Waitemata
District Health Board

Best Care for Everyone

Radical Prostatectomy

What you need to know

The information contained in this booklet is intended to assist you in understanding your proposed surgery. Not all of the content will apply to you. Feel free to discuss any issues and questions you may have about your surgery with the medical and nursing staff looking after you. If required, your nurse will arrange for an interpreter to assist with explaining the contents of the booklet. The interpreter can also be present for doctors' consultations. Please bring this book with you to hospital as it is a useful guide.

Maori Health – He Kāmaka Waiora

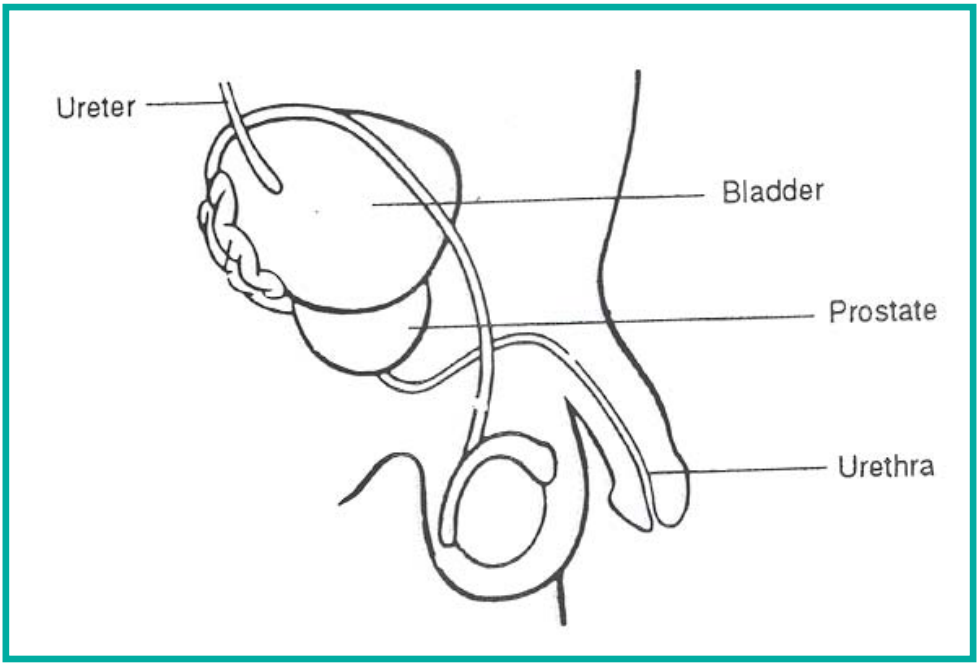
The He Kāmaka Waiora provider team work with Maori patients and their whānau when they need access to hospital services.

Please talk to your Health Professional if you would like support via this service.

What is the Prostate?

The prostate gland sits just below the bladder and surrounds the neck of the bladder and the beginning of the urethra (the tube through which urine is passed). The prostate produces fluid that propels the sperm during ejaculation and provides the sperm with nourishment.

Sometimes the cells in the prostate gland become malignant (cancerous). If it is likely that the cancerous cells are confined to the prostate and have not spread outside the prostate gland, the surgical option for treating the cancer is called a Radical Prostatectomy.



What is a Radical Prostatectomy?

A Radical Prostatectomy is the removal of the entire prostate gland, the seminal vesicles (two fluid storage glands near the prostate) and the prostatic capsule followed by the rejoining of the urethra to the bladder. In some cases some of the pelvic lymph nodes are also removed.

The pelvic lymph nodes are part of the defense system of the body and drain the prostate gland. The pelvic lymph nodes may be removed if the cancer is of a higher grade or near the edges of the prostate although some surgeons do this routinely. This is done to reduce the risk of the cancer spreading and to help the surgeon determine the extent of the cancer at a microscopic level.

