

ROBOTIC SURGERY -  
LAPAROSCOPIC RADICAL  
PROSTATECTOMY PATIENT  
GUIDE



## 1 Instructions for use of the pathway.

- This is a guide as to what you can expect during your stay.
- Please remember that all people recover at their own rate.
- If your recovery does not follow this pathway exactly, it does not mean there is a problem.
- You should not hesitate to discuss with medical or nursing staff any aspect of your treatment or any concerns you may have.

Calvary Lenah Valley is a private hospital, situated five minutes from the heart of the city of Hobart with spectacular views over greater Hobart. We are a leader in Neurosurgery, Orthopaedics, Urology, Gynaecology, Surgical and Medical Care.

We have a modern Maternity and Women’s Health Unit, Endoscopy Unit, Critical Care Unit, Intensive Care Unit and a 24/7 Accident and Emergency Department.



Calvary Lenah Valley also has an on-site pharmacy and in-patient clinical pharmacy services, as well as pathology and radiology departments that offer CT scans, MRI and nuclear medicine.

***Founded by the Sisters of the Little Company of Mary in 1938, Calvary Lenah Valley is a Catholic not-for-profit organisation, investing its returns to improve and develop facilities, staff and services for the continuing benefit of the community.***

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| The Spirit of Calvary expresses how we care for each other, and how we care for our patients, our residents and our clients by ‘Being for Others’. | Everyone is welcome.<br><br>You matter. We care about you.<br><br>Your family, those who care for you, and the wider community we serve, matter. Your dignity guides and shapes the care we offer you.<br><br>Your physical, emotional, spiritual, psychological and social needs are important to us.<br><br>We will listen to you and to those who care for you. We will involve you in your care.<br>We will deliver care tailored to your needs and goals.<br><br>Your wellbeing inspires us to learn and improve. |
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| <b>Approved by:</b> GM Lenah Valley and St Johns | <b>Approved Date:</b> 11/03/2020 |
| <b>UNCONTROLLED WHEN PRINTED</b>                 | <b>Review Date:</b> 21/11/2022   |

## 2 Services Available

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|-------------------------------------|--------------|
| Pre-admission Clinic                | 03 6278 5025 |
| Hospital Reception                  | 03 6278 5333 |
| General Surgical Ward               | 03 6278 5455 |
| General Surgical Nurse Unit Manager | 03 6278 5442 |

## 3 General Information

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Phone enquiries: If you have a large family and/or a large group of concerned friends please organise a spokesperson to ring the staff. This will free up staff time to care for you, while at the same time keeping your family and friends up to date with your progress.

## 4 Discharge time

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Discharge time is by 10am.

## 5 Nutrition

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If you have any special needs, please discuss with the staff.

## 6 General Hospital Policies

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There is a NO Smoking policy in the hospital. Please wear footwear and a gown outside your room.

## 7 What to bring to the hospital

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- Toiletries/Glasses
- Lip Moisturiser
- Pyjamas/Dressing Gown/Slippers
- Something to do e.g. book, crosswords, etc.
- Medications (in original packaging and boxes)/any relevant X-Rays

