

Open radical prostatectomy



Urology Department

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What does the procedure involve?

This involves removal of the prostate gland, seminal vesicles (semen sacs) and draining lymphnodes for treatment of prostate cancer. The operation is performed under general anaesthesia and involves an incision in the lower part of abdomen.

What are the alternatives to this procedure?

Observation alone, radiotherapy, laparoscopic or robotic surgery

What should I expect before the procedure?

You will usually be admitted on the day of surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse. An enema is also required before the operation and it is usually administered at the Admission Suite.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (Tinzaparin), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins. You will be asked to continue giving the injection yourself for 28 days.

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

- a high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

This involves removal of the prostate gland, seminal vesicles (semen sacs) and draining lymphnodes for treatment of prostate cancer. The operation is performed under general anaesthesia and involves an incision in the lower part of abdomen.

Anaesthetist will also set up a pump for pain control after the operation called "patient controlled analgesia". This means you can control the amount and timing of when you have pain killers by pressing a button.

There will be a drain inserted through the abdominal wall and a catheter. The drain will come out before you go home although patients are sent home with a drain. The catheter, however, needs to stay in for three weeks. The closure of the wounds is usually with metal clips. Hospital will arrange with your GP surgery to have them removed 10 days after surgery.

If the catheter falls out accidentally, you must come back to Accident and Emergency department at Royal Shrewsbury Hospital. The catheter must be re-inserted by urology staff only.

The followings are the **possible complications** with this procedure:

*** Common problems**

- Temporary insertion of a bladder catheter and a wound drain
- High chance of impotence due to unavoidable nerve damage
- No semen is going to be produced during an orgasm causing sub fertility

***Occasional**

- Blood loss requiring transfusion or repeat surgery
- Urinary incontinence temporary or permanent requiring pads or further surgery
- Discovery that the cancer cells already outside prostate needing observation or further treatment
- Further treatment at a later date if required including radiotherapy or hormonal therapy
- Risk of scar tissue in urethra or at the site of anastomosis requiring further treatment

*Rare

- Anesthetic or cardiovascular problems possibly require intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- Pain, infection or hernia of the wound
- Rectal injury, very rarely needing temporary colostomy
- Risk of injury to surrounding organs like nerve, ureter, blood vessels requiring further treatment/ surgery
- Risk of lymphocele (collection of lymphatic fluid) requiring further treatment

After the operation

- In addition to the catheter and drain, you will have an intravenous drip line in your arm
- You will have the button to press for self administration of intravenous painkiller if and when you need it
- You will also be prescribed regular oral painkillers
- You will be allowed to eat and drink freely when you wake up
- The drain is removed before going home
- **Most patients can go home on day 4**
- Nurses will teach you how to inject yourself with blood thinning drug to prevent deep vein thrombosis for 28 days
- You will be re-admitted in three weeks time for catheter removal
- Prostate removed is sent away for analysis and result is usually available after 8 weeks
- You will also be given a blood form for checking high sensitivity PSA at least 8 weeks after surgery
- You will therefore be seen in 8 – 10 weeks with these results

After discharge

Looking after the wound

You can have showers every day. You don't need to be concerned about getting the wound wet. Just keep the area dry afterwards.

Discomfort

You will experience some pain and discomfort around the scars, especially in the first week after the surgery. Simple painkillers should be able to relieve this effectively for you.

If the catheter falls out before this, please present yourself to Accident and Emergency department at Royal Shrewsbury Hospital. The catheter must be reinserted by a member of the Urology department only.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before

returning to driving. Your doctors will be happy to provide you with advice on request.

Is there any research being carried out in this area?

Before your operation, your surgeon or Specialist Nurse will inform you about any relevant research studies taking place, and, in particular, if any surgically-removed tissue may be stored for future study. If this is the case, you will be asked if you wish to participate and, if you agree, to sign a special form to consent to this.

All surgical procedures, even those not currently the subject of active research, are subjected to rigorous clinical audit so that we can analyse our results and compare them with those of other surgeons. In this way, we can learn how to improve our techniques and our results; this means that our patients will get the best treatment available.

Pelvis floor exercise

Pelvic floor is a group of muscles responsible for keeping men dry and prevent incontinence of urine following radical prostatectomy. After the operation, it is necessary for patients to perform regular exercise to strengthen the muscles. It is important to identify these muscles before doing the exercises. You should start doing these exercises 1 week before catheter removal.

Pelvic floor muscle group (1)

This group of muscles wraps around the urethra (water pipe) and can usually be identified by "stopping the urine flow whilst passing urine".

How to do the exercise:

You can do the exercise standing, sitting or lying on the bed. Squeeze the muscle and hold it for 5 seconds. You can count from 1 to 5 during that time and then relax. Take a deep breath after each exercise. Do this 20 times in the morning, afternoon and evening.

Pelvic floor muscle group (2)

This group of muscles wraps around the rectum (back passage) and can usually be identified by "trying to prevent passing wind".

How to do the exercise:

You can do the exercise standing, sitting or lying on the bed. Squeeze the muscle and hold it for 5 seconds. You can count from 1 to 5 during that time and then relax. Take a deep breath after each exercise. Do this 20 times in the morning, afternoon and evening.



Contact numbers

Ward 21(U): 01743 261300 or 01743263916
(24 hours)

Hospital Switchboards

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