

**Patient information****Laparoscopic Radical Prostatectomy****Introduction**

You have been admitted to hospital for an operation to remove your prostate gland called a Radical Prostatectomy. This leaflet has been written to help you to understand more about your pre-operative management and the post-operative care you will receive following your operation.

**Admission to hospital**

You have been admitted to hospital on the day of your surgery into the Theatre Assessment Unit (TAU) where you will be prepared for theatre. You will have previously been asked to have nothing to eat or drink since midnight in readiness for your surgery

You will be visited by an anaesthetist who will look after you during your operation. The anaesthetist will need to know about any previous illnesses or operations you have had and any medication that you take. The Urology Consultant or their Registrar will visit you before your operation to answer any outstanding questions. The nursing staff will care for you before and after your operation.

In preparation for your surgery, your rectum will need to be empty which will require the use of suppositories and in order to reduce the risk of complications of thrombosis (blood clots) you will need to wear surgical stockings.

**After the Operation**

Once your operation has been performed you will return to the urology ward in a bed within the main ward area.

**Will I be in pain?**

Any operation can cause pain or discomfort; however you will be kept comfortable with the help of pain killers. Pain killers can be given in a number of ways: via a fine tube placed into your back while under the anaesthetic called an epidural, through a drip in your arm which you can self administer when you need relief this is known as patient controlled analgesia (PCA) or in tablet form by mouth. The nurses will help you keep comfortable after your operation, please let your nurse know if you are not comfortable or have any pain.

Occasionally you can experience pain or discomfort over one or other shoulder tip. This is due to irritation of the underside of the diaphragm by the gas (carbon dioxide) that is used during your operation. The gas moves up under the diaphragm when you sit up. This symptom will disappear, but it should be mentioned to the nurse looking after you.

**Will I be able to eat and drink?**

You will normally be able to drink fluids as soon as you are awake. Until you are drinking adequate fluids you will be given extra fluid via a drip, which will be removed as soon as you are eating and drinking normally. Your Doctor and Nurses will guide you as to when you can start eating.

## **Will I have any wounds?**

You will have dressings over the 5 small wounds after the operation which will be checked and changed by the nurse before you go home. It is advisable to keep them dry for the first 48 hours. You may also have a wound drain (a tube that comes out from the wound site) to drain excess blood and fluid from the operation, this will be removed when the drainage is minimal which is usually within two days

## **How active will I be in hospital?**

To aid your recovery you will be encouraged to mobilise and get out of bed as soon as possible. This reduces the risk of post-surgical complications. You will be encouraged to care for yourself to ensure you are managing independently before you are discharged home. Most patients are discharged from hospital within 3 days of their operation. However, the length of patients hospital stay can vary.

To prevent any complications with post-operative blood clots you will be given injections called Dalteparin. You will have this treatment while in hospital and for approximately 28 days after surgery. You will also be advised to wear surgical stockings while in hospital and after discharge until you are mobile, a second pair will be supplied before you go home. Most people need to continue to wear their stockings for a week once at home.

## **Why and for how long will I need a catheter?**

A catheter is a soft plastic tube which will be inserted through your penis and into your bladder during your operation; it is held in place by an inflated balloon within the bladder. The catheter acts like a splint allowing the passing of urine and aids healing at the operation site. Your catheter will be removed two weeks after your operation by deflating the balloon and gently allowing it to slide out.

It is normal that your urine may be blood stained and contain debris after surgery. It is important that you drink fluids to flush out this debris. The nursing staff will teach you how to look after your catheter before you go home.

## **When will I be able to go home?**

You will be able to go home when you are mobile, your pain is under control, you are eating and drinking, your drain has been removed and you have been taught how to manage your catheter. You will receive Pelvic floor exercise information to prepare you for when you return to have your catheter removed.

## **Will I need after care when I get home?**

You will be independent and able to care for yourself when you are discharged from hospital. Arrangements will be made for you to be visited by a district nurse to check your wound sites and catheter. You will be supplied with spare wound dressings and a full catheter pack. The catheter pack contains an information booklet on how to look after your catheter, leg bags and night bags. Further stocks of catheter bags will be ordered and sent to your home which should arrive within 2 working days from request.

## **How do I care for my catheter?**

It is important to keep your catheter clean. Always wash your hands when managing your catheter and keep the area around the catheter clean by washing with a soap and water. A daily shower or bath is recommended.

