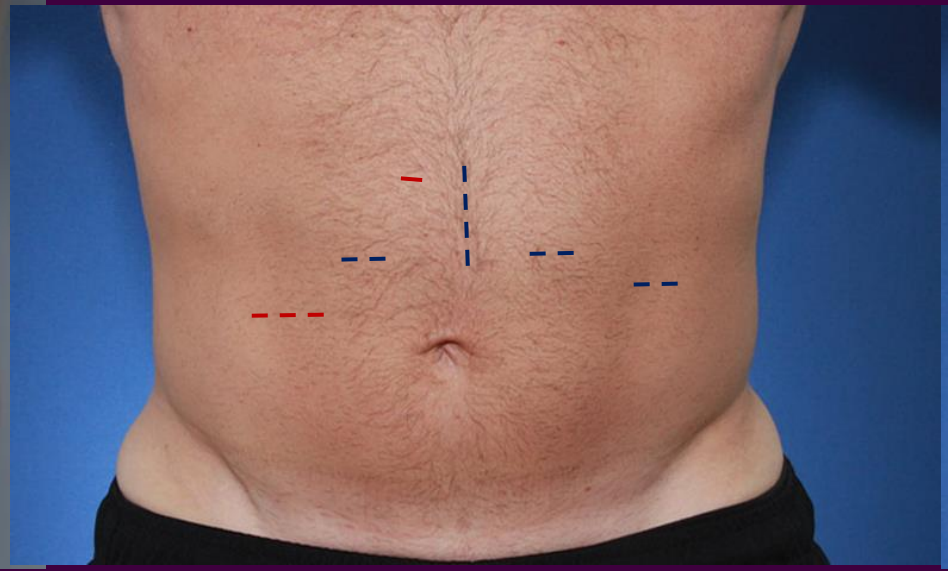
Medications

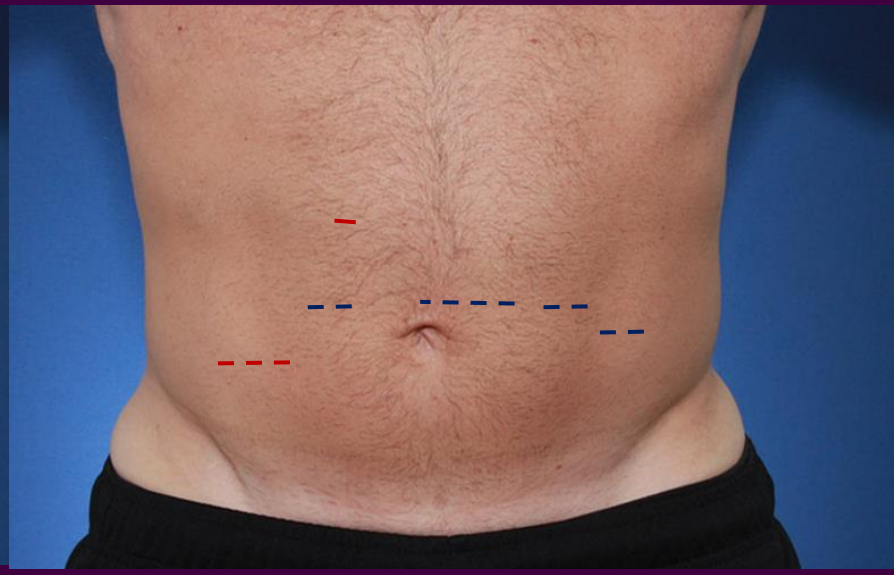
Fluids and hydration

Teaching, education and discharge advise

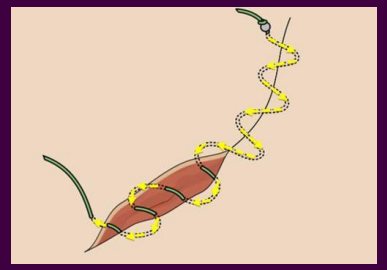
SURGICAL WOUND SITES



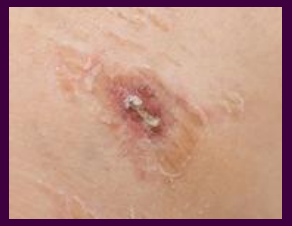




DRESSING

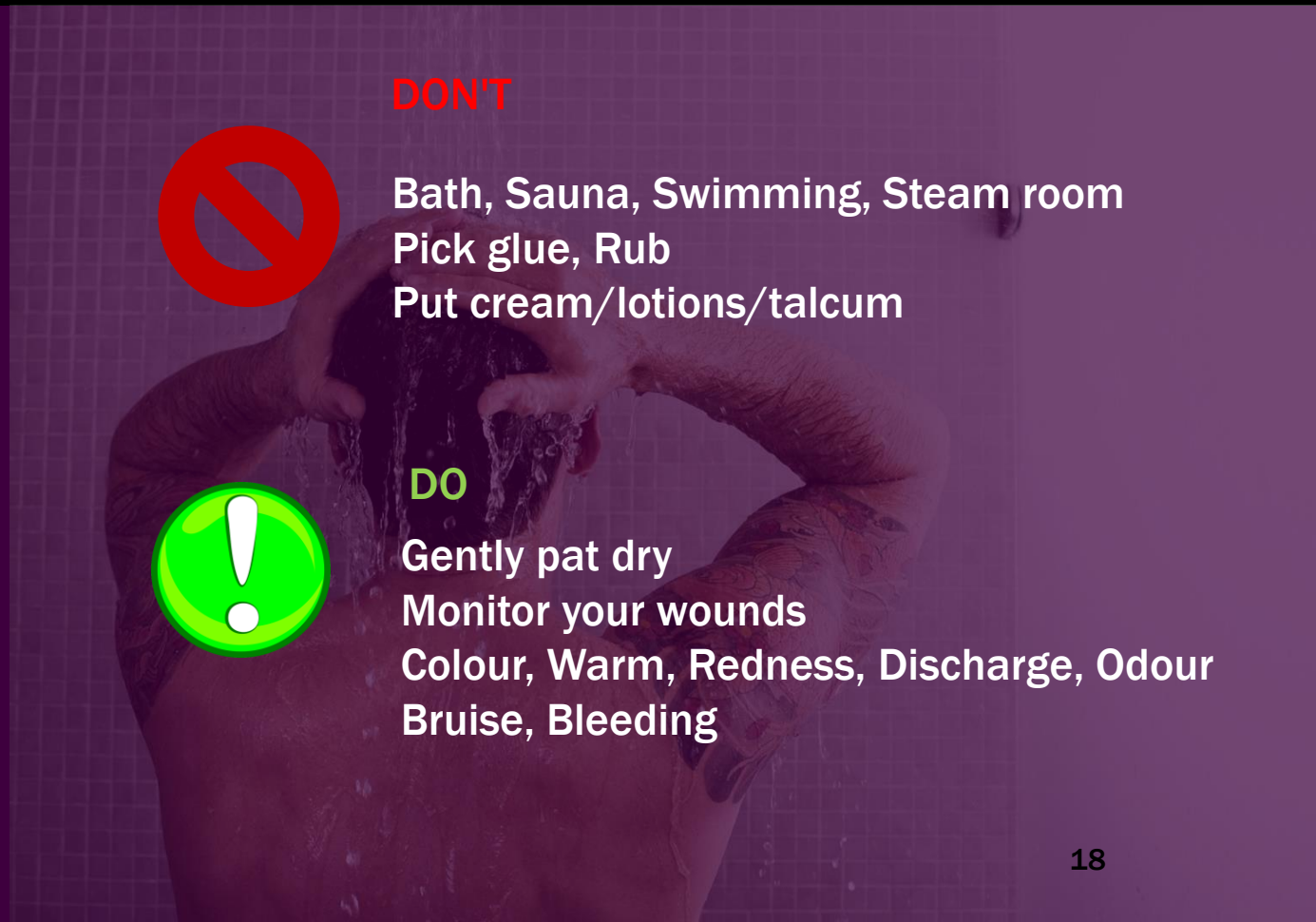


Subcutaneous stich
Absorbable (10-14 days)



Skin glue like super glue
Waterproof

Regular dressing
Not waterproof



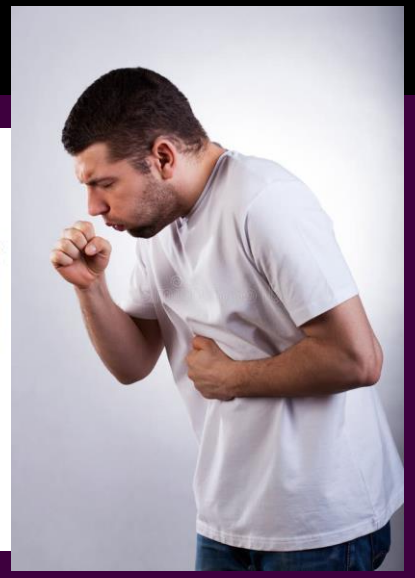
DON'T

Bath, Sauna, Swimming, Steam room
Pick glue, Rub
Put cream/lotions/talcum

DO

Gently pat dry
Monitor your wounds
Colour, Warm, Redness, Discharge, Odour
Bruise, Bleeding

