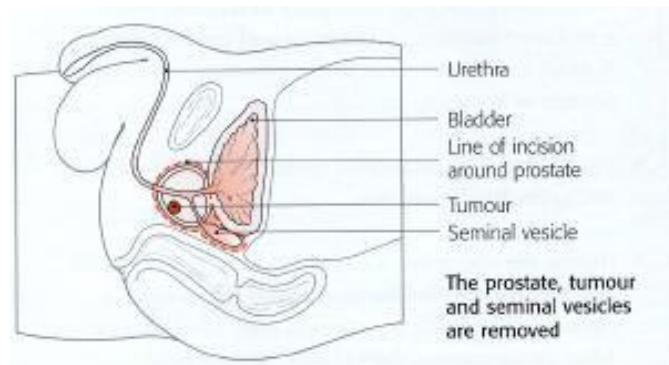


What is a Radical Prostatectomy?

Removal of the prostate gland, seminal vesicles and some surrounding tissue in an attempt to remove prostate cancer – **see below.**



What is the benefit of this operation?

A treatment which aims to cure your prostate cancer

Are there any risks? Common

Infection due to temporary insertion of urinary catheter/wound drain. Temporary or permanent urinary incontinence, to a varying degree, requiring pads or further surgery.

High chance of impaired erections due nerve damage during surgery. Altered sensation of orgasm (sexual climax) and absence of semen on ejaculation causing infertility.

Occasional

Blood loss requiring transfusion.

Some cancer is left behind requiring further treatment.

The join between the bladder and the urethra (water pipe) can narrow down (stricture). If this happens you may need a further operation.

Rare

Anaesthetic/cardiovascular problems requiring intensive care admission. Pain, infection or hernia (bulge) in area of the operation incision (cut).

Permanent long term urinary incontinence requiring another operation to cure.

Rectal (back passage) injury, very rarely needing temporary colostomy.

Due to nature of your operation, it may be required to undergo a lymph node dissection. As a result, a lymphocele (collection of lymphatic fluid) may occur. If this occurs you may need to have this area drained under a local anaesthetic.

Are there any alternatives?

Active monitoring (no active treatment immediately but you will have regular monitoring of your prostate specific antigen (PSA) blood test), radiotherapy, brachytherapy (radioactive seeds placed into the prostate) or removal of the prostate using keyhole (laproscopic) surgery or through an incision on the perineum (the area behind the scrotum).

If these options are suitable for you, your doctor will have discussed them with you and give you information explaining them in more detail.

What happens before the operation?

Before your operation you will be asked to attend the Pre-Admission Clinic. This is to check that you are fit for your operation. You will be asked questions about your general health and will have some or all of the following tests: blood and urine tests, chest x-ray and ECG (heart tracing). These are routine tests before an operation. You will also have the opportunity to ask any questions.

Additional Treatment

After your operation you will be started on daily subcutaneous injections of Fragmin (Dabigatran), this also helps reduce your risk of blood clots. The nurse on the ward will teach you how to do this yourself as this treatment needs to be continued for 4 weeks. Current evidence from the National Institute of Clinical Health Excellence (NICE) recommends this treatment for patients undergoing major cancer surgery to reduce their risk of developing deep vein thrombosis (DVT) or pulmonary embolism (PE).

Your operation

You will be admitted onto the ward the day before or the morning of your operation, you will be informed of this at pre-admission clinic. An anesthetist will see you at this time to discuss your anaesthetic and pain control. A doctor will again discuss the operation and possible complications, answer any questions you may have and ask you to sign your consent form again.

You will be asked not to eat or drink any non-clear fluids, such as soup, milk etc, for 6 hours before your operation. You can have clear fluids (water/squash) up to 2 hours before your operation. After this you will be asked not to drink anything further. **If you are an insulin dependent diabetic, you will need special instruction, please discuss this with your nurse.**

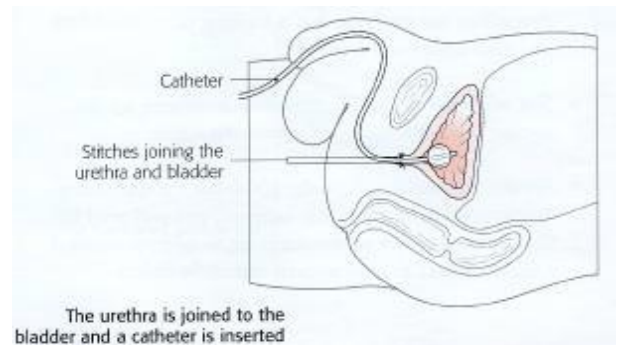
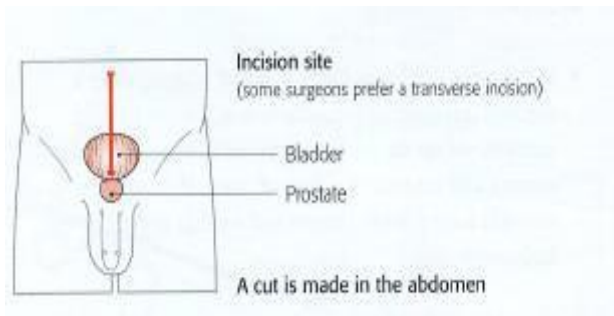
You will be given 2 suppositories which will make you open your bowels; this laxative will ensure that your bowel is clean before your operation.

