

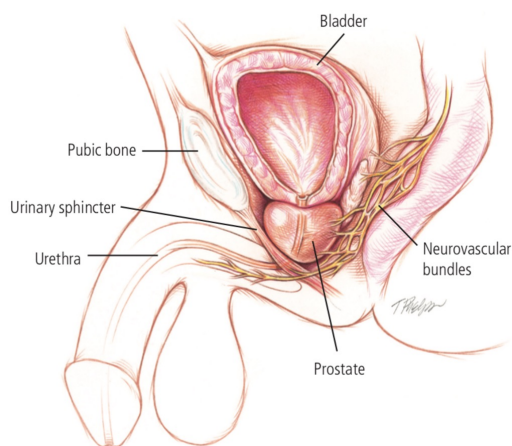
Robotic-Assisted Radical Prostatectomy & Lymph Node Dissection

Patient Guide

Procedure

- A **radical prostatectomy** involves removing your entire prostate to remove your prostate cancer.
- A **lymph node dissection** is the removal of lymph nodes around your prostate where cancer cells may travel to.

Clinical Pathway

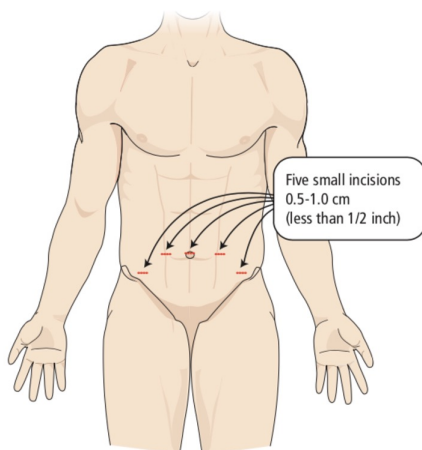


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Anatomy of the urinary tract and prostate. The bladder, which receives urine from the kidneys, connects to a tube called the urethra. The urethra passes through the prostate on its way to the penis. The urinary sphincter is a bundle of muscle fibers just beyond the prostate and is important in controlling urine. Nerves and blood vessels (the “neurovascular bundles”) travel directly next to the prostate on their way to the penis. These nerve fibers are in part responsible for erections.

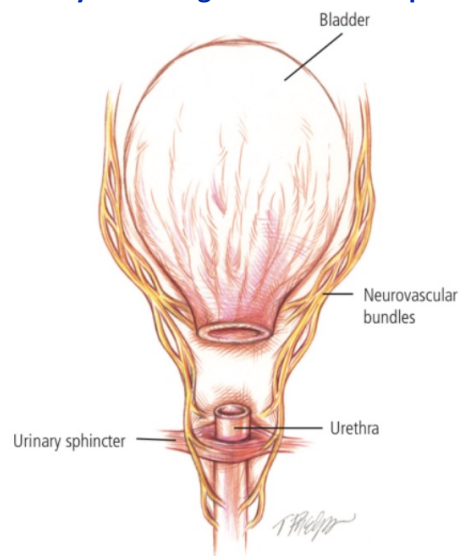
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Robotic Incisions



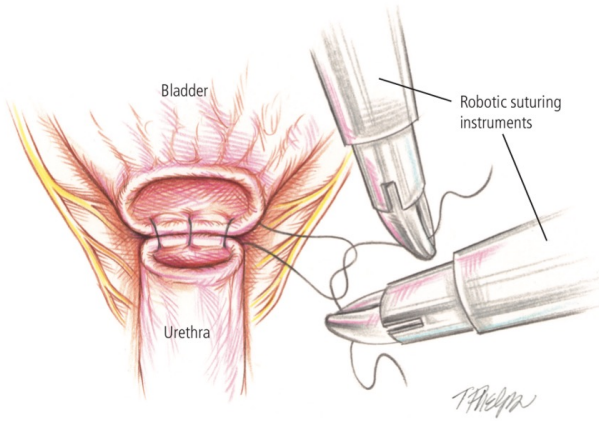
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Anatomy following removal of the prostate



Robotic-Assisted Radical Prostatectomy & Lymph Node Dissection (2)

Patient Guide

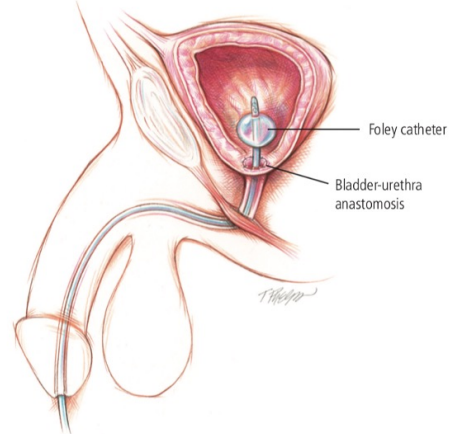


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Anastomosis (connection of bladder to urethra). During removal of the prostate, the natural connection between the bladder and the urethra has been disrupted. A new connection is created (anastomosis) by stitching the bladder to the urethra using robotic instruments controlled by the surgeon.

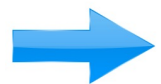
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Foley catheter. After all stitches are placed, a Foley catheter (urinary catheter) is placed into the bladder for 1-2 weeks to allow the new connection between the urethra and the bladder to heal.



