



# **Robotic assisted laparoscopic prostatectomy: your stay in hospital and discharge information**

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You have chosen to have your prostate removed by our robotic surgery technique here at the Queen Elizabeth University Hospital. This booklet will tell you what to expect during your hospital stay and answer any questions you may have about your care after leaving hospital.

Please note that throughout this booklet we may state times such as, 1 hour or 2 days, these times are not definite and may vary. Therefore, there is no cause for alarm if things do not happen at the exact time scales. Each of our patients is an individual and care can be changed according to how quickly they recover from their surgery. If you have to stay in hospital for longer than initially anticipated it is because the doctors feel that it is the best and safest thing for you to do.

This booklet is one of two in a series about your care. You should have had an information booklet on robotic assisted laparoscopic prostatectomy explaining the procedure. If you have not received this information please contact your Consultant's secretary for a copy. Alternatively, you can leave an email address and we will email it to you.

## **What do I need to do before I come into hospital?**

- **The night before surgery, do not have any food, milky drinks, fruit juice, sweets or chewing gum after 12 midnight.**  
If you wish you may have a glass of clear fluid (preferably still water) at or before 6.00am.
- If you know you are having your surgery in the afternoon you may have a light breakfast (e.g. tea and toast) before 7.00am. If you wish you may have a glass of clear fluid (preferably still water) at or before 11.00am. **No food, milky drinks, fruit juice, sweets or chewing gum after 7.00am.**
- Pack a small overnight bag to bring with you. You should bring toiletries, pyjamas, slippers and comfortable loose fitting clothes to change into when you go home. Tracksuit trousers are ideal as your tummy may feel bruised and slightly swollen after the surgery.
- Arrange for someone to look after you.

## 2

## Admission

We will ask you to arrive at the hospital early in the morning to the Same Day Admission Unit (SAU) within the Queen Elizabeth University Hospital. This unit is a pre-operative waiting area where we admit patients on the same day as their planned surgery.

Please report to the information desk. This is situated on the ground floor within the main reception. Reception staff will confirm your details and direct you to the Surgical Admission Unit on Level 2. Please use the Arran lift.

Upon admission to the SAU, a nurse will see you and:

- ask you questions about your health,
- take your blood pressure, temperature and pulse,
- fit you with anti blood clotting stockings.

An anaesthetist will then see you and a member of your surgical team will ask you for your written consent for your surgery (just a signature is required). They will make sure that you understand what is going to happen and why you are having the surgery. If you have any questions for any of these members of staff do not be afraid to ask them. We will then ask you to change into a hospital gown and walk to theatre with one of the nurses.

## 3

## Going to theatre

At the operating theatre, we will take you to the anaesthetic room; this is where you will go to sleep. The anaesthetist will put an oxygen mask on your face to help you breathe and place a needle in the back of your hand which all of your anaesthetic medicines will be given through.

Other monitoring equipment will be put in place such as a heart monitor. Although this can be a little frightening it is there to make sure you are safe throughout your surgery. You will see quite a few different staff in the theatre; again do not be alarmed, they all have roles to play in your care.

We will then give you medication to make you go to sleep. You will be asleep throughout your surgery. We take great care of your arms and legs to make sure that you are protected and safe at all times. We will remove any tummy hair and a section of hair on your thigh before covering your tummy with a sterile cleaning solution. We do clean this off at the end of your surgery but do not be alarmed if you still have an orange colour on your skin. It will wash off after a couple of showers.

During your surgery we tip your head down, this helps us gain access to your pelvis which is where the prostate is. Being in this position can cause some people to have problems when they wake up such as:

- Swelling of the area around and including the eyes. Do not be tempted to rub your eyes when you wake up as this may cause very minor damage. The staff looking after you will remind you not to do this.
- Facial swelling, this will settle very quickly after your surgery.

Before your surgery is complete your anaesthetist will start giving you other pain relief so that you wake up in as little discomfort as possible. Your surgeons will also put local anaesthetic in your tummy wounds to help with any pain.

## 4 Return to recovery

After surgery, we will transfer you to the recovery area. When you wake you:

- 1 May have a drain – to remove any blood and fluid which may otherwise build up.
- 2 Will have a catheter – along the urethra (water pipe) and into the bladder to drain urine.
- 3 Will have several drips through a plastic needle placed in the back of your hand – to replace any fluid you lost during your surgery.
- 4 Will have oxygen to help you breathe. This may be nasal prongs or a face mask.

These are all perfectly normal following major surgery.