DISCHARGE...AND AFTER



PAIN KILLERS

- Paracetamol - this is sufficient in most cases
- +/- Codeine +/- NSAIDs

LAXATIVE

- Laxido or Movicol or Macrogol - for constipation

CLOTS PREVENTION (DVT)

- One dose of Tinzaparin before discharge
- Keep active
- Stockings

FEELING TIRED

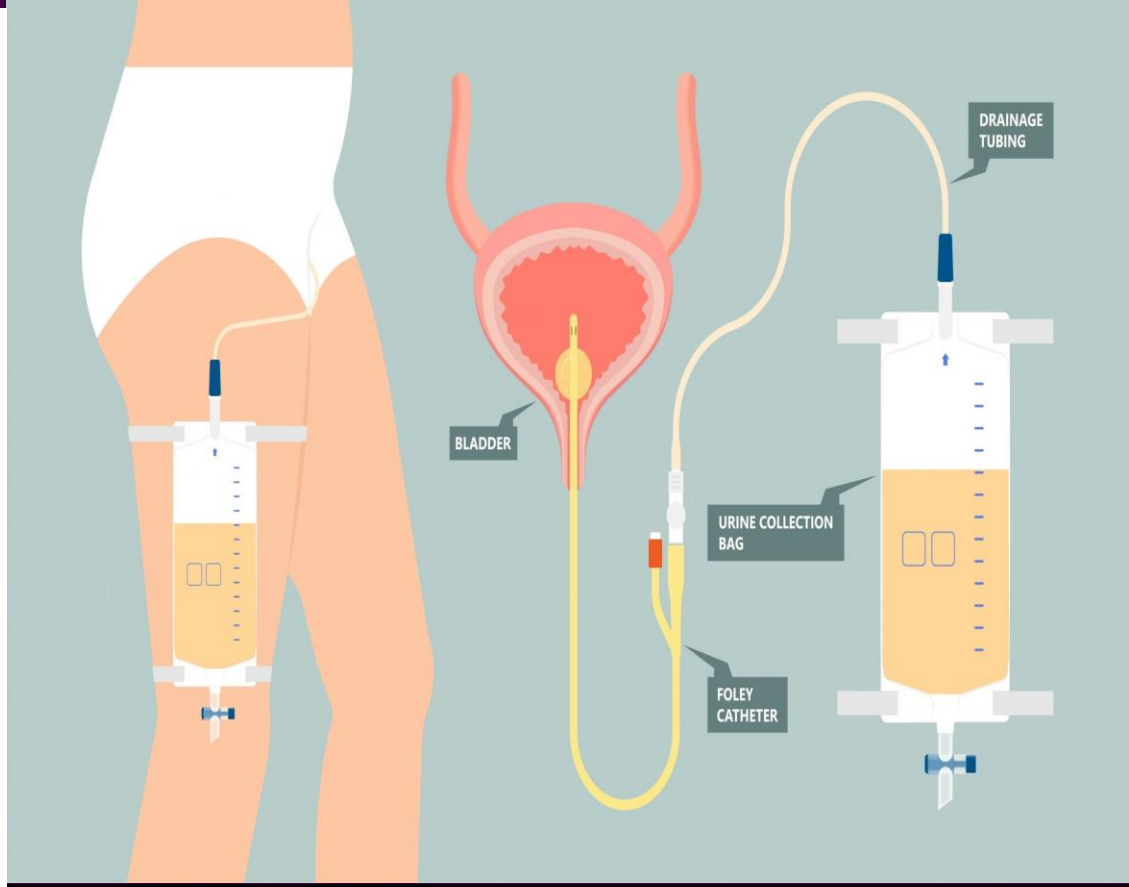
- Fatigue (extreme tiredness). This is due to medications and anesthetic and will resolve usually within 6 weeks of surgery

EXERCISE

- Keep active, walk more each week. Return to all activities by week 8 post surgery

SICK NOTE

- Please request from the ward nurses and ask your GP to extend = Min 2 weeks, max 6 weeks



URETHRAL INDWELLING URINARY CATHETER

You'll have a thin, flexible tube (called a catheter) passed through your penis tube (urethra) to drain urine from your bladder while the surgery heals.

