



Patient information

Radical Prostatectomy for Prostate Cancer

Who is this information for?

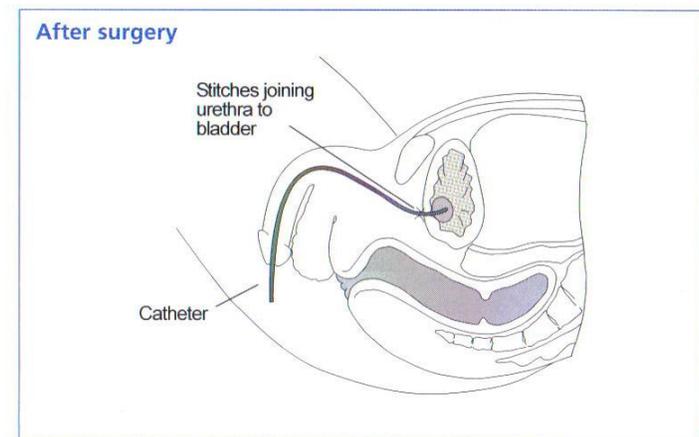
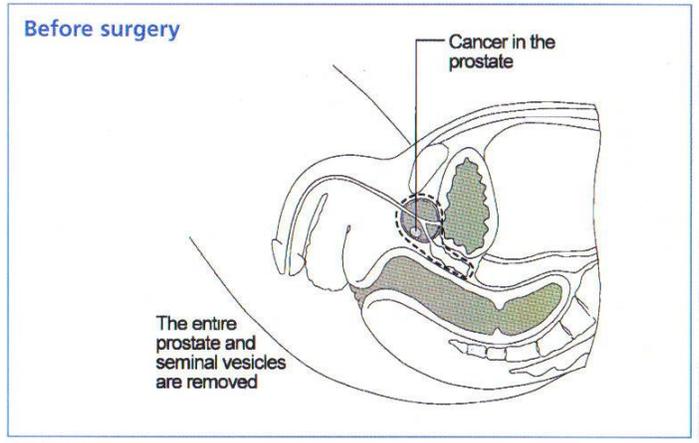
The tests that you have undergone show that you have a cancer in your prostate gland. This leaflet has been written to help you understand more about the treatment options open to you.

The choice about which treatment is best for you will be made together with your consultant. This will be based on the risks and benefits of the treatments and your individual circumstances.

Concerns about tests, hospital stays and treatments are common. It may help if you make a list of your concerns so that you can ask your consultant.

What is a Radical Prostatectomy?

This is an operation to remove the whole prostate gland and any cancer inside it. Your doctor has suggested this operation because the results of your tests show that the cancer is probably confined to the prostate gland ie, hasn't spread outside it. This is called **early prostate cancer**. The operation aims to cure the prostate cancer by removing the entire prostate and surrounding glands (seminal vesicles).



A radical prostatectomy is very different to a TURP (trans-urethral resection of the prostate), which is commonly performed for **non cancerous** enlargement (benign prostatic hyperplasia). A TURP only removes part of the prostate with the aim of reducing symptoms and improving the flow of urine.

What are the benefits of having a radical prostatectomy?

If the cancer is confined to the prostate gland this operation may offer you the chance of a cure. The prostate-specific antigen (PSA) blood test should fall to zero within four weeks of surgery and remain undetectable.

Surgery corrects any obstruction to the flow of urine from the bladder caused by enlargement of the prostate that may give rise to urinary symptoms such as a poor urinary stream and the need to get up at night to pass urine.

How is the surgery performed?

Radical prostatectomy is now the commonest major urological operation performed in many specialist hospitals in the UK. It can be performed either by an open operation or keyhole (laparoscopic) surgery. Keyhole surgery is most commonly performed at UHNS however not all patients are suitable for laparoscopic surgery. Your consultant will discuss with you the option of laparoscopic surgery if you are suitable for this.

A laparoscopic operation combines the advantages of an open operation with better vision for the surgeon and reduced blood loss during the operation. The hospital stay is often shorter and general recovery time is quicker.