Once the staff are happy that you are safe to move to the ward, they will transfer you to ward 11C, where you will have a single, en-suite room.

Their contact telephone number is: 0141 452 2770.

Visiting times for the ward are 1.30pm – 8.30pm.

### **Pain control**

The staff will make sure that your pain relief is working. It is likely that you will have some pain and discomfort from the areas where the 'ports' entered the tummy. You may also have some pain from having had some gas blown into your tummy during your surgery.

We try to reduce any strong pain killers such as morphine as quickly as possible as this helps you to get out of bed and start mobilising (i.e. moving about). You should, however, take regular painkillers throughout your stay in hospital.

### **Getting out of bed**

After surgery we encourage you to sit up as much as is comfortable for you to do as this helps your recovery. About 4 hours after your surgery we will encourage you to get out of bed and sit in a chair. We then encourage you to start walking around your bed with help from the nursing team. This is all part of we call our 'rapid recovery programme' and helps prevent some of the common risks associated with surgery such as chest infection and blood clots. We will also encourage you to do deep breathing and leg exercises.

### **Eating and drinking**

You may eat and drink as soon as you feel able to do so. If you feel nauseated (sick) please tell the nursing staff and we can give you medicine to stop the feeling.

## After your surgery

The morning after surgery we expect that you will be able to sit out of bed to have breakfast. We will encourage you to sit out of bed for all meals throughout your hospital stay.

- 1** On the ward we will encourage you to walk around the ward every hour, going a little further each time. Listen to your body and do not over exert yourself. Go back to bed and rest as necessary.
- 2** We will remove your drain if you have one, and any remaining needles in your hands and apply dressings if you need them.
- 3** We will encourage you to wash and freshen up. If you prefer at this stage you may change into your own clothes.
- 4** You will have a catheter in place and we will teach you how to look after it.

## Going home

Your surgical team will decide when you can go home. This decision will be based on how well you are moving around, how well your pain is being controlled, if you are nauseous and how far you live from the hospital. (see the previous booklet)

Our expected discharge time is 24 hours from surgery so please be prepared to go home at about 4pm the day after your surgery. Some patients stay with us a little longer for various reasons but we find that the majority of patients recover sufficiently well to go home this early.

You will still need plenty of rest when you go home as your body has undergone major surgery but being in your own environment is generally considered to be better for you.

We would ask that there is someone at home (at least for the first few days) to help look after you.

We also expect you to continue with gentle exercises and daily walks increasing the amount you do everyday.

## Discharge information

The information in this booklet will serve as a useful guide about what to expect in the first few weeks after your surgery.

We will tell your GP and district nurse of your discharge from hospital.

### 6 How to look after your wounds?

- 1 Ideally, any dressings should remain in place for 24 hours; do not be tempted to look underneath the dressings since this may increase the risk of infection.
- 2 You will have absorbable stitches to your wound which will dissolve 2 - 4 weeks after your surgery.
- 3 If a wound becomes tender, red, smelly or discharges a lot of fluid, you should contact your District Nurse or GP for advice about possible infection.

### 7 What is the purpose of the catheter?

The catheter is a soft, silicone tube which drains urine directly from the inside of your bladder. It is passed along the water pipe (urethra) into the bladder during your surgery. At the tip of the catheter is a small, inflatable balloon, filled with sterile water, which holds it in place and prevents it from falling out.

The purpose of the catheter is to act as a "stent" (support) in your urethra (water pipe) so that the area where the urethra has been re-joined to the bladder during your surgery can heal. This is to avoid any scar tissue developing which may result in the narrowing of the urethra.



While at home, you will need to care for the catheter and drainage system. The different component parts of this are:

### **The catheter**

You need to keep the catheter clean on the outside by washing your penis, under the foreskin (unless circumcised) and the catheter tube itself. You do not need anything special to do this, just use normal hot soapy water as part of your daily hygiene routine. Make sure that the end of your penis and foreskin are dried gently and thoroughly to prevent soreness. We will show you how to do this before leaving the ward.

### **The leg-bag for day time use**

This is attached directly to the catheter tube and will collect all the urine produced during the day. It will become heavier as it fills so do not allow it to become too full as this carries the risk of pulling out the catheter. Always wash your hands before and after emptying. Use the tap on the end of the bag to empty urine into the toilet.

### **The thigh catheter support**

This prevents the catheter from being pulled. It has a clip around the catheter and your leg to hold the catheter firmly in position.

