Procedure Specific Information Sheet

Open Radical Prostatectomy

Dr Vasudevan has recommended that you have an open radical prostatectomy. This document gives you information on what to expect before, during and after the operation. If there are questions that this document does not answer, please ask Dr Vasudevan.

What is an open radical prostatectomy?
An Open radical prostatectomy is a surgical procedure for removing the prostate gland.

Why is an open radical prostatectomy necessary?
In the event of localised prostate cancer (ie: cancer is contained within the prostate), the aim of the operation is to remove the entire prostate gland thereby removing the cancer and hence providing a cure.

What happens in the pre-operative consultation?
Dr Vasudevan will arrange a date for your operation. He will also arrange for you to have some routine blood tests and a urine test about 10 days prior to the surgery. He will also arrange for you to see a physiotherapist at the Bentley Hospital continence clinic. The physiotherapist will teach you to do pelvic floor exercises prior to surgery. It is important for you to do the pelvic floor exercises before and after the surgery so that you regain full continence.

You will also see a continence nurse at the Bentley Hospital continence clinic who will educate you on caring for your catheter that you will have for about 2 weeks after your surgery. The continence nurse will be the one to remove your catheter 2 weeks after your surgery.

What should I do about my medication?
Please inform Dr Vasudevan of all the medications that you are on in the pre-operative consultation. If you are taking some blood thinning medications they may need to be stopped prior to surgery. He can advise you appropriately.

What can I do to make the operation a success?
If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health. Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health.

You should also start doing your pelvic floor exercises prior to surgery, so that your continence can return sooner after the operation.
What does the operation involve?
The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to Dr Vasudevan and the health team your name and the operation you are having.
Once in the operating theatre you will be given a general anaesthetic, so that you will not be aware of anything whilst the operation is being performed. The anaesthetist will discuss this with you.
A small midline vertical cut is made in the lower part of your abdomen. The prostate gland is separated from the urethra, rectum and the bladder. The prostate is removed and sent to be analysed.
Sparing of nerves associated with erections can be done, but it is not always possible. The ability to preserve the nerves depends to a large extent on the grade and amount of your prostate cancer. Dr Vasudevan will discuss this with you as part of the pre-operative consultation to your surgery.
The bladder is sewn back to the urethra to restore continuity of the urinary tract.

A Catheter (plastic tube) is placed into your bladder to allow urine to drain. This catheter will stay in place for about 2 weeks till the continence nurse at the Bentley continence clinic removes it for you. The purpose of the catheter is to act as a “stent” in your urethra so that the area where the urethra has been re-joined to the bladder can heal without forming scar tissue.
You will also have a wound drain in your abdomen to drain away any blood or fluid that can accumulate after the surgery.
The cut in the abdomen is closed with dissolving stiches.
The operation will on average take 2 hours.
What can I expect after the operation is completed?
You will wake up in the recovery area in your bed. When the nurses in the recovery area are happy with your condition a nurse from the ward will take you back to the ward.
In the ward you will be given fluids via a drip in your hand till you are awake enough to start drinking for yourself.
The following day (day 2) the drain in your abdomen will be removed. You can sit out of your bed and you will also be given a light meal, which will be escalated to a normal diet by the end of the day.
On day 3, the catheter will be attached to a bag that straps around your leg (leg bag). Once you are familiar with how to care of the catheter and leg bag you will be discharged home.

Caring for your catheter
You do not need to do anything with the catheter other than keeping the area clean by washing your penis, under the foreskin and the catheter tube.
The tip of the penis may become sore as a result of the catheter rubbing this sensitive area. Application of local anaesthetic gel to this area can ease the soreness.
The leg bag can be attached during the day. Do not allow it to become too full as it can drag on the catheter.
A night bag can be applied for overnight use. This is a bigger bag and allows a larger amount of urine to accumulate. The night bag can be attached to the leg bag without disconnecting the leg bag.

What if I get bladder spasms?
These can feel like abdominal cramps. They are common when you have a catheter in the bladder. The spasm is due to the bladder trying to squeeze out the balloon of the catheter which it sees as a foreign body. Although this can be uncomfortable, it is not a cause for concern. If the spasms are unbearable a medication can be prescribed to ease the discomfort.
As part of the bladder spasms you can sometimes have urine leakage around the catheter, called by-passing. If this happens, check that the urine is still draining into your leg bag.

