

Information for Patients



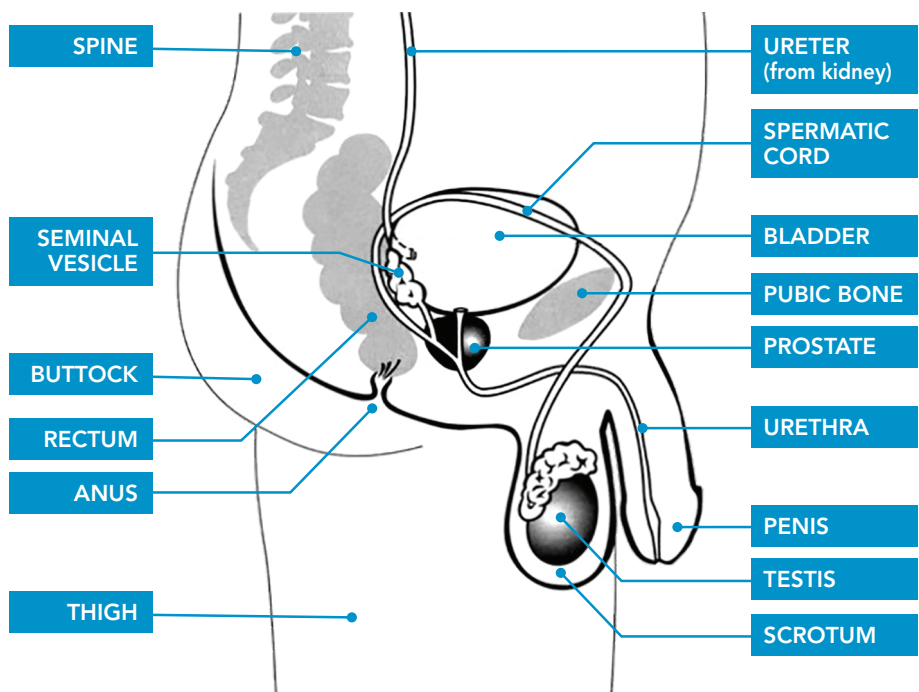
Robot-Assisted Laparoscopic Prostatectomy



What is the prostate?

The prostate is a gland about the size of a walnut that is only present in men. It is located just below the bladder and surrounds the urethra, the tube through which urine flows from the bladder and out through the penis.

The prostate gland contributes to the seminal fluid produced during ejaculation and has an important function in fertility.



What is a Robot-Assisted Laparoscopic Prostatectomy?

A RALP is an operation for men with prostate cancer. It involves removing the entire prostate gland through small cuts in the lower abdomen.

The robot is completely controlled by the surgeon at all times and cannot operate independently.

Removing the prostate can be curative if the cancer is in an early stage (confined to the prostate and not spread).

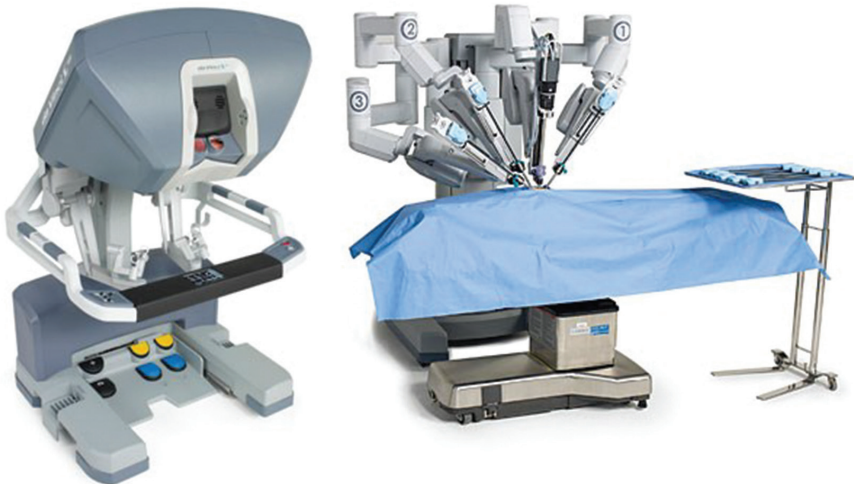
What happens before my operation?

The operation and outcomes will be explained to you by your surgeon.

A blood test will need to be performed and a urine sample may need to be taken 4-5 days prior to surgery.

It is important to avoid constipation. Try to establish and maintain a regular, soft bowel habit leading up to your operation. Identify the foods that can help you maintain a regular bowel habit for your post-op period.