### **The night drainage bag**

This is connected directly to your leg-bag at night without disconnecting the leg-bag from the catheter.

### **To connect the night drainage bag:**

1. Wash your hands.
2. Empty the leg-bag and, with the tap still open, push the end of the night bag into the small piece of tubing at the end of the tap. This should form a direct link for urine to drain into the night bag.
3. If you have a night stand, attach the night bag to its stand. Or you can leave the bag on the floor by the side of your bed.

4. In the morning, turn off the tap at the bottom of the leg-bag. Disconnect the night bag, empty the urine into the toilet and rinse the night bag through with warm water. It is then ready to use again the next night.

We will give you a small supply of leg and night bags home with you. You should change these only once a week unless there is a problem with one of them.

If you have to dispose of your bag, rinse it out with water, put into a plastic bag and put out with your normal household waste.

## 9 How much fluid should I drink?

You need to make sure that you are drinking at least 2 litres (8-10 cups) of fluid each day. Try to include plenty of water and it may help to drink at least 200 ml (one glass) of cranberry juice every day. Cranberry juice can reduce the risk of getting a urinary infection in some individuals. **However, if you are on Warfarin therapy do not drink cranberry juice as this may interact with the Warfarin and make you more at risk of bleeding.**

Cranberry juice also contains sugar so is **not always suitable for diabetic patients**. You can also get Cranberry tablets from health food stores.

Once your catheter is removed you may find it beneficial to cut down on caffeine drinks or switch to a caffeine free version. This is because some people find that caffeine irritates the bladder and may give you bladder spasms.

## 10 What if I get bladder spasms?

Bladder spasms (which feel like abdominal cramps) are quite common when you have a catheter in your bladder. The catheter with the balloon at its tip irritates the inside of the bladder. The

bladder clamps down as it tries to squeeze out the catheter and this causes the spasm. Although this can be uncomfortable, it is not a cause for concern.

## 11 What happens if I leak around the catheter?

Urine leakage around the outside of the catheter is called 'by-passing'. It is sometimes the result of:

- bladder spasms,
- the catheter being blocked, or
- when you open your bowels.

## 12 How do I control my pain?

If you have any pain when you go home, take the pain killers that we have prescribed as per the instructions. Some men experience pain and bruising in the areas where the cuts in the tummy were made to insert the ports. Others may get swelling and bruising in the scrotum. This will settle naturally and should not stop you from moving around. Rarely, men experience a sore throat which is caused from the anaesthetic tube. **If you experience pain or numbness that lasts for more than 5 days please let your GP know.**

The tip of the penis can also become sore as a result of the catheter rubbing on this sensitive area. Please make sure that it is clean and dry. You may want to ask your GP for a prescription for some local anaesthetic gel (e.g. Instillal gel) which may ease the discomfort.

## 13 What if I see blood in my urine?

This is common after a radical prostatectomy. When you are at home and becoming more mobile, the catheter can cause irritation in the bladder and this may lead to blood staining in the urine. This is only of concern if you can see large clots or solid pieces of debris

passing down the catheter. If this happens, please contact your Clinical Nurse Specialist or GP for advice. It is important that the catheter continues to drain.

## 14 How do I control my bowel?

Due to a combination of factors, you are likely to need laxatives whilst in hospital. Normally we give you lactulose syrup and senna tablets while in hospital, to prevent constipation. We may give you some of these medicines home with you. In the event you feel constipated, you can buy these medicines from your pharmacy or via your GP. Please drink plenty of fluids, eat fruit and vegetables and keep active to avoid constipation.

## 15 What if the catheter blocks?

If you notice that urine has not been draining into your catheter bag, check that:

1. The drainage bag is below the level of your bladder
2. The catheter has no kinks or twists in it
3. You have been drinking enough fluid
4. You are not constipated

If you do not deal with this immediately it can become an emergency situation. Contact your District Nurse, GP or Clinical Nurse Specialist immediately. They may need to do a bladder washout (using a syringe of fluid to release the blockage).

Do not allow anyone other than a trained urologist to remove your catheter at this stage because re-insertion can be very difficult and usually requires X-ray guidance.

## 16 What if I get a urine infection?

A urine infection can cause any of the following symptoms:

- Cloudy urine

- A burning sensation when you pass urine (dysuria)
  - Strong, unpleasant smelling urine
  - A high temperature and feeling unwell
  - Loin or flank pain (pain in your tummy or your back and sides)
- If you notice one or more of these symptoms, contact your GP who will decide whether you need some antibiotics.