What if the catheter blocks?
This is a matter of urgency. First check the following:
- The drainage bag is below the level of the bladder
- That there are no kinks in the catheter
- You cannot see pieces of debris or clots in the tube
- You have been drinking enough liquids
- You are not constipated.
Contact Dr Vasudevan who will give you further instructions on what to do.
If it is after hours please present to your nearest emergency department and explain to them the procedure that you have had done. If the catheter is still blocked and the emergency staff cannot unblock it they will call in the on-call urology doctor to further assist.
**If the catheter needs to be removed (which is very rare) under no circumstances allow anyone other than a trained urologist to remove your catheter as re-insertion can be difficult and if attempted by an untrained doctor can result in complications.**
How and when is the catheter removed?
At the pre-arranged appointment date and time (normally about 2 weeks after your surgery) please present to the Bentley Hospital continence clinic where the continence nurse will remove the catheter for you.

Removal of the catheter is a quick procedure and should only take a few minutes.

After catheter removal the body tissues at the site of surgery are affected by swelling and temporarily lose their elasticity. As a result, you will not have full control of the flow of urine. This is the time to perform the pelvic floor exercises as instructed prior to surgery.

What are the possible complications of a radical prostatectomy?
Dr Vasudevan will try to make the operation as safe as possible but sometimes complications can happen.

The possible complications include:

- Anaesthetic complications- The anaesthetist will discuss this with you.
- Bleeding – while some blood loss is expected during the operation (normally about 200ml) excessive blood loss is rare (1 in 75). In such cases blood transfusion may be needed. Please let Dr Vasudevan know prior to surgery if you do not consent to blood transfusions.
- Infection – Wound infection may occur. If the wound appears red and painful please inform Dr Vasudevan. A course of antibiotics may be needed.
- Deep Vein thrombosis – This is a blood clot in your leg. It is rare (0.7%). If present it can cause pain, swelling or redness in your leg. If you notice these symptoms please inform Dr Vasudevan and further investigations will be needed and if confirmed will need blood thinning medications.
- Pulmonary Embolus- This is a blood clot in the lung and is extremely rare. It gets there when a piece of blood clot breaks off from a clot in the leg and by moving through the blood stream lodges itself in the lung. It can cause shortness of breath and chest pain. If you experience such symptoms please call an ambulance and present to the nearest emergency department.
- Incontinence – It can take 3 to 6 months for complete urinary continence to return.
- Erectile Dysfunction – if a nerve sparing procedure was performed erectile dysfunction can still occur in about 30% of men. A period of penile rehabilitation will be required.
- Injury to ureters – This refers to injury to the tubes that drain urine from the kidneys to the bladder. It is very rare and may occur in 0.5% of cases. If it does happen surgical correction is required.
- Injury to rectum – This refers to injury to the section of bowel that carries feces out. The rectum sits behind the prostate. Such an injury is rare (0.5%) of cases. It is commonly recognized at the time of surgery and corrected. If it does happen a temporary diversion of bowel contents is required (colostomy).
Urethro-vesical stenosis - This refers to a narrowing of the join between the bladder and the rest of the urinary passage in the penis. It can occur in about 3% of cases. If this does happen you will notice a weak urinary stream and in some cases will not be able to pass urine at all. If this occurs a surgical procedure called bladder neck incision is required to restore urine flow.

**How soon will I recover?**
Once the catheter is removed you will feel more comfortable, and any discomfort to the tip of the penis will subside.
You may find that you tire easier than expected. You can start to do gentle exercise such as walking after about 2 weeks. If you feel particularly tired it is acceptable to rest.
At about 4 weeks you can do more vigorous activities such as driving your car provided you feel confident about controlling your car.
You can return to full time work at about 6 weeks.

**Follow-up appointment with Dr Vasudevan**
Once you are discharged from hospital please call my office to arrange a follow-up appointment with me for about 6 weeks after your surgery.
I would have given you a PSA blood test form prior to your discharge from hospital. Please do this PSA blood test 3 days prior to your appointment with me.
At the appointment I will discuss the pathology result of your prostate specimen, the PSA blood test result, review your wound and assess your continence and erectile function.
A subsequent follow-up appointment will be arranged.