It is advisable to empty your leg bag before it becomes too full, to prevent pulling and causing you discomfort. A night catheter bag is recommended for use while you are in bed; this holds more urine than the leg bags and allows an undisturbed night sleep.

You may notice a small amount of blood in the catheter bag or tubing; this is quite common. If however you notice large blood clots, simply increase your daily fluid intake until it settles. Large blood clots can prevent the catheter from draining and should be avoided by adequate fluid intake. It is recommended you drink on average 2 litres/4 pints of fluid a day. If you develop a problem or a concern regarding a catheter issue please contact your district nurse or the urology ward.

It is quite common for some men to experience some leakage from the catheter. If the catheter continues to drain more urine than it leaks then there is no real cause for worry. However, if you notice that there is no drainage into your catheter bag and you are starting to feel uncomfortable and have the desire to pass urine, then your catheter might be blocked. If this happens contact the urology ward who will be able to advise you if you need to return to the hospital. Telephone 01782 552219 or 553723

**UNDER NO CIRCUMSTANCES SHOULD YOUR CATHETER BE REMOVED BY THE DISTRICT NURSE OR THE A&E DEPARTMENT. YOU MUST BE SEEN BY A UROLOGY DOCTOR.**

It is very important to contact your doctor if you experience any symptoms associated with a possible infection such as: generally feeling unwell with a high temperature and chills, cloudy or offensive smelling urine.

### **What happens when I come back to have my catheter removed?**

You will need to return to hospital to have your catheter removed. This will require a further over-night stay for one night, approximately two weeks after your operation. The date will be arranged with you before you are discharged

Once your catheter has been removed you are expected to be incontinent of urine, which means you have no control over passing your water. You will be given pads to help manage your urinary incontinence and your bladder control will be monitored.

The degree of incontinence and time it takes to regain control varies between patients. Exercises to strengthen your pelvic floor muscles will help with your continence recovery. You will be encouraged to perform pelvic floor exercises a minimum of four times a day and can expect to see gradual improvement over a period of weeks and months.

Arrangements will be made for you to be seen by the community incontinence nurse specialist who will provide you with support and pads when you are back at home. On discharge you will receive an incontinence pack that contains information and stocks to support you in managing your urinary incontinence at home.

### **When will I get my results from the surgery?**

You will be seen in clinic approximately six weeks after your operation. At this appointment your Urologist will check on your recovery and advise you of the findings from your surgery. You will be asked to get your blood checked for PSA in readiness for this appointment; the results of this will also be discussed with you at this appointment.

### **What are my Do's and Don'ts after my surgery?**

- **Don't** lift anything heavy; e.g. full kettle of water, for 6 weeks after surgery
- **Don't** do any heavy gardening or rigorous activity for 6 weeks
- **Don't** drive a car for 4 weeks and check with your insurance company to ensure you are insured to drive before doing so
- **Do** take gentle exercise such as walking, gradually increasing the distance
- **Do** eat a healthy diet including fresh vegetables and fruit
- **Don't** get constipated; exercise, good food and fluid should help avoid this
- **Do** your pelvic floor exercises as advised
- **Don't** travel abroad for 6 weeks after surgery
- **Do** wear your surgical stockings until you are fully mobile
- **Do** return to work when you are fit to do your job, for a number of men this is approximately 8 weeks after surgery

It is important to remember that everyone is an individual and any times recommended in this information leaflet are meant as a guide.

## Will I go home with any Medication?

You will be supplied with a prescription of medication to take home. This medication will include pain killers, a mild laxative and Dalteparin injections. You should continue to take your normal medication as well unless otherwise instructed.

## When will I have my catheter removed?

You are due to return to Ward 120 for your removal of catheter on ...../...../..... at 14.00 hours

Please phone the ward to ensure that your bed is available for you on 01782 552219 or 553723

## When will I get my results?

Your outpatient appointment to receive your results is on ...../...../..... at the Central Outpatient Department.

Please ensure you have your blood checked a week prior to this appointment.

If you have any outstanding questions or concerns when you get home please don't hesitate to contact the Urology Clinical Nurse Specialists on 01782 553820. There is an answer machine which you can leave a message on if there is no one to take your call. The Clinical Nurse Specialists can offer support and guidance on issues surrounding your diagnosis or adverse effects associated with your surgery such as incontinence and erection difficulties.

We are a teaching hospital with students being taught here. We will ask if you mind them observing your consultation. If you do not wish them to be present, your treatment will not be affected in any way.

## Further Information

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](mailto:patient.advice@uhns.nhs.uk)