## 17 How and when is the catheter removed?

After a robotic assisted laparoscopic prostatectomy, the catheter needs to stay in place for 7-14 days for the urethra (water pipe) to heal. However, if during your surgery it becomes apparent that the urethra needs longer to heal your surgeon may request that your catheter remains in for a longer period. You will have to come back to your local hospital for it to be removed. This is called a trial of voiding (TOV).

A small number of patients may need a cystogram before we remove the catheter. This is a test which involves injecting some contrast (dye) via the catheter, followed by an x-ray to make sure you are healing. If the cystogram shows a small leak (suggestive of ongoing healing) we will send you home and ask you to return the following week to remove the catheter. If healing has occurred, then you we will send you to the ward for a TOV.

Catheter removal takes about 15 seconds and feels peculiar but is not painful. Once the catheter is out we will ask you to drink some fluid to allow your bladder to start to fill with urine. The nurse will ask you to empty your bladder into a flow-rate monitor and you will then have a bladder scan to make sure that you have emptied your bladder completely. Occasionally the urethra (water pipe) may go into spasm and as a result you will be unable to pass urine. Should this happen a urology doctor will need to reinsert the catheter using a flexible telescope. The catheter will then remain in place for one more week.

After the catheter is removed, remember that your bladder has not been filled with urine for a while and that the outlet has been kept open artificially. The body tissues at the site of the surgery are affected by swelling and temporarily lose their elasticity. As a result, you may not have full control of the flow of urine and you will have some leakage for the first few days or weeks. It is important to carry out your pelvic floor exercises several times a day to regain control of your sphincter muscles (the muscles which control continence).

A very small minority of patients may experience total incontinence following removal of the catheter (i.e. a continuous flow of urine). They may need to use pads for a few weeks or months. If this occurs, you can get additional support from your Community Continence Advisers (contact details available via your District Nurses). If you need to contact your District Nurse and do not have a telephone contact number, your GP practice will be able to supply this. Alternatively, your specialist nurse or the physiotherapy team may be able to help with incontinence devices.

Before having your catheter removed and if you have any potential temporary urine leakage, you should make sure that you have a small supply of bladder weakness products (pads designed for male underwear) at home, before your TOV appointment.

You can purchase pads from:

- Your local pharmacy or supermarket – they may need to be specially ordered.
- All of the major suppliers have telephone and on line ordering facilities if you prefer. The Bladder and Bowel Foundation website also has a list of contact information ([www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)).

Many patients find that pelvic floor exercises help their symptoms improve. Staff should have explained these to you before your surgery but if you are unsure what to do please ask your Clinical Nurse Specialist or visit [www.yourpelvicfloor.co.uk](http://www.yourpelvicfloor.co.uk) or [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org) for further advice.

It is very important to do these exercises once an hour every day. In addition, you should also do 20 rapid pelvic floor contractions each day. Try to do these exercises in a variety of positions i.e. sitting, standing and lying down.

It is likely that you will need several weeks of regular exercise before you see an improvement. You should try and continue the exercises even after you start to notice the improvement. Try to make the exercises part of your daily routine. Please do not become disheartened if you are not dry immediately.

**Remember – do not do pelvic floor exercises whilst you have a catheter.**

### **Other advice**

Do not let your bladder become too full, as the extra pressure can make it harder to control your sphincter muscle. Equally, you should not empty your bladder “just in case”. You need to allow your bladder time to fill and you need to learn the feeling of really needing to pass urine. Limit your intake of alcohol, tea, coffee, cocoa and fizzy drinks since these can all cause irritation of your bladder (as they contain caffeine) and make you want to pass urine more often.

### **Bladder and penile discomfort**

Once the catheter is removed, you will feel more comfortable, and any pain at the tip of the penis should get less.

### **Exercising**

You may find that you tire more easily than expected, and you will need to allow at least four weeks before you return to your normal routine.

Ideally, we would advise you to try to begin with gentle exercise such as walking or swimming for a maximum of about 15 minutes every day. Listen to your body and always rest when you feel particularly tired. Your body needs time to heal. After 4 weeks, you can attempt more vigorous activities but again, do not overdo it and we recommend avoiding cycling for the first 3 months after your surgery as this will put pressure on the area that has had surgery.

### **Driving**

We normally advise patients that you can drive after about 2 weeks following robotic surgery, providing you feel confident about controlling the car and carrying out an emergency stop. You should contact your insurance company to tell them about your surgery .