Potential Complications

All urological surgical procedures carry a small risk of bleeding and wound, chest and urinary tract infection. You will be monitored for these risks and treated promptly if they occur.

Excessive bleeding

This may occur during surgery and require a blood transfusion. Excessive bleeding can potentially be a serious event causing death. This is extremely rare.
Your wound, drain(s) and vital signs (blood pressure and pulse) will be monitored for signs of excessive bleeding.

Infection

Your chest, wound and urine will be monitored for early signs of infection and intervention will be put in place if it occurs. To reduce the risk of infection antibiotics are given directly into your bloodstream during your operation and continued post-operatively if necessary.

You can also assist with the prevention of infection by maintaining good hygiene, getting up and around early after your operation and doing your deep breathing exercises.

Prolonged bowel inactivity (paralytic ileus)

There is a small risk of paralytic ileus following any major surgical procedure that involves handling of the bowel, prolonged anaesthetic time or large amounts of strong pain killing medication. This means the bowel is very slow to return to its normal function. If a paralytic ileus occurs you are likely to experience nausea, vomiting, a bloated abdomen and/or intestinal cramps. This condition is temporary but occasionally needs a narrow tube (nasogastric) to be inserted through the nose and passed into the stomach to drain the stomach's normal secretions while the bowel rests and recovers.

Incisional hernia

As a wound heals, scar tissue forms creating a bond between the two sides of the incision. The scar tissue is strong but can still occasionally tear or give way. This leads to a bulge developing along the scar (incisional hernia) usually within one to five years after surgery. A hernia may not cause any discomfort but can be repaired if troublesome.

Incontinence

Some men will have problems with urinary control. Mostly this difficulty is only temporary and will usually improve with time. Pelvic floor exercises, described later in this booklet, are recommended to help strengthen the muscles involved with urinary control. You should practise these pelvic floor exercises prior to your surgery.

Erectile Dysfunction (Impotence)

In order to ensure complete removal of the prostate and clearance of the cancer, the nerves that enable erections may be damaged during surgery. Any damage to these nerves can result in either partial or total impotence.

In some men erection difficulties may be temporary; the degree of potency that returns may also depend on age, smoking and potency prior to surgery. Sexual function can continue to improve for up to two years after surgery. Because the prostate and seminal vesicles have been removed ejaculation will not return. However, you may experience a normal orgasm.

If you experience impotence that is ongoing, there are some possible solutions to this problem:

- tablets
- prostaglandin injections
- vacuum devices
- penile implants

Unfortunately, none of these are currently government-funded.

Stricture

As part of this surgery, the urethra is cut and then rejoined to the bladder to enable the complete removal of the prostate. In a small number of cases this new join between the bladder and urethra forms scar tissue. This scar tissue may cause your urine stream to become weaker over time. If necessary, a simple operation can correct this at a later date.

Infertility

Infertility will occur as a result of the removal of the entire prostate gland and seminal vesicles. If infertility is a concern for you, please discuss this with your doctor.

Length of Hospital Stay

The usual length of stay is two to three days after surgery. However, if you need to stay longer for a medical reason, this will be discussed with you.

Before Surgery

Informed consent

After consultation with the doctor you will be asked to sign a form to give written consent for the surgeon to perform the operation and for an anaesthetic to be administered. Relevant sections of the form must also be completed if you agree to a blood transfusion and /or if you wish to have your prostate returned to you after surgery.

Our expectation is that you feel fully informed about all aspects of your surgery before giving written consent.

The following health professionals are available to help you with this process:

- **Medical staff**

The Medical staff will explain the reason for the Radical Prostatectomy and the risks associated with the surgery. Your doctors will visit you every day while you are in hospital to provide medical care and answer questions about your surgery and progress.

- **Nurses**

The Urology Nurse Specialist is available during working hours on 021 2213943 to help you with particular queries or concerns.
You will have an appointment prior to your surgery at which she will explain what to expect before and after surgery. Please ask questions and express your concerns; your family or people close to you are welcome to be involved.