You will be advised when to stop eating and drinking.



What happens during the operation?

The operation is performed under general anaesthetic (you will be asleep).

Several small cuts are made in your abdomen between the navel and pubic bone. Small tubes (ports) are placed into these openings, allowing the camera and surgical instruments to be inserted.

During the procedure:

- The prostate is completely removed.
- The bladder is reconnected to the urethra.
- A urinary catheter (tube) is placed to drain urine while healing occurs.

The operation usually takes about 3 hours. Blood transfusion is rarely required

What can I expect after the operation?

Most patients stay in hospital for 1 nights.

After surgery:

- You will spend a short time in the recovery area before returning to your room.
- When you wake up, you may feel a strong urge to pass urine. This is normal and caused by the catheter.

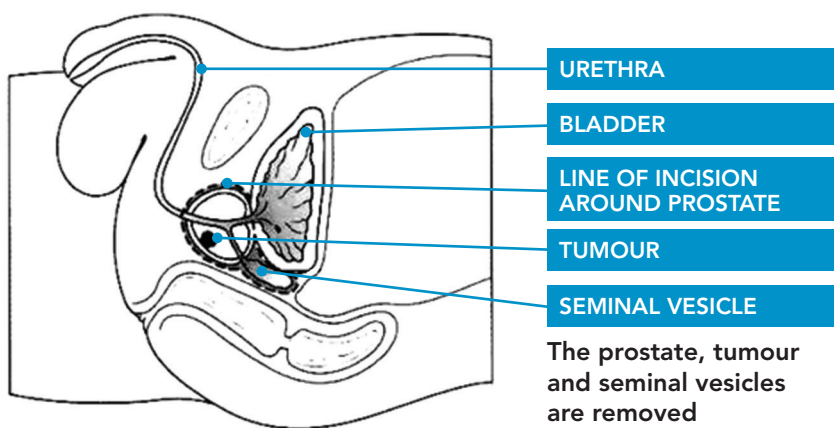
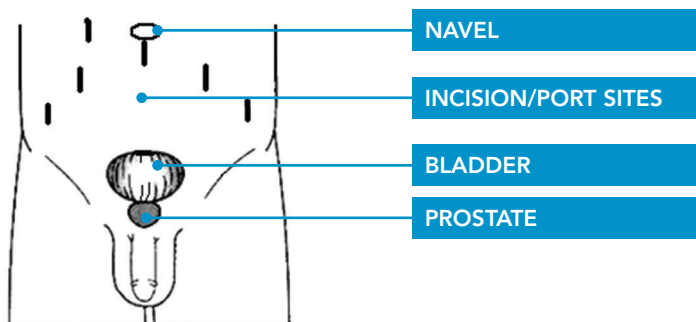
Pain control

Pain relief is carefully managed. You may have a PCA (Patient Controlled Analgesia) pump, which allows you to press a button to safely deliver pain medication when needed.

Please tell your nurse if you are uncomfortable — we aim to keep you as comfortable as possible.

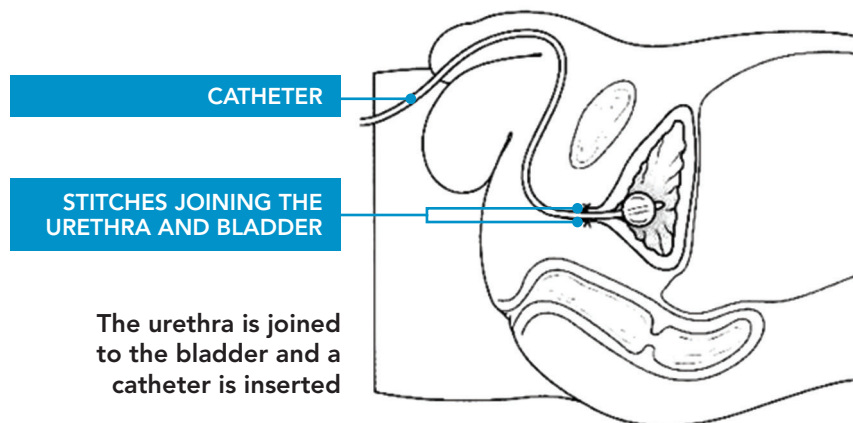
Wound care

- You will have several small incisions on your abdomen.
 - Stitches are dissolvable and do not need to be removed.
 - Keep the wounds clean and dry.
-



Drain tube

You may have a small drain coming from your abdomen to remove excess fluid. This is usually removed before you go home.