The catheter is put in place during the operation, while you're asleep.

The catheter will be attached to a bag that can be worn inside your trousers, strapped to your leg.

CATHETER CARE AND REMOVAL

Good to know:

- It may feel strange at first
  You may feel like you need to urinate all the time.

  This feeling usually passes after a couple of days.

- Make sure the tube isn't bent or blocked, as this could stop urine draining into the bag.

- Blood in urine: is expected.
  Monitor, increase fluids.
  If worsens call the RMH Medical Team.

- Urine leakage: is expected.
  Use pads, wear loose trousers until it resolves

Catheter Care:

1. Hand wash
2. Clean Catheter daily
3. Use warm water
4. Always attach a Night bag
5. Drink plenty of water
   (target 2L/day but if >6ft 2.5-3 L/day)

Catheter Removal:

- Usually 10 days after surgery
- In Chelsea at
  Critical Urgent Care Centre or
  Private care Day surgery unit
- Day case
- Catheter removal + passing urine x3 + Bladder scan

Catheter Care | The Royal Marsden

HOW TO ATTACH A NIGHT DRAINAGE BAG

POST OPERATIVE TIMELINE – FOLLOW UP CARE & APPOINTMENTS

Day 1 post-op	Discharge from hospital
Catheter removal (TWOC) usually 10 days post op	Arrive at CUC for your TWOC appointment
1st PSA blood test post op approx. 7 weeks post op	You will need to have a PSA blood test at week 7 in preparation for your follow up appointment with the surgical team, this blood test can be done in the phlebotomy department in Chelsea or Sutton. Please advise the team on discharge where you would prefer your blood test appointment to be booked.
Face to face follow up appointment approx. 8 weeks post op	This will be a face to face appointment where you will meet with a member of the surgical team and possibly you CNS. During this appointment the final histology results will be discussed alongside your PSA result. You will have the opportunity to talk through your recovery.
Routine follow up care plan	Following this 8 week appointment you will have routine monitoring usually in the form of a telephone consultation every 3 months for the first year post operatively. We ask that you ensure you have a PSA blood test taken a week before any planned follow up appointment. If all is stable at this stage your appointments will then move to 6 monthly for year two then annually with your GP

REHABILITATION
WHAT ARE YOUR GOALS?

- GETTING BACK TO DAILY ACTIVITIES
- MANAGING A COMMUTE
- RETURNING TO WORK
- RETURNING TO CARING RESPONSIBILITIES

EXERCISE AND ACTIVITY

- WALKING/CARDIO
- STRENGTHENING
- SOCIAL

No heavy lifting (>3kgs) for 6 weeks
No driving for 2-4 weeks – until able to perform emergency stop
Long flights need to be managed with a blood thinning injection
Sick note for work from RMH then from GP – 6 weeks from RMH
Ask your ward team before you are discharged