Open Prostatectomy	Laparoscopic Prostatectomy
Performed through open wound in the abdomen	Performed through five small incisions in the abdomen
Average five day hospital stay	Average 3 day hospital stay
Average three hour operation	May take up to five hours as is technically more demanding

The most common approach for open (i.e non-keyhole) prostatectomy involves an incision in the lower part of the abdomen, typically from just below the umbilicus (belly button) to just above the penis. The operation involves removing the prostate, seminal vesicles and lymph nodes (if required) are removed and the urethra (water pipe) is rejoined to the neck of the bladder.

This operation performed under general anaesthetic, usually takes about two to three hours and you should expect to be in hospital for at least four to five days.

Are there any alternatives to having a radical prostatectomy and what would happen if I decided not to have this treatment?

Your consultant will have explained the different treatment options available to you and what would happen if you decided not to have any treatment at all.

These are the alternative treatment options open to you;

- External beam radical radiotherapy
- Brachytherapy
- Active surveillance or monitoring

The decision as to what treatment you will receive will be made by you and your consultant based on your individual circumstances. Curative treatments for prostate cancer are usually given to men with a life expectancy of more than 10 years. Information about radiotherapy, brachytherapy and active surveillance are available in separate leaflets and you should read about all these treatments before you make your decision.

A Clinical Nurse Specialist in Urology Cancer is available for you to discuss any of the above treatment options and answer your questions

What can I expect before the operation?

- You will be offered an agreeable date for your surgery and be invited to come to the hospital for a pre-operative assessment before your surgery. Your operation will be explained and you will have the opportunity to ask any questions. Some tests will be carried out to check that you are fit enough for surgery.
- You will be asked to give your written consent for your operation.
- You may be given a preparation (suppositories or enema) prior to your surgery, which will help to clear your bowel before your operation.

Pelvic Floor Exercises

As soon as you have decided to opt for a radical prostatectomy you will be given instruction as how to perform these exercises. You will also be given the information leaflet entitled "Pelvic Floor Exercises for Men – Muscle training before and after prostate surgery". It is important to start to do these exercises as soon as possible so that you are happy that you are performing them correctly by the time of your surgery. These exercises can help to improve bladder control after your catheter has been removed.

What will happen when I come into hospital?

- You will normally be asked to come into hospital on the day of your operation.
- You will be given elasticated (anti embolism) stockings to wear to help reduce the risk of blood clots (thrombosis)
- On the day of your operation you will be advised to shower with a special soap preparation.
- You will have your bowel preparation of suppositories or small enema.

- You will be visited by the anaesthetist who will be looking after you during the operation. He/she will ask you about previous operations, illnesses and any medication you are taking.

What will happen after the operation?

You may be transferred from the operating theatre back to the Urology Ward.

Pain:

You will be given strong painkillers either via a tube placed in your spine called an epidural or via an intravenous drip. Your nurse will monitor your pain closely. If at any time you are in pain you must tell your nurse so that your painkillers can be changed or increased.

Mobility:

You will start to get out of bed with help from the nurses the day after your operation. Reduced mobility can increase your risk of causing thrombosis (blood clots) You will be given small injections daily into your abdomen to help thin your blood and reduce the risk of this developing.

Eating and Drinking:

You will have a drip to give you fluids for a day or so after the operation. As soon as you are able to drink, the drip to give you fluids will be removed and you will be encouraged to start a light diet. You should then be able to take any pain killers in tablet form.

Wound:

You will have an abdominal drain in place to drain away any excess fluid/blood from your wound site. The abdominal drain will be removed when the drainage is minimal. This is usually after a few days but this may vary from patient to patient.

Passing Urine:

A plastic tube will be placed in your bladder at your operation called a catheter. This helps to drain urine away from the bladder. It is normal for your urine to be blood stained and contain clots or debris, this will settle within a few days.

The catheter will normally remain in your bladder for about two weeks. The nursing staff will show you how to look after the catheter and encourage you to drink plenty of fluids.

Are there any risks or long term effects involved in having this operation?

Yes, there are side effects to nearly all treatments. It is important to consider the possible adverse side effects of this operation and how they may impact on your quality of life when making the decision to have this surgery performed.