Nurses will provide your preparation for surgery and care until you are discharged from hospital. When you are discharged from hospital your ward nurse will arrange for you to receive ongoing support, advice and practical help, if needed.

Cancer Society

You may wish to contact the Cancer Society. This organisation can provide information, counselling and arrange help such as nursing care and involvement in support groups.

Tests

Blood samples

Samples of your blood will go the laboratory to check your general health before surgery.

Blood transfusions

A sample of your blood will go to the blood bank to identify your blood type so this can be matched with donated blood. This donated blood is then ready for transfusion during or after surgery if required.
We will need your written consent before a transfusion is able to take place.

Midstream urine

A sample of your urine is sent to the laboratory to check that there is no infection.

ECG

An electrocardiogram (ECG) may be required depending on your age and any diagnosed heart conditions.
This records the electrical activity of your heart.

Other measures

Nil by mouth

As your stomach should be empty before an anaesthetic, you must not eat anything or drink milk products or juices six hours prior to surgery. You may, however, be able to drink clear fluids up to two hours before surgery - **the Pre-Admission Clinic nurse will clarify this with you**.

Bowels

You will have been given an enema to use at home before surgery. This empties the lower bowel and helps to prevent constipation after surgery.

Breathing exercises

Breathing exercises will be taught to you by your nurse or physiotherapist. They are important as they help to keep your lungs clear of fluid and prevent chest infection. They should be carried out regularly after surgery by supporting your abdomen with a soft pillow, taking four to five deep, slow breaths, then one deep cough.

Leg exercises

Leg exercises help keep muscle tone and promote the return of blood in your leg veins to your heart. These include pedalling the feet, bending the knees and pressing the knees down into the mattress.

Do not cross your legs - this squashes your veins causing obstruction to the blood circulation.

Anti-embolus stockings

These are special elastic stockings which reduce the risk of clotting of the blood in your veins while you are less mobile. The stockings are used in combination with leg exercises and are fitted by your nurse before your surgery. If you currently have leg ulcers, please let your nurse know as the stockings may not be suitable for you.

Along with anti-embolus stockings, you will be prescribed a blood thinning medication (anti coagulant).

After Surgery

You are transferred to the Recovery Room next to the theatre. Your condition is monitored and when you are awake and comfortable a nurse and an orderly will escort you to the ward on your bed.

On the ward

Your nurse will check the following regularly:

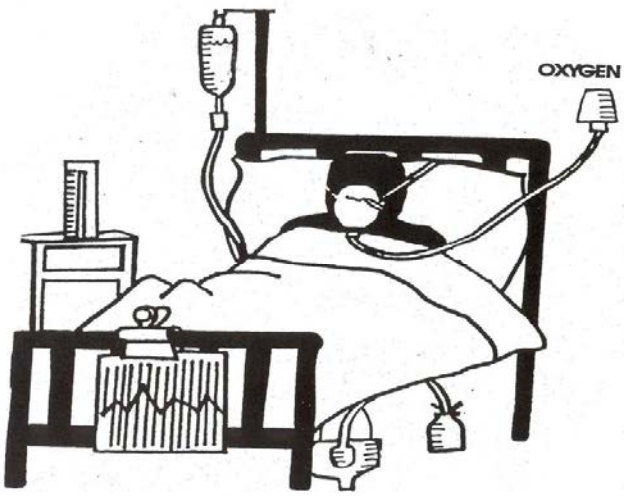
- Your blood pressure, pulse, respiration rate and temperature
- The severity and location of any pain or discomfort
- The amount of urine you are producing
- The wound site and wound drain(s)
- The effectiveness of pain relief
- The amount of oxygen in your blood

Wound site – What to expect

Your wound will be abdominal. The suture (stitches or staples) line may extend either from below your navel to above the pubic bone or across your lower abdomen. The sutures may be dissolvable but will otherwise be removed about ten days after your surgery. You will be given a date for your GP or Practice Nurse to remove these. If you have a dressing over the wound when you are discharged, you may remove this five days after your surgery.