### **Sex**

We do encourage you to resume sexual activity when you feel able. Resuming sexual activity will depend on whether a nerve - sparing procedure was possible at the time of surgery. Your surgeon will have discussed this with you. If the nerves were preserved, we will normally prescribe drugs to help erectile function.

Please be aware that the return of erectile function can take up to 2 years and may not be as good as it was before surgery. If you find that your erections are less than perfect, do not hesitate to use the tablets that have been prescribed for you. If you continue



to have erection problems then please contact either your GP or your Clinical Nurse Specialist so that they can offer alternative treatments.

### **Work**

Most patients are ready to return to work after four to six weeks at home. If you have a job that involves heavy lifting you may need longer. You may need to discuss with your employer a suitable way to ease yourself back into work more gradually.

### **Travel**

There is no reason why you should not fly 6 weeks after surgery. However, if you fly any earlier, you may be at increased risk of developing a DVT (deep vein thrombosis – blood clot). You must tell your insurance company that you have had prostate surgery but there should be no additional premium because of this. If you need a letter for the insurance company explaining your circumstances, we would be happy to write this for you – please contact your Clinical Nurse Specialist or your Consultant's secretary.

### **Deep Vein Thrombosis:**

To reduce the chance of a DVT, you should continue to wear the stockings that you had in hospital for six weeks after your surgery.

We will teach you (and or a family member) how to inject yourself with an anti blood clotting medication before you leave hospital. Please complete the full course of injections once you go home. Place your used needles and syringes in the yellow sharps box which we give you.

## **21 What if I feel that something is wrong in the first few weeks after surgery?**

If you feel unwell or are concerned about your health you should contact us straight away. During office hours, you should contact your Clinical Nurse Specialist or the Consultant's secretary via the main switchboard or via your GP.

## 22 What outpatient follow-up will I have?

You will receive an appointment to return to the outpatient clinic at 6-8 weeks after surgery. This is to allow the Consultant or Specialist Registrar to find out how you are getting on with your recovery and to discuss with you the findings of the pathology report on your prostate specimen and check your PSA (Prostate Specific Antigen) blood test after your surgery.

## 23 Will I need further treatment?

The purpose of the surgery is to remove the prostate and all the prostate cancer. Occasionally, the prostate cancer has spread microscopically outside the specimen that was removed. In this case, your Consultant will advise you about having further treatment (usually radiotherapy but, occasionally, hormone therapy) to make sure any remaining cancer cells are completely eradicated.

After your outpatient appointment, you will have a follow up every 3 months for the first year.

It is important that your follow-up appointments are scheduled around the times outlined in the above information. In most instances, after the first appointment at the Queen Elizabeth University Hospital, follow up will be at your local hospital.

## 24 Useful Contact numbers

Before your surgery, please make a note of your named specialist nurse, and before discharge, the phone numbers for Ward 11C and your Consultant's secretary.

Ward 11 C: **0141 452 2770**

## **Robotic Secretary**

Julie Clyde

Telephone: 0141 451 5997

Email: [julie.clyde@ggc.scot.nhs.uk](mailto:julie.clyde@ggc.scot.nhs.uk)

## **Robotic Nurse Specialist and Co-ordinator**

Sister Alison Obeidallah

**Telephone:** 07812 767 491

**Email:** [alison.obeidallah@ggc.scot.nhs.uk](mailto:alison.obeidallah@ggc.scot.nhs.uk)

Before your Trial of Voiding (TOV) appointment, please contact the ward directly if you have any issues. If there are any issues, requiring admission, we will admit you straight back to the Urology Ward. Following your TOV appointment, the Specialist Nurses should be your first point of contact and you can contact them during normal working hours. Please leave a message if you cannot get through to them directly. If you are directly. If you are worried about your health please contact your GP practice.

## Further Information:

You can find more information from:

### Prostate Scotland

Telephone: 0131 603 8660

Website: [www.prostatescotland.org.uk](http://www.prostatescotland.org.uk)

Provides support and information for patients and their families.

### Macmillian Cancer Support

Freephone: 0808 808 0000

Monday to Friday: 09:00 to 20:00

Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

Provides information and support to anyone affected by cancer.

### Cancer Research UK

Telephone: 0808 800 4040

Website: [www.cancerresearchuk.org](http://www.cancerresearchuk.org)

Provides facts about cancer including treatment choices.

### Bladder and Bowel Foundation

Telephone: 0845 345 0165

Website: [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

Provides information on bladder and bowel problems

## Acknowledgements

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