- **Incontinence** It is very common for men to have lack of control of urine immediately after the catheter has been removed and you will need to wear absorbent pads. This will generally improve rapidly with time and it is important that you perform pelvic floor exercises regularly to help regain bladder control. It can take three to six months after your operation to regain control of the urine. Only 2% of men will have severe incontinence problems long term and 10% of men will suffer some degree of mild incontinence such as a small amount of leakage when you cough, sneeze or laugh.
- **Infertility** All men will be infertile after this operation. If you have any concerns about infertility please discuss this with your consultant or specialist nurse. It is possible to collect and store your semen (sperm banking) before the operation if you are considering fatherhood in the future.

- **Erection Difficulties.** Almost all men will have some difficulty getting an erection (impotence) following this operation. Some will recover to some extent. There are treatments available for which you can discuss in more detail with your consultant or clinical nurse specialist.
- **Blood clots** There is a risk of thrombosis (blood clots) after any major pelvic surgery such as this and you will be given surgical stockings to wear before and after your operation. You will also be given small injections daily into your abdomen to help thin your blood slightly. You will be encouraged to get out of bed as soon as possible after your operation and you will be encouraged to move your legs and feet as much as possible to help your circulation.
- **Blood loss** This operation carries a risk of blood loss because some of the large veins next to the prostate have to be cut in order to remove it. You may therefore need to have a blood transfusion.
- **Bowel damage** As the prostate is adjacent to the back passage (rectum), there is a very small risk of bowel damage during the operation. Usually this can be repaired during the operation. In very rare circumstances a colostomy would be needed, where the bowel is brought out onto the surface of the abdomen and a colostomy bag is required to collect faeces. This would usually be reversible at a later date.



- **Wound Infection** A wound infection is possible with any open operation. If this happens you will need to have antibiotics to clear the infection. Occasionally the wound may discharge some fluid and although this may be alarming and unpleasant it is better for the infection to drain away as that way it can clear up quicker.
- **Urinary anastomosis leak** This is where there is a leak in the join (anastomosis) between the bladder and urethra. If this happens you will need to keep your catheter in place for four to six weeks instead of three weeks to allow this to heal. You will have a special x-ray of the bladder called a cystogram, which involves inserting some dye through your catheter and taking x-rays of the bladder.

When will I be able to go home?

You will be able to go home when the drainage from your wound site is minimal and your pain is controlled with tablets. You will be discharged with the catheter in your bladder. You will be readmitted to stay over night, 3 weeks post operatively to have your catheter removed.

Caring for your Catheter

Before you go home you will be taught how to care for your catheter. It is important to keep the area clean where your catheter enters your water pipe (urethra). A shower or bath each day is recommended and wash the catheter and area around it with a clean soapy cloth.

Before you shower or bath, empty the drainage bag, but leave it connected. Some patients do experience a little discharge around the catheter, which can dry and crust on the outside. This is nothing to be alarmed about and is caused by the catheter rubbing the inside of the urethra.

You may notice a small amount of blood in the catheter bag or tubing. This is quite common and as long as there are no big blood clots, which may prevent drainage of the catheter you should increase your daily fluids until this settles. If you are concerned then contact the urology nurse specialists.

You will be given a small supply of leg bags before you go home and it is important to change the leg bag every five days to help prevent infection. Further leg bags will be ordered and delivered to you at home.

It is important that the catheter bag is secured to your leg firmly. This will keep the catheter in the correct position and prevent any pulling. Ensure there are no kinks in the catheter tubing as this can cause the catheter not to drain properly and cause leakage.

It is quite common for some men to experience some leakage from around the catheter. As long as the catheter is still draining most of the urine into the drainage bag then there is no real concern.

If you notice that there is no drainage in the catheter bag and you feel uncomfortable as if you want to pass urine it may mean that your catheter is blocked. If this happens contact your GP who will arrange for you to be seen by a member of the urology team immediately at the surgical assessment department. **Under no circumstances should the catheter be removed by the district nurse or in the A&E department.**

It is important to drink plenty of fluids when you have a catheter to help prevent infection and keep the catheter draining freely. Drink a glass of water or squash every hour as well as your normal tea or

coffee intake.