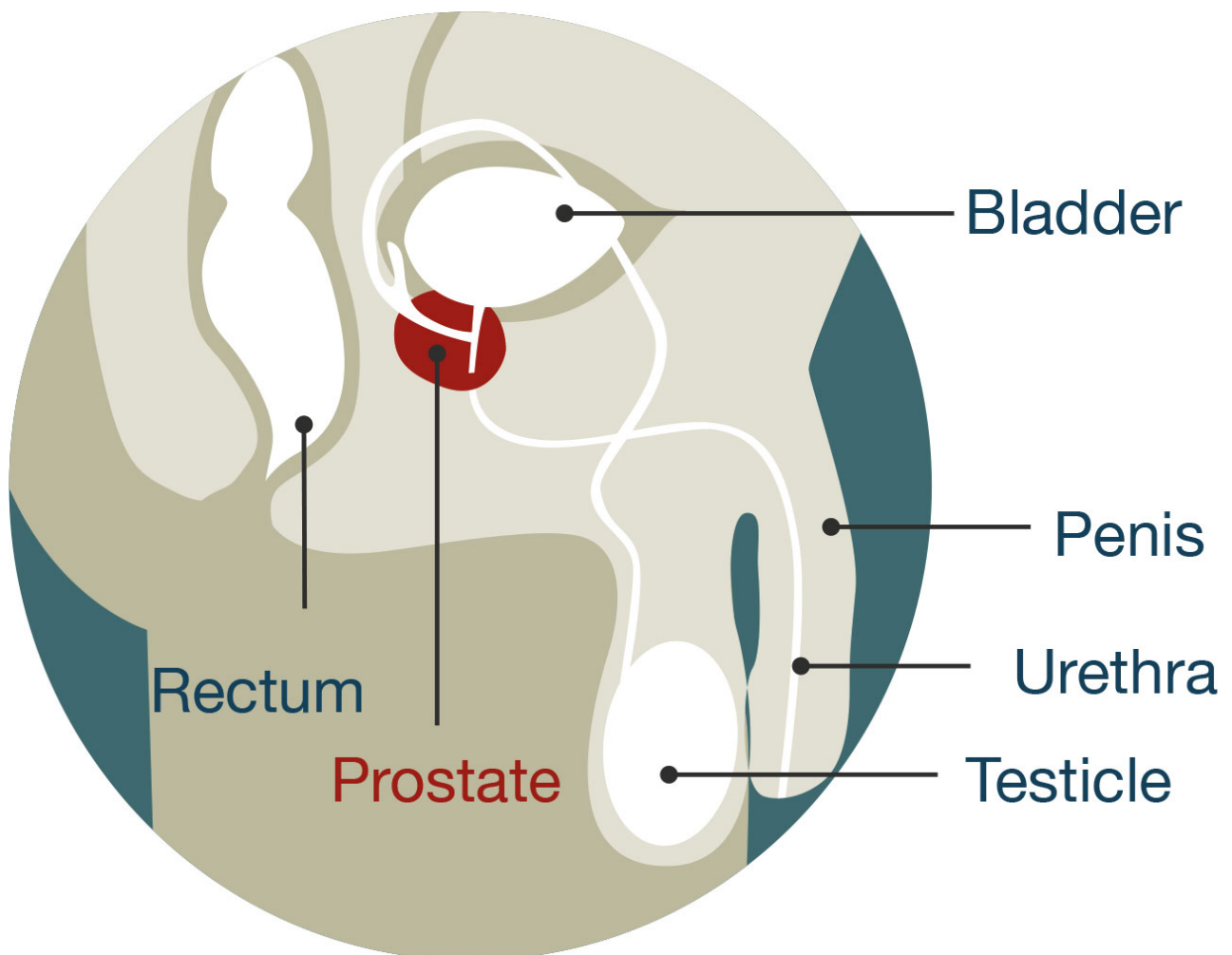
Notes and Questions:

## 8 The Prostate Gland

The Prostate Gland is a male only excretory gland, responsible for producing a number of substances – especially the ejaculatory fluid which gives sperm their viability and mobility.

It is situated immediately below the bladder and above the urinary sphincter mechanism.

The urethra and ejaculatory ducts pass through the prostate gland.



## 9 Pre-Admission and Pre-Operative Information

### 9.1 Patient Education.

- Most patients come into hospital the day of their surgery.
- Tests usually take place approximately a week prior to your surgery, either at the hospital's pre-admission clinic or a place of your doctor's choice.
- At the pre-admission clinic staff will explain the hospital routine.
- Your anticipated length of stay for this procedure is 2 to 4 days. Please remember we are all different and recover at different rates. Discharge time is by 10am. Please make arrangements prior to surgery for someone to come and pick you up when you are ready to go home.
- You may be shown how to use the Patient Controlled Analgesia Machine. This is used to control your pain. Not all patients will have this device when they have been to theatre, it will be dependent on the anaesthetist and discussion with the anaesthetist.
- You will be seen by a Physiotherapist and given an "incentive spirometer" device called a Triflo. This will help you with doing deep breathing exercises.



You will be given a pack that includes information about Catheter care and a brochure for doing Pelvic Floor exercises (to help with incontinence).

Please read the Catheter Care Brochure prior to surgery.

Please DO the Pelvic Floor Exercises prior to surgery. You DO NOT do these exercises whilst the Catheter is in.

