Robot Assisted Laparoscopic Radical Prostatectomy (RALRP)

Information for patients who are preparing for RALRP surgery

What is a Robot Assisted Laparoscopic Radical Prostatectomy (RALRP)?

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 surgery, 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 RALRP has a special state-of-the-art system that helps your surgeon see very important parts inside your body in 3-D (from all sides). 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. But, the surgeon always has complete control of the robot.
With this *da Vinci* surgical system, surgeons can do even complex surgery using only 1 or 2 centimetre incisions (cuts). To remove the prostate, there will be a 1-inch cut near the belly button.

**How do I prepare for this surgery?**

You can read the educational materials given to you, including this care brochure. Write down any questions you have and bring them to your Pre-admission appointment.

**Remember:**

- Bring someone with you to your appointment.
- Bring your health card (OHIP) with you and any other insurance cards. You will need the policy number of your extended health insurance if you have any.
- Bring any previous test results or letters from doctors you may have seen in the past. This will help us to manage your care better.

**What happens before surgery?**

You will have an appointment in the Pre-admission Clinic:

*Toronto General Hospital, 200 Elizabeth Street*
*Eaton Building – Entrance Level Ground (Room 400)*

We test your blood, do an ECG (electrocardiogram – a record of your heart’s electrical activity), and/or a chest x-ray.

You meet with the Pre-admission nurse who goes over basic information about the surgery with you. The nurse will also do an in-depth health history.

You will also meet the Urology Clinical Coordinator who works with the Urologists and can answer most questions about the surgery.
You might also see an anesthetist, and/or a medical doctor during this appointment. We make this appointment if you have health issues that we need to deal with before your surgery.

**What to do the day before my surgery**

- Do NOT eat anything the full day before your surgery.
- Drink clear fluids **only** for the whole day. NO solid foods or Elizabeth Streetmilk products.

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

- Apple juice
- Beef or Chicken Broth (no noodles or vegetables)
- Grape juice
- Cranberry juice
- Lemon-aide
- Orange juice (without pulp)

**Tip:**
By drinking warm fluids such as tea and broth you may not feel as hungry.

- You will need to buy a fleet enema at your pharmacy and take it the evening before your surgery.
- Give yourself the enema any time in the evening before your surgery. Follow the instructions on the package.

**Do not eat or drink anything after midnight the night before your surgery. Your stomach has to be empty.**
What to do the morning of my surgery

Arrive 2 hours before your scheduled surgery time at:

Surgical Admission Unit
Norman Urquhart Building (NU) – 2nd Floor
Toronto General Hospital, 200 Elizabeth Street

- We will prepare you for surgery by shaving or clipping the area for your surgery.
- 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) line. This is a small needle that we put in a vein in your arm. We use it to give you fluids, antibiotics and pain medication.

What to expect after the surgery

IV
To give you fluids and medicines. Usually removed when you can drink fluids and pass gas.

Oxygen
To help patients 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.
Staples
We use staples to close the main cut that is 1 inch long. Staples are usually removed 8 to 10 days after the surgery.

Catheter
This tube goes into the 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 will I feel after the surgery?
It’s normal to feel some pain after surgery.

We will make sure that you have the least possible pain. We start by freezing the area where we do the surgery. This is called a regional or TAP block. We also give you a Tylenol® Suppository that acts as a pain medication in the area where we will be doing the surgery.

Pain after the surgery
The nurses will give you a medication called Toradol every 6 hours through the IV.

- The first dose of this medication is given to you in the Post Anesthetic Care Unit when wake up from surgery. If you feel that you need more medication, the nurse can bring in extra medication.
• 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.

• You might feel gas pain in your stomach area for a few days after the surgery. 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 do I take care of myself right after the surgery?

• Start your deep breathing and coughing exercises as soon as you wake up. Also start Incentive Spirometry, which is an exercise that we will teach you before your surgery.

• Wiggle your toes while you are in bed. This helps the blood to flow through your legs.

• If you are the first surgery of the day, you should start walking on the evening of your surgery. 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 I stay in the hospital?

You can usually go home in 1 or 2 days.
### How do I take care of myself at home?

<table>
<thead>
<tr>
<th>Things NOT to do</th>
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<tbody>
<tr>
<td>• Do not strain during bowel movements. Use the stool softeners prescribed for you.</td>
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<tr>
<td>• Do not use suppositories or fleet enema for at least 6 weeks after surgery.</td>
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<tr>
<td>• Don’t lift anything heavy for 6 weeks after your surgery. Anything over 5 kilograms or 10 lbs is too heavy, such as a bag of flour.</td>
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<tr>
<td>• Don’t take anti-inflammatory medication for 2 weeks after the surgery unless you were informed otherwise by your surgeon. It may cause bleeding.</td>
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<td>• Do not take long car trips. If you have to, stop every 2 hours.</td>
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<td>• Do not drive yourself for 2 weeks after surgery.</td>
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<th>Things you can do</th>
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<td>• 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.</td>
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<tr>
<td>• When we take your catheter out, start doing Kegel exercises. We will give you a pamphlet on Kegel exercises.</td>
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<th>What to watch for</th>
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<td>• You may notice your urine in the drainage bag is at times dark red. This is normal. Drink more water to help clear the urine.</td>
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<tr>
<td>• You may leak urine around the catheter. This is normal.</td>
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Your test results
At your 7-week visit your surgeon will talk to you about the results of your surgery.

Your follow-up visits
Before you leave the hospital we will give you 2 follow-up appointments.

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<th>Your first appointment</th>
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<td><strong>When?</strong></td>
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</table>
| **Where?** | Cystoscopy Department  
               Toronto General Hospital  
               Norman Urquhart Building (NU) – 2nd floor |
| **What to expect** | Your catheter will be taken out during this appointment.  
                      Nurses will go over how to do Kegel exercises with you. |
| **What to bring** | Incontinence pads |
| **Special note** | If you live outside the GTA and decide you would like the catheter removed closer to home, you will need to plan this with your family doctor or referring urologist. |
Your second appointment

<table>
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<th>When?</th>
<th>About 7 weeks after the surgery</th>
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<td>Where?</td>
<td>Princess Margaret Cancer Centre, Prostate Centre – 4th floor</td>
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How to prepare

Before coming in for the 7-week appointment that was made for you, you need to arrange to have a PSA test (prostate specific antigen) done anytime during week 6.
We recommend that you do this test at a LifeLabs Medical Laboratory Services.
You can find your nearest location by checking their website www.lifelabs.com. We will have given you a requisition before you went home.

What to expect

Your surgeon will talk to you about the test results.

Special note

If you decide to have the PSA test done at TGH or Princess Margaret Cancer Centre, you will need to call your surgeon’s office to put the order in the computer.

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 ºC, 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

Go to your nearest emergency department if you have pain, redness or swelling in the back of your calf or inner thigh area.
**Who to call**

Call your Surgeon's office if you are making or changing appointments.

Your surgeon’s secretary or the administrative staff should not be contacted about medical or surgical related questions.

Please **do not** contact the Princess Margaret Cancer Centre clinic with post operative questions.

**How to contact us**

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

**Surgeons/Urologists**

Dr. A. Finelli 416-946-2851
Dr. N. Fleshner 416-946-2899
Dr. J. Trachtenberg 416-946-2100
Dr. G. Kulkarni 416-946-2246
Dr. R. Hamilton 416-946-2909

**Write notes here**

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