

# Robot Assisted Laproscopic Radical Prostatectomy (RALRP)



UHN

## Information for Patients



### What is a Robot Assisted Laproscopic Radical Prostatectomy?

The prostate is a gland that surrounds your urethra where your urethra meets your bladder. The seminal vesicles are two small fluid-filled sacs above your prostate.

In this operation, we take out the prostate gland and the seminal vesicles. We may also take a small sample of your pelvic lymph nodes to see if the cancer has spread.

The Robot Assisted Radical Prostatectomy has a special state-of-the-art system that helps your surgeon see very important parts inside your body in 3-D.

To do the procedure, the surgeon moves the robotic arms, which hold the instruments and a high-resolution camera inside your body. The jointed-wrist design is called *da Vinci* and it has a better range of motion than the human hand. The *da Vinci* has many safety features that are designed to reduce human error when compared with the traditional way of doing this procedure. But, the surgeon always has complete control of the robot.

Because of this *da Vinci* Surgical System, surgeons can do even complex surgery using only 1-2 cm incisions (cuts).

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## What happens before your operation?

- You will have an appointment in the pre-admission department:
- Pre-admission is located on the **Ground Floor Eaton Wing, Toronto General Hospital, 200 Elizabeth Street** entrance.
  - We test your blood and do an ECG (electrocardiogram) and/or a chest x-ray to prepare you for the operation.
  - You will meet with the pre-admission nurse who reviews your health history.
  - You will also meet the Urology Clinical Coordinator who works with the Urologists and can answer most questions about the surgery.
  - You may have an appointment with the anesthetist if ordered by your surgeon. We make this appointment if you have had heart problems, breathing problems, or problems with anesthetics in the past, or any other conditions your surgeon wants to review.
  - We will give you a prescription for a laxative if you have not received one already.

## The Day before your Operation

1. For breakfast, drink clear fluids only for the whole day. **Do NOT eat solid foods or milk products.**
2. Start to drink the bowel prep at 12:00 (noon). It takes about 3-4 hours to drink. After you finish the bowel prep, the effects may last for 3-4 hours.
  - Refrigerate the bowel prep the night before because it may make it easier to drink.
  - Continue to drink the clear fluids listed below while you are drinking the bowel prep.
3. After you finish the bowel prep, it is important to continue drinking fluids because your body may become dehydrated with the frequent bowel movements.

### Examples of clear fluids you are allowed to drink:

- |                      |  |
|----------------------|--|
| ✓ Apple juice        | ✓ Orange juice (without pulp)                      |
| ✓ Grape juice        | ✓ Cranberry juice                                  |
| ✓ Lemon-aide         | ✓ Beef or Chicken Broth (no noodles or vegetables) |
| ✓ Jello or Popsicles | ✓ Pop (for example Gingerale, Seven-Up, and Coke)  |
| ✓ Water              | ✓ Coffee or Tea                                    |

5. By drinking warm fluids such as tea and broth you may find you do not feel as hungry.

6. **Do not eat or drink anything after midnight the night before your operation. Your stomach has to be empty.**



### **Morning of your operation:**

- Arrive 2 hours before your scheduled operation time at the **Surgical Admission Unit 2nd Floor NCSB**.
- We will prepare you for surgery by shaving or clipping the area for your operation.
- We will give you Heparin through a small needle to help decrease the chance of having blood clots
- We will give you an intravenous (IV). This is a small needle that we put in a vein in your arm. We use it to give you one or all of the following:
  - fluids
  - antibiotics
  - pain medication

### **What to expect after the operation**

You will wake up in the Patient Anesthetic Care Unit (PACU) and be attached to some or all of these tubes:

- **IV** - We usually take the IV out as soon as you can drink fluids and pass gas.
- **Oxygen** - We usually give patients in this room oxygen to help them breathe. We use either nasal prongs or a clear plastic mask.
- **Jackson Pratt (JP)** - The JP is a drain that we put in your lower abdomen (below your belly button) to drain any extra fluid that you have there after your surgery. We usually take it out in 1 or 2 days.
- We use dissolvable stitches and cover the little cuts with tape. We do not use staples.
- **Catheter** - This tube goes up your penis to drain urine from your bladder. It usually stays in for about 2 weeks.
  - The catheter might make you feel like you have to urinate. You might also feel muscle spasms in your bladder that cause discomfort. These spasms can come and go. There is a medication that can help to calm the spasms.
  - It is important to keep the catheter clean. A nurse will show you how to do this before you go home from the hospital.

### **How you will feel after the operation**

- It's normal to feel some pain after surgery. We will make sure that you have the least possible pain. The nurses will give you a medication called Toradol through the IV; this medication is given every 6 hours.
- As a back up we also use the Patient Controlled Analgesia (PCA). The PCA gives you pain relief through a pump that you control yourself. It is important not to press the morphine unless you are actually having pain. We have information pamphlets on how to use the PCA.
- You might feel muscle spasms in your bladder because of the catheter. Let the nurse know if you are having pain in your

bladder area. Do not press PCA for bladder spasms. (See the information under Catheter, above.)

- You might feel gas pain in your stomach area for a few days after the operation. Walking will help you get rid of this pain.
- Your scrotum may be swollen and bruised for a few weeks. This is normal. If your scrotum is swollen, we will show you how to rest your scrotum on towels when you are in bed. When you are out of bed, you can use a scrotal support or wear brief underwear to help support your scrotum.

### **How to take care of yourself right after the operation**

- You need to start some deep breathing and coughing exercises. We'll show you an exercise called Incentive Spirometry. We have information pamphlets on this.
- Wiggle your toes and move your feet. This helps the blood in your legs to circulate.
- The day after your operation, you should start walking again. We will help you.
- You will shower while you're in the hospital. Showers are recommended, as you should not be soaking in a bath with a catheter.
- Do not do Kegel exercises until your catheter is removed.

### **How long will you stay in the hospital?**

You can usually go home in 2-3 days.

### **How to take care of yourself when you go home**

- Do not strain during bowel movements. Use the stool softeners prescribed for you.
- You may notice your urine in the drainage bag is at times dark red. This is normal. Increase the amount of water you drink to help clear the urine.
- You may leak urine around the catheter and this is normal.
- You can go back to your normal activities when you feel ready. You might get tired easily. Listen to your body and don't do more than you can handle.
- Don't lift anything heavy for 6 weeks after your operation. Anything over 5 kg or 10 pounds is too heavy.
- If you are instructed don't take anti-inflammatory medication for 2 weeks after the operation. It may cause bleeding.
- Do not take long car trips. If you have to, stop every 2 hours.
- Do not drive yourself for 2 weeks after surgery.
- When we take your catheter out, start doing Kegel exercises. We will give you a pamphlet on Kegel exercises.

### **Your test results**

- At your 7-week appointment your surgeon will talk to you about the results of your surgical pathology.



## Your follow-up appointments

- Before you leave the hospital, we will make you 2 follow up appointments for you with your surgeon.
- **8-14 days after the surgery:** for this appointment, go to the **Cystoscopy department 2nd Floor NCSB**. Your catheter will be taken out during this appointment. Bring the incontinence pads with you.
- **At your 7-week appointment:** Before this appointment, have your PSA (prostate specific antigen) test done. You will be given a requisition for PSA before you go home.

## Please call the 6A west Nursing station if:

- You bleed heavily and the blood is bright red blood (not dark old blood) when you urinate and the bleeding does not decrease when you try resting and drinking more water
- Your temperature goes higher than 38° C, and/or you feel chills
- There is redness or increased pain where your incision is
- There is a decrease in the flow of your urine (the urine stream is not as strong as it was) or if you cannot pass urine at all

## Important:

Go to the nearest emergency department if there is pain, redness, or swelling in your calf or your leg

## How to contact us

Nursing Unit 6 A West 416-340-3521  
Urology Clinical Coordinator, Leah Jamnicky 416-340-4666

The Nurse Coordinator will answer any questions you have once you get home. If you are calling after hours, call the Nursing Unit 6 A West instead and ask for the nurse in charge.

## Urologists

Dr. A. Finelli 416-946-2851  
Dr. N. Fleshner 416-946-2899  
Dr. J. Trachtenberg 416-946-2100