After discharge

You will receive two follow-up appointments:

1. **Catheter removal** with a nurse (1–2 weeks after surgery)
2. **Surgical review** with your consultant (approximately 6 weeks after surgery)

The catheter

You will go home with a urinary catheter in place.

While the catheter is in:

- Urine may appear blood-stained, especially in the first 24 hours.
- You may occasionally see small amounts of blood.
- Wash daily with mild soap and water to prevent irritation.

Common temporary symptoms include:

- **Stinging or burning at the tip of the penis** – often improves with good hygiene and adequate fluid intake.
- **Feeling of a full bladder with little drainage** – may indicate a kink or blockage. Inform your nurse immediately.
- **Bladder spasms** (sharp cramping pains) – caused by bladder irritation. These can be treated with medication and may cause leakage around the catheter.

Food and Fluids

- Drink plenty of fluids while the catheter is in place to help prevent blockage.
- Aim to have regular bowel motions, avoid constipation

Activity

You may gradually return to normal daily activities as you feel able.

For the first 2–3 weeks, avoid:

- Heavy lifting
- Straining
- Strenuous exercise
- Sexual intercourse

You can usually resume driving when you feel able to perform an emergency stop comfortably (typically 2–3 weeks).

Possible complications

Most men recover well, but complications can occur.

Bleeding

Significant bleeding is uncommon. If you notice:

- Increasing bleeding
- Large clots
- Inability to pass urine

Contact your GP or urology team urgently.

Appointment for Catheter removal

- Allow a couple of hours for this appointment
- It is useful to bring supportive underwear.



Prior to this appointment, please purchase a supply of continence products to manage urinary leakage once the catheter is removed.

There are a number of brands of products available and we suggest you choose a pad that will provide absorbency of 500-600 mL (indicated by 5-6 drops on the packaging).



TENA SUPER PADS
Light absorbency:
515-860 mL Pack 30



TENA FOR MEN – level 2
Light absorbency:
270-450 mL Pack 10



ABRI MAN
Moderate absorbency:
700 mL Pack 14

If you have bad pain with passing urine after your catheter removal, please contact the nurses at Urology Associates.

A mild burning sensation when passing urine is common for a few days after catheter removal.

Contact your urologist if:

- Burning lasts more than 3 days
- You develop signs of infection (fever, cloudy urine, strong smell)
- You are unable to pass urine

After catheter removal

- most men experience some urinary leakage.
- You may need to wear pads initially.
- Pelvic floor exercises will be taught to help strengthen bladder control.
- Improvement usually occurs gradually over the first 6 months.
- About 1 in 5 men may still have some leakage at 12 months.

Urinary control may return in three phases:

Phase one: You are dry when you are lying down at night

Phase two: You have periods of good urinary control in the early morning

Phase three: Urinary control lasts for longer intervals and later into the afternoon and evening.

Urethral strictures (narrowing)

In a small number of men, scar tissue may cause narrowing of the urethra months after surgery.

Symptoms may include:

- Slowing of the urine stream
- Difficulty passing urine

Early treatment is usually straightforward and effective.

Sexual function

Radical prostatectomy can affect erections.

The likelihood of erectile dysfunction depends on:

- Your age
- Your erections before surgery
- Whether nerve-sparing surgery was possible
- The extent of the cancer

Erections may take up to 12 months (or longer) to recover. Some men will need treatment to help achieve erections.

Even without an erection:

- Orgasms are still possible.
- There are effective treatments available, including tablets, injections, vacuum devices and other therapies.

Your team can discuss penile rehabilitation and support options with you.

Final Thoughts

Recovery from radical prostatectomy takes time. Improvements in bladder control and sexual function can continue for many months.

If you have any concerns at any stage, please contact our urology team. We are here to support you throughout your recovery.

George Acland
MB ChB, FRACS
Urologist

Kevin Bax
MB ChB, FRACS
Urologist

Nick Buchan
MB ChB, FRACS
Urologist

Deborah Friberg
MB ChB, FRACS
Urologist

Frank Kueppers
Dr. med.
Urologist

Giovanni Losco
MB ChB, FRACS
Adult & Paediatric
Urologist

Jane MacDonald
MB ChB, FRACS
Urologist

Stephen Mark
MB ChB, FRACS
Adult & Paediatric
Urologist

Louise Rouse
BHB, MB ChB, FRACS
Urologist

Urology Associates

Forte Health, 132 Peterborough Street
PO Box 917, Christchurch 8140

P: 03 355 5129

E: reception@urology.co.nz

www.urology.co.nz