

Patient Information Sheet – Robotic Prostatectomy

Dr Handmer and his staff will provide you with specific advice prior to the procedure as part of our 'robotic pathway', and then again after the procedure has been performed. This handout is general in nature only.

As a recap:

Robot assisted radical prostatectomy is major cancer surgery to remove the prostate. During the procedure, you will be on an angle (head down) and have your arms, face and eyes specifically protected. Every movement of the robot is under the direct control of Dr Handmer – it is not automatic.

As with all major surgery, there are a range of potential complications which Dr Handmer will have outlined to you during the consent process. This information sheet is not intended to list all potential complications.

Immediately following your procedure, it is normal to have:

- Blood and flecks of white tissue in the urine draining from the catheter
- Some abdominal pain and discomfort, and often pain in the shoulders from the gas used for inflating the abdomen
- A sensation of needing to open your bowels
- A plastic tube (catheter) in the penis and a separate temporary plastic tube (drain) in the abdomen. It is normal for a small amount of urine and blood to leak around the outside of the catheter.

Most patients will need to spend one to two nights in hospital. When you are discharged, you will be given advice on how to care for the catheter, as well as advice regarding medications

- In most cases, Dr Handmer will arrange for your catheter to be removed 1-2 weeks after surgery back in the hospital ward. This removal is straightforward and does not require anaesthetic
- It is normal to leak some urine when the catheter is first removed, and it is advisable to bring pads on the day you have your catheter removed
- Once your recovery is underway, you can usually re-commence the pelvic floor exercises you have been taught around 3-4 weeks after surgery, and gently increase them over time

After discharge from hospital, if you experience:

- Fevers and shakes
- Consistently worsening pain, discomfort or non-drainage of the catheter (or inability to pass urine once the catheter has been removed)
- Or are seriously concerned for any other reason

Then you may need to be assessed and treated urgently. Dr Handmer suggests that in an emergency (particularly if you are unable to pass urine, or if you have a fever) that you attend the Emergency Department for assessment and treatment, or call 000 for an ambulance. Dr Handmer provides urgent advice and admits emergency Urology patients at both John Hunter Emergency and Lake Macquarie Private Emergency Departments.

For less urgent complaints, your General Practitioner or Dr Handmer's rooms may be able to assist. Most days of the week Dr Handmer is operating, and therefore we usually cannot provide urgent care through the office.

Follow up plans:

- In most cases, Dr Handmer will discuss your anticipated follow-up **prior** to your operation. This is because the drugs used for anaesthesia impair your ability to retain and process information on the day of surgery, therefore usually Dr Handmer will not explain the findings of your procedure and future plans in detail on the day of surgery, but will outline them the following day.
- You are welcome to contact the office to arrange your follow-up any time from the day after surgery. If we have not heard from you, we routinely contact you within four days of your procedure to arrange follow-up.
- Typical follow-up involves catching up in the office 5-6 weeks after surgery with your first PSA test