### 9.2 Observations and Treatments.

The first point of contact for many of our patients is the Pre-Admission Clinic (PAC).

- Here you may complete tests ordered by your doctor.
- The anaesthetist may see you here or on the day of surgery.
- Observations including blood pressure, pulse, ECG, temperature, weight and any relevant x-rays, if needed, will be completed at this time.
- You will be measured and fitted for anti-embolic stockings. These are used to minimise the risk of clots forming in your legs and will be placed on your legs the day of surgery.



### 9.3 Medications.

- Please bring any regular medications you are taking **in their original containers** and give to staff so they can administer them during your stay. They will be returned on discharge. (Staff are not permitted to administer medications that are not in their usual containers/packaging).
- Please let the staff know if you have any allergies to drugs, medication and/or tapes.

- Please discuss with staff any concerns you may have regarding pain relief. This is covered in more detail on the following pages.

#### 9.4 Hygiene and Mobility.

- Please DO NOT use powder/deodorant or any aftershave on the day of surgery.
- If you use a walking aid please bring it with you with a name tag attached.
- You will be free to walk around prior to your surgery. Please DO NOT leave the area.



#### 9.5 Nutrition and Elimination.

- Please let staff know if you are Diabetic.
- Commence Benefibre 48 hours prior to admission.

#### 9.6 Things to do prior to Admission.

- Keep bowels regular.
- Discuss/organise any support/equipment you may need during your recovery period at home with your family.
- It may be helpful if you prepare and freeze a few meals, and have your house/garden organised.
- Discuss the mode of transport for going home with your family.
- Pack comfortable clothes to wear home.
- Buy some antibacterial liquid soap to use for catheter care after discharge.
- Buy some Incontinence Pads to use after removal of catheter.

## 10 Post-operative Patient Education

When you return from theatre you will have:

- A line in your arm for intravenous fluids and possibly pain relief.
- A tube (catheter) in your penis connected to a bag to drain away your urine.
- A drain on suction tube from your wound to drain any blood loss.
- Small prongs at the entrance of your nostrils to give you some oxygen may be required.
- You will be on bed rest initially. You will start by sitting out of bed the next day. Staff will let you know when you can get up and they will assist you.



### 10.1 Observations and Treatments.

On return to the ward from theatre, staff will be checking on you frequently to:

- Check your catheter and urine output.
  - Check your observations.
  - Check the fluids going into your vein.
  - Observe the amount of fluid going into your drain.
  - Observe your wound.
  - Assess your pain level and the effectiveness of your pain relief.
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- Over the next day your IV Fluids and pain relief machine will be removed.
  - You may experience some bladder spasm and leakage around the catheter. Let staff know so they can treat it.
  - It is not uncommon for your urine to be blood stained.
  - Your catheter will remain in for 1–1.5 weeks after surgery. Your doctor will give you a date for when it will be removed. Nursing staff will teach you how to care for the catheter and how to use a leg bag. Ensure you read the catheter care brochure.
  - Remember, **DO NOT** do the pelvic floor exercises whilst the catheter is in.
  - You will be reminded to do deep breathing and leg exercises, and encouraged to use your incentive spirometer (Triflo)
  - The anti-embolic stockings are worn throughout your stay in hospital. Please make sure they are returned to you if taken off whilst you wash or shower.

## 10.2 Medications.

You will be offered regular pain relief. This may come in a number of forms:

- Injections
  - Through a drip (PCA)
  - Tablets
- Please let staff know if pain relief is NOT adequate. There is no need to suffer pain.
  - You may have a degree of discomfort but you should NOT have uncontrolled pain.
  - Your regular medications will be recommenced once you are drinking and eating.

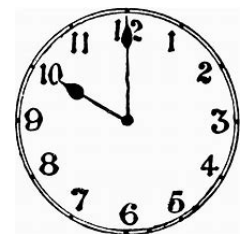


## 10.3 Hygiene and Mobility.

- As you will have a number of tubes attached to you, we ask that you remain in bed until the staff say you can get up.
- The first day after your surgery, you will have a wash in bed or a shower where a staff member will assist you.
- On the second day you may have a shower independently, or with staff assistance if needed.
- Staff will assist you to get up and walk around for the first few times and then you should be able to manage independently.
- If you feel you need further assistance please ask the staff at any time.