Prior to Surgery

- At your clinic visit, your surgeon will review with you (1) your anatomy, (2) prostate cancer staging, (3) possibility of nerve- sparing, (4) alternatives to surgery, and (4) risks and benefits of the procedure.
- If you take any blood thinners (ie: Xarelto, Eliquis, Aspirin), please discuss with your surgeon prior.
- You may be requested to obtain medical clearance by your primary physician prior.
- The hospital will call you 1-2 days prior to surgery to confirm arrival time and location.
- No eating or drinking after midnight prior to your procedure unless otherwise instructed.
- Your surgeon will meet you in the pre-operative area before surgery and review consent.



Robotic-Assisted Radical Prostatectomy & Lymph Node Dissection (3)

Patient Guide

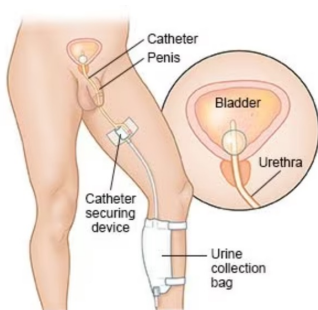
During Surgery

- Your procedure requires approximately 3-4 hours of general anesthesia.
- Depending on your pathology and prostate MRI findings, you may be eligible for a nerve-sparing approach.
- Your incisions will be closed with sutures and skin glue, both will dissolve within weeks.
- You will come out of surgery with a foley catheter to drain your bladder that you will go home with for 1-2 weeks

After Surgery (While in hospital)

- You will stay with us in the hospital on average 1-2 nights.
- You may have sips of clear liquids the night of your surgery.
- You will be given IV and oral pain medications to alleviate your pain.
- It is important to use the breathing machine given to you after surgery 10x/hour.
- We will motivate you to start walking day after surgery to quicken your recovery.
- Although we hope you will pass flatus 1-2 days after surgery, it may take you longer to have a bowel movement. You will be given a bowel regimen.

Catheter Care



- The foley catheter allows continuous drainage of the bladder.
- The nurses will teach you how to take care of your catheter.
- Do not allow anyone besides your surgical team to remove or replace the catheter.
- You will be provided with a leg strap device, two large foley bags (nightly use) and two smaller leg bags (daily use). These bags can be removed and exchanged as needed.



Robotic-Assisted Radical Prostatectomy & Lymph Node Dissection (4)

Patient Guide

Common encounters after surgery

Abdominal bloating, constipation

Blood in urine

Bladder spasms or leakage around the catheter

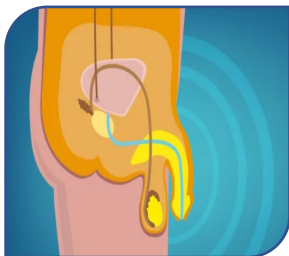
Perineal discomfort

Bruising around port sites

Scrotal/penile swelling or bruising

These should improve or resolve on their own within one week after surgery.

Major side effects after surgery



Erectile Dysfunction

Your erections will be poor after surgery and generally do not recover to what they were prior to surgery. Depending on your disease, we hope to spare at least one or both of your nerves. It can take up to one year to achieve your new baseline. We do have treatments to help. Do not be discouraged!

Urinary Incontinence

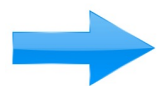
Once the catheter is removed, it is normal to experience urinary leakage, requiring multiple diapers/day. However, this will improve and approximately 60% of men are wearing 1 pad or less by 90 days! We want you to do Kegel exercises after surgery and we can also refer you to a pelvic floor physical therapist (PFPT).



Kegel Exercises



- Kegel Exercises can assist with regaining urinary control. You may find the videos helpful in your recovery (scan QR Code).
- We can also refer you to PFPT for additional training!



Robotic-Assisted Radical Prostatectomy & Lymph Node Dissection (5)

Patient Guide

Discharge Instructions

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|---------------------|--|
| Pain | You may experience pain postoperatively. You will be prescribed a pain medication that can be alternated with Tylenol as needed. |
| Activity | You should walk and climb stairs. You may perform household duties. No heavy lifting (>10 lbs) or strenuous exercise for 6 weeks. No running for 2 weeks. |
| Bathing | You may shower day after surgery, but no bathtubs, jacuzzis, or swimming pools for 2 weeks. Do not scrub around the incisions. |
| Diet | You may have a decreased appetite after surgery. You may gradually resume your normal diet once you have started passing gas or had a bowel movement. Please take docusate or miralax for 2 weeks. |
| Driving | May resume driving once your catheter is removed and if not taking any pain medications. |
| School/Work | You may return to work/school 1 week after surgery or once your catheter is removed depending on your occupation. |
| Intercourse | Please refrain from intercourse for four weeks after surgery. |
| When to call | <p>Please call your surgeon (or in severe cases, present to the ER) if any of the following occur:</p> <ul style="list-style-type: none">❖ you have a fever >101 F❖ you cannot have a bowel movement within 3-5 days❖ Your catheter stops draining❖ you are vomiting❖ you have leg swelling❖ you experience shortness of breath or chest tightness❖ your pain is not controlled with medication |
| Follow-up | We will see you in clinic in 1-2 weeks to remove your catheter and review pathology. We will then recheck your PSA at 3 months after surgery. Please call our office if you do not have an appointment already. |



Memorial
UROLOGY



Office: (305) 682-2580
Fax: (305) 705-1677
www.bansalurology.com