Before going to theatre, you will be asked to have a shower and put on a hospital gown and special stockings. These stockings help reduce your risk of getting clots in your legs. If you are feeling anxious and it is appropriate, you may have been prescribed some relaxing medication (pre-med), this will be given to you on the ward before you go to theatre. A nurse will accompany you to theatre where you will be taken to the anaesthetic room where you will have your anaesthetic.

What does the operation involve?

An incision (cut) will be made from below your belly button to just above the base of your penis - **see diagram**. The prostate gland lies in the pelvis just below the bladder. Your urethra (water pipe) runs through the middle of it. During the operation your prostate gland and seminal vesicles (small sacs where semen is stored) will be removed. The nerves that enable you to have an erection lie around the prostate gland. If appropriate, an attempt will be made to save these nerves to help improve the chance of your erections returning after the operation. If it looks like the cancer is near the nerves, they will be removed.

The urethra is joined back onto the bladder and a catheter inserted; a drainage bag is attached – **see diagram below**. The catheter will be left in for 2-3 weeks. This will help the join to heal.



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The operation takes about 2-3 hours. After the operation, you will be taken to the recovery room and will stay here for an hour or so before going back to your ward. This allows you to recover from the anaesthetic. You will be drowsy when you return to the ward and may want to arrange that only a close relative visit in the evening, so that you can have some quiet time to recover. Other relatives/friends can telephone the ward to find out how you are.

What will happen after the operation?

The nurses will make regular checks of your blood pressure, pulse, breathing, wound, pain and urine output. As you get better, these checks will be done less often.

The tubes and drains you may have been listed below. Do not worry about them, they are there to give you fluids or to drain fluids away. They will gradually be removed, as you get better.

- **Oxygen** You may be given oxygen for a short time after your operation until you are more alert and awake.
- **Intravenous infusion** – (IVI or drip) – A cannula (thin plastic tube) will be put into a vein in your arm and/or your neck and fluid will be given through this to make sure you do not get dehydrated. It can also be used to give you intravenous antibiotics, blood etc. When you are drinking and do not feel sick the IVI will be removed.

- **Drains** - You will have 1 drain (tube) coming out of your lower abdomen. This drains away blood or fluid, which can collect after your prostate is taken out. It is normally removed after 1-2 days. If it is still draining large amounts, it will be left in a little longer.
- **Catheter** – A thin tube which is passed into the bladder through the urethra (water pipe) to drain urine out. This allows your urine to be measured. It is usual for your urine to be blood stained, do not worry about this, it will clear. The catheter is normally removed after 2-3 weeks.
- **Wound** - you will have a dressing over the wound for a few days after the operation. Clips will have been used to keep the two edges of the skin together, these look just like staples and are removed 10 days after the operation. The wound will heal and over time the scar will fade.
- **PCA** (Patient Controlled Analgesia) or an **Epidural** to control your pain. The anaesthetist will have discussed these with you before the operation. When you are eating and drinking and can take painkillers by mouth, the PCA/Epidural can be removed. It is important your pain is controlled, if not, let your nurse know.
- You will be encouraged to get up and about as soon as possible. This is to help reduce complications such as chest infections, pressure sores or a clot in the leg (Deep Vein Thrombosis - DVT).

When will I be able to go home?

You should be ready to go home after about 3-5 days. Before you leave you will be shown how to manage your catheter and catheter bags at home. You will be given contact numbers in case you have any problems.

Will I have any follow up?

You will be seen in outpatients in 2-3 weeks to have your catheter removed. In a few cases, your doctor may want you to have a cystogram before your catheter is removed. This is a special x-ray to check that the join between the urethra and bladder has fully healed and does not leak. If there is a leak, another cystogram will be arranged 1-2 weeks later. If there is no leak your catheter will be removed, normally on the same day as your cystogram.

Outpatient appointment about 6 weeks after your operation to be given your histology results. You will also receive an appointment to be reviewed by the continence nurse.

Discharge information Care of your wound

Your clips are removed after 10 days. The ward nurses will arrange a District Nurse or Practice Nurse to remove them if you are discharged before this. Your wound should have healed well on the outside by this time and a dressing is usually not needed. If your wound becomes red, tender/hot to touch or is discharging fluid/pus you should inform your district nurse or GP for advice, you may have developed a wound infection.

Medicines to take home

You may be given painkillers to take home, use them as you need to but no more than the recommended dose. Your nurse will discuss this with you before you go home. You should continue to take your normal medicines unless advised otherwise. **Antibiotics** - You will be given these to take home. You should **start taking them** on the morning you come to have your catheter removed.

Continue your Fragmin injections until the 4-week course finishes.

Stockings

You should continue to wear them for 4 weeks after your operation

Catheter

Your catheter will remain in place for 2-3 weeks. The nurses on the ward will teach you how to care for your catheter and bags before you go. They will give you spare bags and tell you how to get more should you need further supplies. You should make sure you wash around the catheter daily with soap and water. For men who are not circumcised, the foreskin should be pulled back before washing to ensure this area is kept clean, always make sure the foreskin is pulled forward again afterwards. An appointment will be given to you to see the Urology Nurse Specialist in 2-3 weeks for removal of your catheter.

Bowels

Constipation can be a problem after your operation you may need a laxative until things return to normal. Ask your nurse or doctor for advice if this is a problem.

Washing

You can have a bath or shower once you are home, gently pat dry around your wound rather than rubbing dry.

Driving

You should wait at least 4-6 weeks and avoid long journeys during this time. You can then drive when you feel comfortable to carry out an emergency stop. Check with your Insurance Company, some companies have strict guidelines on when you should drive again.

Sex

You will be able to resume sexual activity when you feel comfortable to do so but you may wish to wait 4-6 weeks before sexual intercourse to allow healing. Many men are unable to achieve an erection after surgery due to nerves damage due to the operation, treatments are available to help overcome this. If you are having problems, you can discuss this with your doctor or nurse so that you can be seen in clinic to discuss treatment options.

Work

You can normally return to work after about 6-8 weeks, this does depend on what you do. Manual workers, or work which involves heavy lifting, may require 8-12 weeks off work. You should discuss this with your doctor before you leave hospital.

If you need a sick certificate, you should ask the ward nurses for this. You may need to get an additional certificate from your GP once the hospital certificate runs out.

General advice

You will be able to eat and drink normally.

Take it easy for about 4-6 weeks but take gentle exercise like walking, gradually increasing what you do, as you feel able.

Avoid strenuous exercise for 6-8 weeks.

Avoid lifting heavy objects for 6-8 weeks.

If you live alone or are elderly you may want a friend or relative to stay for the first few days.

If you will need help at home after you are discharged, you should discuss this at your pre-admission visit.

If you have any questions or concerns, please find below contact numbers for the Urology wards and Urology nurses:-

Urology Ward D2 East

Tel. No:- 01633 - 234043 / 234044
24 hours

Urology Outpatients Department

Tel. No:- 01633 - 234979
Monday – Friday office hours

Urology Day Ward

Tel. No:- 01633 – 656378 / 656377
Monday – Friday office hours

Uro-Oncology Clinical Nurse Specialists

Julie Simpson

Sian Lewis

Louise Broadway

Kathleen Connor-Middleton

Tel. No: 01633 – 238976 (will return voicemails when not on clinical duties)

Monday – Friday office hours

Urology Nurse Practitioner

Laura Reynolds

Leanne Denning

Tel. No:- 01633 – 234758

Monday – Friday office hours

Surgery/Pre-admission queries

Tel. No:- 01633 – 238568

Monday – Friday office hours

Further Information

The following charities provide further written information and help lines for patients diagnosed with cancer.

The Prostate Cancer Charity

3 Angel Walk, London W6 9HX

Tel: 0800 074 8383 Mon – Fri 1000-1600hrs/Wed 0700-1900hrs

Web Address: www.prostate-cancer.org.uk

Macmillan Cancer Support

89 Albert Embankment, London SE1 7UQ
Tel: 0808 808 0000 (Mon-Fri 0900-2000)
Web Address: www.macmillan.org.uk

Cancer Research UK

Angel Building, 407 St John Street, London EC1V 4AD
Tel: (Supporter Services) 0300 123 1861 /(Switchboard) 020 7242 0200
Web Address: www.cancerresearchuk.org

St David's Foundation

Cambrian House, St John's Road, Newport NP19 8GR
Tel: 01633 270980 Web Address: www.stdavidsfoundation.co.uk

Age Concern - Help and support for the over 60s

Age Cymru, Ty John Pathy, 13/14 Neptune Court, Vanguard Way, Cardiff CF 24 5PJ Tel: 02920-431555/0800 169 6565
Web address: www.ageuk.org.uk/cymru

Smoking Cessation

**Service Tel: 0800 085
2219**

Progress (Patient Support Group)

Tel: 01633 234237 (24 hour helpline)
Email: progresswales2013@gmail.com

References:

British Association of Urological Surgeons (2004) Procedure Specific Consent Forms for Urological Surgery

National Institute for Health and Clinical Excellence (NICE) 2010 Venous Thromboembolism: reducing the risk Tanagho EA, McAninch JW (2003) Smiths General Urology

**"This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg".**