Intravenous (IV) fluids

A small tube (luer) is placed into a vein in the forearm to give you fluids and medications. This will be removed when you are drinking normally and no longer need intravenous medications.



Oxygen

Oxygen is given for the first 24 hours after surgery via nasal prongs into the nostrils to help with breathing and healing.

Urinary catheter

You will have a tube in the urethra that drains urine from your bladder. This tube must be secured to your leg for comfort and to prevent any tugging that may damage the newly rejoined urethra. Please inform your nurse if your catheter is not secure.

Once you are up and about you will be given supportive underclothing to wear to support your abdomen, scrotum and catheter.

The timing of the removal of the urinary catheter varies according your doctor, generally one to two weeks after surgery. You will be taught how to manage it prior to discharge and the District Nurse will visit you at home to ensure you are managing the catheter cares. You will be advised whether the district nurse will remove the catheter or if you need to attend the outpatient clinic for this to be done.

Wound drain

You will have a wound drain that drains blood and fluids from the operation site. The drain also enables early detection of any urine leakage that may occur at the urethra/bladder join. This will be removed when the amount of drainage is minimal and the operation area is healing.

General advice

Do not be alarmed if there is blood in your urine at first or if your scrotum is swollen and bruised.

Some men may experience a sensation of the need to pass urine even though the catheter is draining well. On occasion a small amount of urine may leak out alongside the catheter. This is bladder spasm and you should discuss this with the doctors if it is causing concern for you.

Pain relief after your surgery

Your nurse will work alongside your doctors and the anaesthetist to keep your pain at a minimum.

The PAIN SCORE is a way of your nurse establishing how much pain you are experiencing by asking you to grade your pain from 0 to 10 where 0 = no pain and 10 = the worst pain you can imagine.

The following methods of pain relief may be used singly or in combination with each other:

Patient controlled analgesia (PCA)

This infusion machine has a button you press each time you need pain relief. It will help your pain by immediately delivering a specific amount of pain relief into your blood stream. The pump is programmed according to your anaesthetist's instructions. It is important that you use this if necessary to allow you to move more freely without pain.

Epidural

An epidural is a very small tube inserted into your back by the anaesthetist. A local anaesthetic can be infused through the tube via a pump after surgery relieving pain at the operation site.

Oral pain relief

When you are able to drink, you may have tablets by mouth.

Intravenous (IV) pain relief

Intravenous pain relief can be administered to supplement a PCA or epidural or on its own to manage pain that is not controlled by tablets.

Medications are available for the relief of nausea and vomiting, if they occur.
The nurse will give you your usual medications while you are in hospital.

If you have been told to stop taking medications that thin the blood before your operation you need to check with the hospital doctor as to when you should start again.

Comfort cares after your surgery

To help keep you comfortable your nurse will assist you with bed washes, showering and to get up and about the day after your surgery.

You will be reminded about and assisted with deep breathing exercises. These should be performed every hour while you are awake.

Food and fluids

Progress to a full diet should be gradual starting with water and over a day or so graduating to full meals. It is important to eat a balanced diet and chew thoroughly and eat slowly. If your bowel is slow to return to normal or you have special dietary needs, a dietician may be involved to assist your recovery.

Mobility

You will usually be up in a chair for a short time and assisted to walk a short distance the day after your surgery. Your level of activity will increase as you recover.

What happens when the catheter comes out?

At first you may experience a burning sensation when you pass urine – Ural or Citravescent sachets from your chemist will help this.
It is likely that you will have difficulty with the control of your urine flow. Sometimes these symptoms can continue for a prolonged period.

The pelvic floor muscle information below should be helpful along with support from the District Nurse.

