



Robotic Radical Prostatectomy

Radical prostatectomy is a surgical procedure to remove the entire prostate, seminal vesicles and pelvic lymph nodes for prostate cancer. The bladder and the urethra, which is the tube you urinate out of, require surgical reconstruction after the prostate is removed. The pelvic lymph nodes are removed in order to check for and remove any cancer that has grown outside of the prostate. Alternatives to surgery for prostate cancer include observation, hormone therapy, and radiation therapy. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or practitioners. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed through a minimally invasive robotic approach. Five small incisions are used to perform the surgery. The surgical robot is a tool that has been demonstrated to reduce operative pain, reduce length of time spent in the hospital and to minimize scarring for this specific surgery. The surgical robot does not perform any tasks independently, your surgeon is in complete control of the robot throughout the surgery.
- Surgery time is approximately 5 hours. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have a Foley catheter in place which is a tube going into the penis and into the bladder to drain your urine. This catheter is crucial for the immediate healing of the bladder and urethra after surgery. Your catheter will remain in place for

typically 10 days after surgery. You will be instructed how to drain and take care of the catheter.

- In some instances, a surgical drain is placed at the time of surgery. This will be placed through one of your small abdominal incisions. If it is determined that a surgical drain is necessary, the drain output will be monitored by the nursing staff while you are in the hospital. The vast majority of drains are removed by the hospital staff prior to your discharge home.
- Depending on your time of surgery, patients are typically either standing up and moving around the night of surgery or the following morning. The nursing staff in the hospital will assist you with standing and walking immediately after surgery. You are encouraged to walk in the hospital as well as when you are discharged home. Walking, climbing stairs, walking outside and light activities that do not require lifting more than 15 pounds are encouraged to speed up your healing process. You must refrain from lifting more than 15 pounds for at least 3 weeks after surgery.
- The vast majority of patients who undergo the surgery are discharged from the hospital the next day. Some patients may require additional time spent in the hospital to ensure a safe recovery. You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation. A fully updated home medication list will be provided to you by the hospital at discharge.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the catheter that is obstructing urine flow or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- The pathology lab examining your surgical specimen typically takes 1 week for a full analysis. This will be reviewed at your post-operative visit. You will be seen in the urology office typically 10 days after surgery to have your Foley catheter removed. Once your Foley catheter is removed, you will begin experiencing bladder leakage/urinary incontinence. You and your surgeon discussed the expectation of urinary incontinence following this procedure. We strongly encourage performing Kegel exercises and following up with pelvic floor physical therapy to hasten your recovery. Many men regain full or nearly full continence by a few months after surgery, but incontinence may persist longer or even lifelong for some patients. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.

- Your next post-operative appointment will be approximately 6 weeks after surgery. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After surgical removal of the prostate, it is important to continue following up with your urologist to track your postoperative recovery. This includes routine PSA blood tests to assess for any recurrence of prostate cancer.