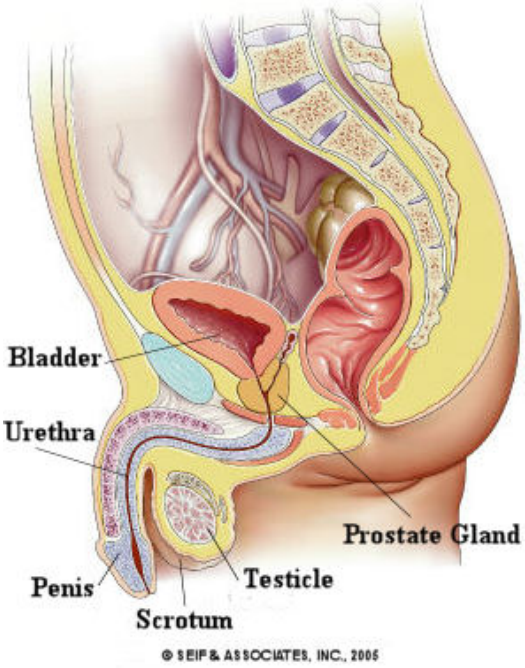
Laparoscopic Prostatectomy

Laparoscopic prostatectomy is often a treatment for prostate cancer. The complications that stem from this problem, such as recurrent infection and bladder control and emptying problems, are often helped with this procedure. It is rarely a treatment for benign prostatic hyperplasia (BPH).



Laparoscopic prostatectomy is a type of minimally invasive surgery. It does not involve making a typical surgical cut (*incision*) in the skin in order for the surgeon to see and remove the entire prostate gland. A laparoscope is a telescope-like rod and lens system. It is usually connected to a video camera and a light source so your caregiver can clearly see the operative area. The instruments are inserted through ¼ to ½ inch (5 mm or 10 mm) openings in the skin at specific locations. If it is possible to use a system like this, it may result in a shorter hospital stay.

A working and viewing space is made by blowing a small amount of carbon dioxide gas into the abdominal cavity. The abdomen is essentially blown up like a balloon (*insufflated*), elevating the abdominal wall above the internal organs like a dome. The carbon dioxide gas is common to the human body and can be absorbed by tissue and removed by the respiratory system. It is also non-flammable, which is important because electrosurgical devices are commonly used in laparoscopic procedures.

BEFORE THE PROCEDURE

- In the days before the operation, you may be asked to temporarily adjust your diet to include more liquids and fewer solids. Also, there maybe instruction to cleanse your bowels. If so, your caregiver will give you specific recommendations.
- If you are on blood thinners, stop taking them before the operation, or as your caregiver advises.
- You should have nothing to eat or drink for eight hours (nothing after midnight prior to the surgery) before your operation or as suggested by your caregiver. You may have a sip of water to take medications not stopped for the procedure.
- On the day of the operation, a soft, thin, flexible rubber tube (*Foley catheter*) will be passed through the urethra and into the bladder. The tube will drain urine and fluid.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or Novocaine.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Previous prostate infections.
- Other health problems.

PROCEDURE

This operation can be performed after you have been given a medication to help you sleep (*anesthetic*). The time it takes for the procedure depends on what has to be done.

During this procedure, an instrument like a telescope (*laparoscope*) is inserted into the abdomen. This is done through a small cut (*incision*) at the belly button. A camera is attached to the laparoscope. The camera allows

your surgeon to look inside your belly (*abdomen*) and perform the surgery without a large incision. Usually, 4 more small incisions are used so surgical instruments can be put into the belly to do the surgery.

If problems come up during a laparoscopic procedure, the standard open operation may have to be done. Problems that could cause this may be uncontrolled bleeding, injury to something else in the abdomen, or just difficulty in completing the procedure through the laparoscope. The procedure may take about 4-6 hours. The time depends on how smoothly your surgery goes and how experienced your surgeon is. The average hospital stay is 2 days. After the procedure, you will have a catheter draining your bladder. This is usually removed about a 1-3 weeks after surgery. You will usually be back to normal activity in about a month.

RISKS AND COMPLICATIONS

- Rare leak of urine into the peritoneal cavity. This can cause a condition called ascites (slow buildup of fluid in the abdominal cavity).
- Rare injury to the bowel (*intestine*) or rectum.
- Intestinal/bowel obstruction.
- Scarring called "strictures" that cause later problems with the flow of urine.
- Bleeding and need for transfusion.
- Inability to control your urine (*incontinence*).
- The operation can possibly lead to impotence and affect the ability to have sexual relations. Even if no problems occur, ejaculation is likely to occur into the bladder as opposed to normally occurring through the urethra (only in the case with BPH). If the entire prostate is removed for prostate cancer, there will be no ejaculate. Although this presents no danger and does not affect satisfaction, there is a problem if there is a desire to have children. It is important to inform your caregiver if any of these problems occur.
- All major surgeries carry risks. Some of the risks for this surgery are:
  - Stroke.
  - Blood clots in the legs.
  - Infection at the incision site.
  - Bleeding.
  - Death (rare).
  - Heart attack.

HOME CARE INSTRUCTIONS

For your own protection, observe the following precautions for 10 days after your operation.

- You may go home with a catheter. Take care of this as directed. You will receive instruction on catheter care.
- After catheter removal, empty the bladder whenever you feel a desire. Do not try to hold the urine for long periods of time.
- Avoid all lifting, straining, running, strenuous work, walks longer than a couple blocks, riding in a car for extended periods, and sexual relations.
- Take 2 tablespoons of heavy mineral oil or Metamucil® morning and night for 3 or 4 days. After that, gradually reduce the dose to 1 or 2 teaspoons twice daily. Stop it after the stools have been normal for a week. If you become constipated, do not strain to move your bowels. Ask your surgeon whether you may use an enema. In most cases, nothing should be inserted into the rectum. Notify your caregiver about problems.
- Even after complete healing, you may continue to urinate once or twice during the night.
- In addition to your usual medications, you may be given an antibiotic to take for 10-14 days. Notify your caregiver if you have any side effects or problems with the medication.
- Avoid alcohol and caffeinated drinks for 2 weeks, as they are irritating to the bladder. Decaffeinated drinks are fine.
- Eat a regular diet. Avoid spicy foods for 2 weeks.
- You may continue non-strenuous activities. It is always important to keep active after an operation. This lessens the chance of developing blood clots.
- You may see some recurrence of blood in the urine after discharge from the hospital. If this happens, force

fluids again as you did in the hospital.

SEEK MEDICAL CARE IF:

- There is redness, swelling, or increasing pain in areas of the wounds.
- You notice pus coming from a wound.
- You have chills, fever, night sweats or an unexplained oral temperature above 100.5 ºF (38.1 ºC) develops.
- You notice a foul smell coming from a wound or dressing.
- There is a breaking open of the wound (edges not staying together) after sutures or staples have been removed.
- You are leaking around your catheter or have problems with your catheter.
- You develop side effects that you think are coming from your medications.

SEEK IMMEDIATE MEDICAL CARE IF:

- You are suddenly unable to urinate. **This is an emergency**.
- You develop shortness of breath or chest pains.
- Bleeding persists or clots develop.
- An unexplained oral temperature above 102 ºF (38.9 ºC) develops.
- You develop pain in your back or over your lower belly (*abdomen*).
- You develop pain or swelling in your legs.
- You develop swelling in your abdomen or have a sudden weight gain.
- Any problems you are having get worse rather than better.

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