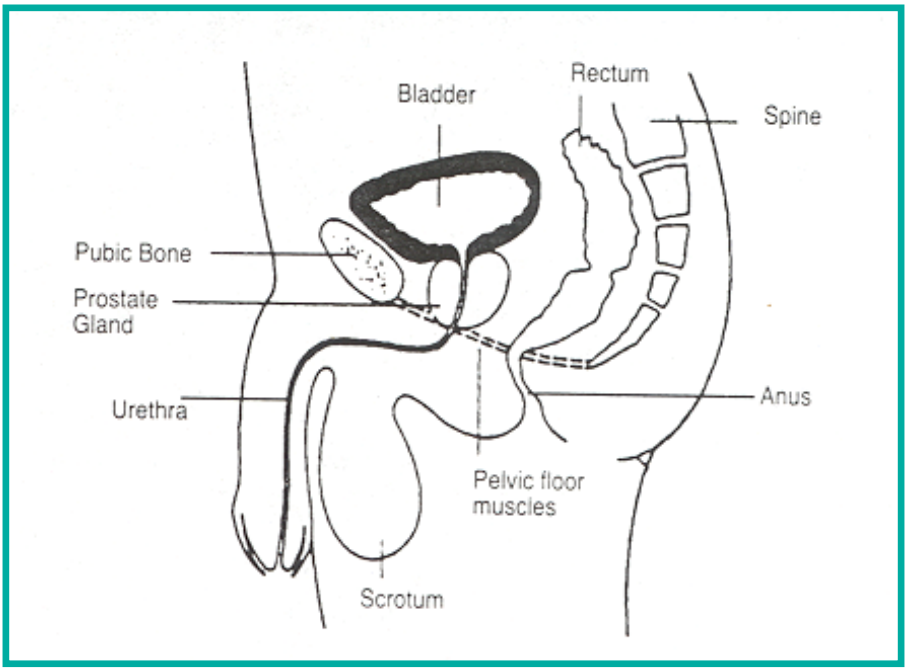
You should practice these exercises before your surgery and then again once your catheter is removed. It is particularly useful to contract your pelvic floor muscles when changing from a sitting to standing position or performing other movements that you know can cause urine leakage.

Before your surgery the Urology Nurse Specialist will advise you on the purchase and use of pads for incontinence and can help further if you find the product you have is inadequate.

What is the pelvic floor?

The pelvic floor is the layer of muscle stretching from the pubic bone in the front to the tailbone at the back and forming the floor of the pelvis. It is the main support structure for the pelvic organs.

- A toned pelvic floor supports the bladder and bowel.
- A toned pelvic floor helps close off the bladder and bowel outlets to help prevent leakage.
- Relaxation of the pelvic floor allows effective bladder and bowel emptying.
- A functional pelvic floor may enhance the ability to maintain an erection.



Factors contributing to pelvic floor muscle weakness are:

- Some prostate surgery
- Persistent straining to empty the bladder or bowel with or without constipation
- Constipation
- Persistent heavy lifting
- A chronic cough (from smoking, chronic bronchitis or asthma)
- Being overweight
- Lack of regular exercise

Once the pelvic floor muscles become weak your ability to hold urine and/or wind during physical activity is compromised. Like any other muscles of the body, the more you exercise them, the better they will function.

Pelvic floor muscle training for men

The first step is to correctly identify the muscles.

- Sit or lie down comfortably – your thighs, buttocks, tummy muscles should be relaxed.
- Lift and squeeze inside as if you are trying to hold back urine and wind from the back passage. If you are unable to feel a definite squeeze and lift action of your pelvic floor don't worry – even people with very weak muscles can be taught these exercises.
- If you feel unsure whether you have identified the correct muscles, try to stop your flow when passing urine, then restart it. Only do this to identify the correct muscles to use – this is a test NOT an exercise.

If you are unable to feel a definite tighten and lift action in your pelvic floor muscles, you should seek professional advice.