REHABILITATION

Prone to leakage after surgery

Triggered by standing, coughing and sneezing

Continence

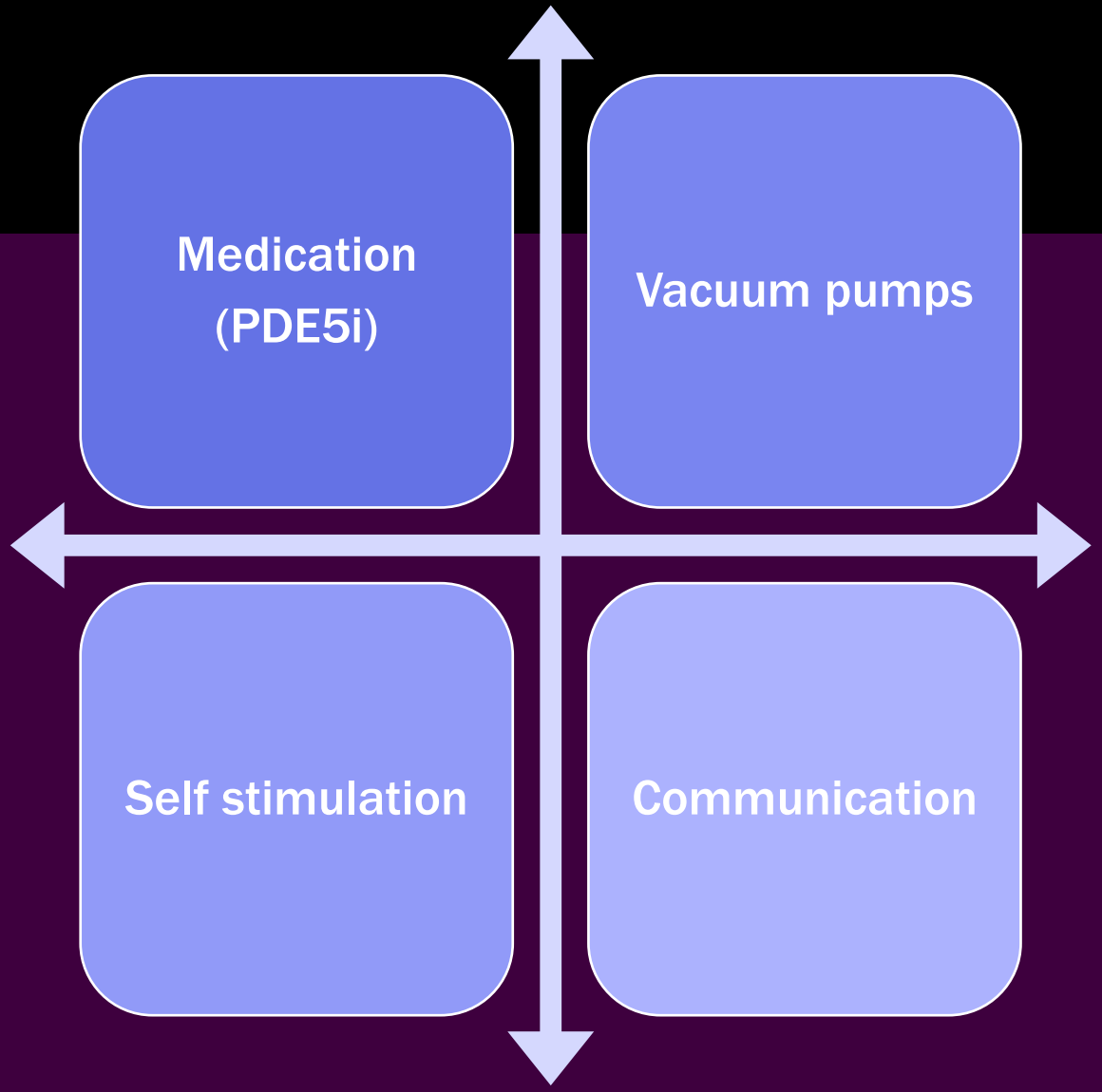
Strengthen your urinary sphincter

Pelvic Floor Exercises are essential

Pelvic floor rehab begins in the pre-op stage and continues 1 week after the catheter is removed.

Prostate Cancer UK
Specialist Nurses
0800 0748383

PENILE REHABILITATION

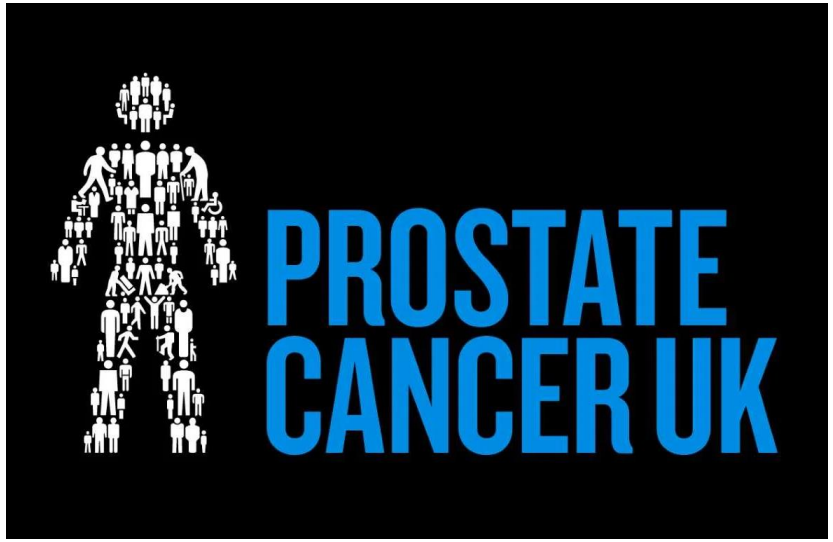


You will be directed by your surgical team regarding when to start penile rehab. If you're unsure, make sure you ask.

ADDITIONAL SUPPORT SERVICES

MAGGIE'S
Everyone's home of cancer care

MACMILLAN
CANCER SUPPORT



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THANK YOU

Questions?

Contact the team:

urologynurses@rmh.nhs.uk