## 10.4 Discharge.

- Discharge time is by 10am. This can be anywhere from day 2 or 4 onwards.
- If you haven't already made arrangements for assistance you may require after discharge, please speak to staff as soon as possible.





## 11 Discharge Information

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### 11.1 Procedures Prior to Discharges.

- Staff will teach you how to look after your catheter, leg bag, and the overnight bag. Please ask questions at any time.
- Staff will return any medications and x-rays you brought in with you.
- Please have someone organised to pick you up from hospital.

### 11.2 Patient Education.

- It is important to understand that you have had **MAJOR** surgery. Your prostate gland was surrounded by a rich blood supply.
- It is advised that you take things easy and avoid strenuous activity (e.g. running up stairs [gentle walking upstairs is okay], lifting heavy weights) for 4–6 weeks. If bleeding does occur and persists please contact your doctor.
- You will need to check with your surgeon when you can resume driving. This is often not until after your catheter has been removed, but usually after about 2–3 weeks.

### 11.3 Following are some helpful tips to help you during your recovery phase:

- You may continue Clexane injections on discharge if your doctor has prescribed them.
- Wear your stockings for another 4 weeks. Wash them every couple of days and then put them back on. (They can be put into the dryer to dry).
- Use your incentive spirometer (Triflo) until you are consistently reaching your pre-op volume.
- Put a waterproof mattress protector on your bed until your catheter is removed.
- Purchase a small plastic bucket to place your overnight bag in at night (this helps so you know where the bag is and if urine leaks it is in the bucket, not the carpet).
- Take an INCONTINENCE PAD with you to the Doctor's rooms on the day you have the catheter removed.
- Once the catheter is out, return to doing the pelvic floor exercises. Be patient, it can take some time for continence to return.

### 11.4 Fluid intake

- It is important you maintain good fluid intake for a few weeks (e.g. a glass per hour) whilst the catheter is in place. This needs to continue even when the catheter is out, until a few hours before bed. By drinking you help flush your bladder.
- Water is best. Alcohol is acceptable in moderation.



### 11.5 Elimination.

- Most patients are discharged with a catheter still in place. Staff will teach you how to care for this and you should be managing yourself prior to going home. Staff or your doctor will let you know when and where you need to go to have the catheter removed.
- Due to the nature of the surgery, the bladder takes a while to get back to 'normal' function. You need to be patient as this takes time. Symptoms such as frequency, urgency, and lack of control (incontinence) may continue for a while after surgery. You will need to wear an incontinence pad until your bladder control returns to 'normal'.
- You may have some bladder spasms whilst the catheter is in place and urine may leak around the catheter through the penis. You can put one of the incontinence pads in your underwear to protect your clothes.
- **AVOID BECOMING CONSTIPATED** as straining can cause fresh bleeding. Use aperients (from the chemist) if needed. A small amount of blood may ooze around the catheter when having a bowel motion – this can be normal whilst the catheter is in place, so don't panic. This usually settles once the catheter is removed.



## 12 Day of Discharge and After Discharge plus information for home

### 12.1 Things to check prior to leaving the hospital.

- Make sure you understand your exercise regime.
- If you arranged any support to help you in your recovery, check they are in place.
- You have made your follow up appointment with your Doctor.
- You have an appointment for your catheter to be removed.
- You have your transport home arranged.
- Make sure you have your x-rays.
- Make sure you have your medications.
- Make sure you have your discharge letter (from nursing staff).
- Make sure you have all your personal belongings.
- You have your overnight catheter bag.
- You understand how to look after your catheter at home.
- You have your incentive spirometer (Triflo).
- You have your anti-embolic stockings.
- You have your mobile phone/electronic equipment/power cord.

### 12.2 Other hints.

- If the information in this pathway does not answer your questions then please ask the staff.
- After discharge you can phone the following numbers:
  - General Surgical Ward – 03 6278 5455 or 03 6278 5440
  - Lenah Valley Calvary Hospital Reception – 03 6278 5333
- If you have any other questions you can also contact:
  - Your surgeon.
  - Your GP.

If there is an urgent problem, then come to the Emergency Care Department.

A Prostate Cancer Support Group is also available should you wish to talk to someone who has been through the same process.

Notes and Questions: