



INFORMATION ABOUT ROBOTIC ASSISTED LAPAROSCOPIC PROSTATECTOMY

Diablo Service Area Robotic Team

Preoperative Events:

You will have a consultation appointment with one of the robotic surgeons. We will try to schedule this within a month of the time of a surgical date. If you and the robotic surgeon decide to go ahead with the surgery, this appointment will also be used for a history and physical in preparation for the surgery.

In some cases, a medical evaluation may be needed, to be performed by your primary care physician about 2-4 weeks prior to surgery.

Pre-operative blood and urine lab tests will be ordered prior to surgery. You may also need an EKG and chest x-ray performed. On arrival on the day of surgery, you will have another blood test drawn by the blood bank in the Walnut Creek Medical center, to check your blood in case you need a transfusion.

Surgical Preparation:

MEDICATION

- Do not take Aspirin, Motrin or related medications **for 10 days prior to surgery.**
- Do not take herbal medications or vitamin E **for 10 days prior to surgery.**
- A complete list of medicines to avoid are included in the pre-op packet or can be viewed on the DSA Urology department home page.
- If you are on blood thinners (ex. Coumadin), **you must** coordinate stopping these medications with the anticoagulation clinic.
- You may take regular medications with a sip of water on the morning of surgery. If on insulin, take half of your normal dose or consult with your primary physician.

BOWEL PREP

- The day before surgery only have clear liquids, no solid foods.
- Clear liquids are liquids that you can see through (ex. water, apple juice, cranberry juice, black coffee or tea (no milk), jell-O (no fruit), popsicles, clear broth.
- Drink magnesium citrate starting at 10:00am over one hour, the day before surgery.
- Use Fleet enema in early AM on the day of surgery.
- Do not eat or drink after midnight, the day before surgery

KEGEL EXERCISES

- These are exercises that can help to strengthen the urinary sphincter.
- You may begin these exercises about 1-2 months prior to surgery to aid in regaining control of urine after surgery.
- Ask your surgeon about these exercises.

Surgery:

OPERATION

- Robot-assisted laparoscopic prostatectomy is performed with a dedicated surgical team, including; surgeon, surgical assistants, nurses, operating room technicians and anesthesiologist.
- Several small (1-2cm) incisions are made in the lower abdomen. These are used to place the camera and instruments which are secured to the daVinci robot.
- Expected operative time is 3-5 hours, depending on the prostate, patient anatomy and prior surgical history.
- Blood loss is approximately 200ml with rare need for transfusion of about 1%.

RISKS AND COMPLICATIONS

- Blood loss. Transfusion rate is low. Your surgeon will talk with you about the risks of transfusion, and the possibility of donating your own blood.
- Infection. Patients receive intravenous antibiotics at time of surgery and the risk for wound infection is rare. There is a potential for urinary tract infection with an indwelling catheter, but oral antibiotics are taken at time of catheter removal to prevent this.
- Injury to nearby organs (ex. rectum). Quite rare and especially so with improved magnification and visualization with daVinci.
- Hernia. Incisional hernia is unusual with these small incisions. Inguinal hernia may be at increased risk after radical prostatectomy.
- Conversion to open prostatectomy is <1%.
- Urinary leak. There may be temporary leakage at the connection between the bladder neck and urethra that would require the pelvic drain and catheter to be left in longer than normal.
- Bladder neck contracture. This is scarring that can occur at the area of connection from the bladder to the urethra.
- Incontinence. Percentages are similar to open radical prostatectomy. You can expect some stress incontinence post-operatively and this will improve over time with Kegel exercises.
- By six months about 90% of patients will have return of significant urinary control.
- Erectile dysfunction. Percentages are similar to open radical prostatectomy. We can perform nerve-sparing procedure to aid in return of erections. This may take up to one year to return.

After Surgery:

DISCHARGE

- Most patients will be discharged the morning after surgery.

DIET

- Typically clear liquids the evening after surgery and resume regular diet in the morning.
- It is not unusual to have irregular bowel movements or constipation over the next 1-2 weeks after surgery.

ACTIVITY

- No heavy lifting or strenuous activity for one month after surgery.
- Avoid driving for 10 days after surgery and until catheter is removed.
- Walking and taking stairs is fine. You may gradually increase this activity as you recover.
- May shower after three days post-op and avoid baths for one month.
- May return to work after two weeks and if it requires heavy lifting then must wait for one month.

INCISION

- You will have 5-6 small incision sites.
- There will be small strips of tape on them, which will peel off on their own over the next few weeks.
- The sutures under the skin will dissolve on their own.
- The drain site will have a dressing which can be removed when you first shower. A small amount of drainage from this incision is not uncommon.
- Bruising around the incisions is normal and will resolve over time.
- The scrotum may be swollen after surgery and will decrease in size if elevated.

CATHETER

- Expect to have a catheter for about 10 days to allow the new connection between the urethra and bladder to heal.
- You may experience mild cramping of the lower abdomen due to bladder spasms. This is not unusual and typically subsides. If this remains bothersome, contact your doctor as there is medication which can help alleviate this.
- You may have minimal urinary leakage or blood around the catheter at the tip of the penis. This is not unusual and a protective pad should be used.
- After activity or a bowel movement, you may have blood in the urine. Drink increased fluids and this should subsequently clear.
- If catheter stops draining altogether, you must contact your doctor immediately or go to the emergency room.

DRAIN

- This is typically removed in the morning prior to discharge.
- Occasionally this is left in place and removed after a few days as an outpatient.

FOLLOW-UP APPOINTMENT

- You will have an appointment with your local urologist to remove the catheter at about 10 days.
- Pathology results usually take about one week to be completed and will be discussed at this appointment.

Long Term Concerns

INCONTINENCE

- It is expected to have initial stress urinary incontinence post-operatively.
- Perform Kegel exercises after catheter is removed to aid in return of control.
- Use pads (ex. Depends) while experiencing incontinence.
- It may typically take one to three months to experience improvement in control.

ERECTILE DYSFUNCTION

- It will take time for return of erections after prostatectomy.
- This depends on prior erection status and nerve-sparing procedure.
- This can take six to twelve months to improve.
- Penile rehabilitation with a vacuum-erection device or medications to stimulate earlier return of erections may be considered.

CANCER CONTROL

- PSA will be checked by your local urologist every three months the first year after surgery, then every six months after that.