Empty your leg bag when it is about three quarters full, to prevent it pulling and causing you discomfort. You will be shown how to connect a night bag to the leg bag for overnight drainage. Drainage bags may be disposed of in the dustbin, provided they have been emptied and wrapped in newspaper or a plastic bag for hygiene reasons.

If you experience a high temperature with chills and your urine is cloudy or smells offensive it may mean that you have a urine infection. You must contact your GP as you will need some antibiotics.

What happens after I have gone home?

Once the catheter has been removed it may take quite a long time for your bladder control to improve. You can expect some degree of incontinence after the catheter has been removed and by performing pelvic floor exercises regularly you should expect to see a week by week improvement. If you are anxious that you are not seeing any improvement in bladder control, then contact your clinical nurse specialist. A small number of men may benefit from medication to help their bladder control.

You will be given an appointment to see your consultant in six weeks time and you will have your PSA level checked before this appointment. Your PSA should fall to a very low level following the operation. As long as it does not rise in the future, it is generally considered that you are free of cancer.

At this time your consultant will be able to discuss the results of the pathology (analysis of the prostate gland) report with you. The pathology report will tell the consultant how much cancer was present in the prostate, but at this time it is too early to say whether a complete cure of the cancer is likely.

You will need to attend clinic with an up to date PSA

What can I do to help after my operation?

- Avoid heavy lifting for six weeks after surgery.
- Avoid gardening or rigorous activity for six weeks after surgery.
- Avoid driving a car for four weeks after surgery and check with your insurance before you return to driving.
- Your urine may be blood stained for a little while. It is important that you drink at least two litres of water based fluid per day.
- Take gentle exercise e.g. walking, gradually increasing the distance.
- Eat a healthy diet.
- Avoid constipation.
- Do pelvic floor exercises as advised.
- Avoid travelling abroad for six weeks after surgery.

You should be able to return to work approximately eight weeks after surgery. Generally recovery will be quicker after laparoscopic surgery. Depending on your job you may need slightly longer time off work.

It is important to remember that everyone is an individual and these times are only meant as a guide. Depending on your general fitness level before surgery some men may recover quicker or find that the recovery process is longer.

test at regular intervals.



Useful Contacts

Local sources of further information

If you have any questions or concerns about your treatment, please speak to your doctor, or contact your Clinical Nurse Specialist on 01782 553820. There is a 24 hour answer phone if you ring outside normal working hours.

There is a North Staffordshire Prostate Cancer Support Group, which is open to anyone affected by prostate cancer. If you wish to speak to someone receiving the same treatment this can be arranged for you either through the support group or your Nurse Specialist.

The North Staffs Prostate Cancer Support Group Held on the 3rd Wednesday of every month 6pm till 8pm

**Joiners Square Community Centre
Corns Street
Hanley**

Macmillan Support and Information Centre

University Hospital of North Staffordshire
Open for drop in sessions:

Monday – Thursday 10am until 12.30pm and
2pm until 4pm

Tel: 01782 554363. (Answer phone available out of hours)

The Patient Advice and Liaison Service

would be pleased to offer confidential advice and support if you have any concerns. PALS can be contacted on 01782 552814 or Email patient.advice@uhns.nhs.uk



National Sources of Further Information

The Prostate Cancer Charity

Tel: 020 8222 7622 / 0800 0874 8383

Email: info@prostate-cancer.org.uk

Website: www.prostate-cancer.org.uk

Prostate Cancer Support Association

Tel: 0845 6010766

Cancer Research UK

Tel: 020 7061 8355 / 0800 226 237

Email: info@cancer.org.uk

Website: www.cancerhelp.org.uk

Backup Cancer Information Service

Tel: 020 7739 2280 / 0808 800 1234

Email: info@cancerbackup.org

Website: www.cancerbackup.org

Macmillan Cancer Support

Tel: 0808 808 2020

Website: www.macmillan.org.uk

The Sexual Dysfunction Association

Tel: 0870 774 3571

Email: info@sda.uk.net

Website: www.sda.uk.net

Macmillan Support and Information Centre

Tel: 01902 695234

Website: www.cancercarewolverhampton.nhs.uk