If you can feel the muscles working, exercise them by:

1. Squeezing / tightening and drawing in and up around both your anus (back passage) and urethra (bladder outlet).
   LIFT UP inside and try to HOLD this contraction STRONGLY for as long as you can (1-10 seconds).
   KEEP BREATHING!
   Now release and RELAX. You should have a definite feeling of letting go.
2. Rest 10-20 seconds.
   Repeat Step 1 and remember it is important to rest.
   If you find it easy to hold, try to hold longer and repeat as many as you are able.
   Work towards 12 long, strong holds.

3. Now try 5-10 short, fast, STRONG contractions.
    - Do NOT hold your breath
    - Do NOT push down instead of squeezing and lifting
    - Do NOT pull your tummy in tightly
    - Do NOT tighten your buttocks and thighs

Try to set aside 10 minutes in your day for this exercise routine and remember QUALITY is important.

A few GOOD contractions are more beneficial than many half-hearted ones and good results take TIME and EFFORT.

Remember to use the muscles when you need them most. That is, always tighten before you cough, sneeze, lift, bend, get up out of a chair, etc.

Progressing your programme

Increase the length of and number of holds you do in succession before experiencing muscle fatigue. Work towards 12 long, strong holds. Increase the number of short, fast contractions – always do your maximum number of QUALITY contractions.

(Pelvic Floor Muscle Training for Men information reproduced with the permission of the New Zealand Continence Association).

Discharge Advice

- Continue to drink about 2 litres of fluid a day for the next two weeks (this includes your usual hot drinks).
- You may shower daily, gently pat the wound area dry. Check the area for swelling, redness or discharge.
- The majority of wound strength is reached within the first six weeks after surgery so it is important to avoid strenuous activity, heavy lifting and straining during this period. This includes such things as contact sports, mowing lawns, gardening, vacuuming and lifting heavy washing baskets. Gradually increase gentle exercise such as walking as you feel able to.
- Sexual activity may be resumed after six weeks or when you feel comfortable to do so.
- It is important to maintain a regular bowel habit and to avoid straining. If you experience a tendency towards constipation, a mild laxative combined with a good daily fluid intake and a high fibre diet (cereals, pears, kiwi fruit, prunes, wholemeal breads) will help to alleviate this problem. You may notice some slight blood in your urine after a bowel motion.
- If you have not moved your bowels since your operation, please tell the District Nurse or you GP.
- Continue to practise the pelvic floor exercises outlined in this book to assist with the recovery of your normal urinary control. If you are having problems with urinary control, the District Nurse will be able to provide support and information. Also, your urinary function will be assessed as part of your follow-up appointment after surgery. If necessary, you may be referred to the Continence Service for additional support.

- Your hospital doctor will provide your first sickness benefit certificate/medical certificate and will advise you when you are able to return to work.
- See your GP promptly if you experience chills, fever or pain in your bladder or back, or your urine is cloudy and offensive smelling. These symptoms may be indicative of a urinary tract infection and require treatment.

It is important that your catheter is not removed or changed without the urologist's advice.

In the unusual event of your catheter not draining you should contact the urology registrar or nurse specialist at North Shore Hospital (via the telephone operator) or after hours, the Urology Service at Auckland City Hospital.

If, at any time during the first six weeks after your catheter has been removed you are unable to pass any urine, the same advice applies. This is to ensure that if you need a catheter inserted it is performed by a doctor or nurse with specific urology knowledge. This is to prevent possible damage to the healing join between the urethra and the bladder.

Follow-up

Discharge letter

You and your General Practitioner (GP) will receive a copy of a letter outlining the treatment you received during your hospital stay. This will be posted to you if it is not completed by the time you leave hospital.

Outpatients appointments

You will receive an appointment to attend Urology Outpatients 1 – 2 weeks following surgery for removal of your catheter. A further appointment for a review, approximately 6 weeks following your surgery, will also be booked for you.

These appointments will be posted to you.

District Nurse

When you are discharged from hospital you will be visited by the District Nurse. The District Nurse is also the person to contact if you have any problems with your catheter or urinary control. He/she is able to contact the urology staff at the hospital if necessary.

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