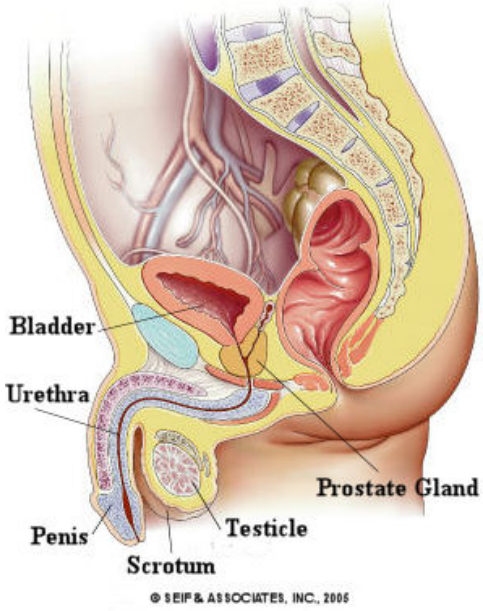
Prostatectomy, Radical

The removal of the entire prostate gland is often chosen in the treatment for prostate cancer. This major surgery removes the entire prostate gland and some surrounding tissue. For treatment of cancer, the goal is to remove the cancer entirely and prevent its spread to other parts of the body.



Pelvic lymph nodes may also be sampled for a biopsy during the surgery. This is when a specialist views the sampled tissue under a microscope to determine if microscopic spread of the cancer has occurred.

This operation is performed while you are sleeping (*under a general anesthetic*), or a spinal block. A spinal block keeps you awake but numb from the waist down.

- The most common procedure uses an incision through the belly (*abdomen*).
- In another procedure, a curved incision is made between the anus and the base of the scrotum. The prostate is then removed from underneath the pubic bone. The major drawback of this approach is that your urologist cannot remove the lymph nodes through this incision.
- Minimally invasive surgery involves the use of laparoscopy or robotics to remove the prostate through many small incisions rather than one larger one.

Sometimes a nerve saving, radical prostatectomy may be done. This is an attempt to save erectile function.

After removal of the prostate, the urethra is sewn to the neck of the bladder over a urinary catheter. The catheter is a narrow tube that is passed through the urethra into the bladder. Drains are placed around the site and then the incision is closed. After surgery, you are taken to a recovery room to be watched closely. The catheter is usually removed in 2-3 weeks. Dressings remain until there is no more drainage from the wounds.

BEFORE THE PROCEDURE

- In the days before the operation, you may be asked to temporarily adjust your diet. If so, your caregiver will tell you what you can eat and drink.
- You may be asked to drink medicine that will clean your bowels the night before the surgery.
- 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 before your surgery or as suggested by your caregiver. You may have a sip of water to take medicine 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:

- Allergies.
- Medicine taken including herbs, eye drops, over the counter medicine, 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.

RISKS & COMPLICATIONS OF THE PROCEDURE

- Rare injury to the bowel (*intestine*) or rectum.

- Intestinal/bowel obstruction.
- Scarring called “stricture” that cause later problems with the flow of urine.
- Bleeding and the need for blood transfusion.
- Inability to control your urine (*incontinence*).
- Injury to one of the *ureters* (tubes that drain the kidneys into the bladder) and/or the *urethra* (the tube that drains the bladder).
- 25-50% of men will be impotent following the operation. This is the inability to get an erection. Treatments are available for these types of problems.
- All men having this surgery will have absent ejaculation but will still have an orgasm if they are able to have an erection.
- Infection.
- Blood clots in the legs.
- As with any major surgery, there is always the rare chance of a complicating stroke, heart attack, or other complications, including death. These will be discussed with you by the surgeon and anesthesiologist.

HOME CARE INSTRUCTIONS

For your own protection, observe the following precautions for 10 days after your operation. Make note of the date of your operation.

- You may go home with a catheter. Take care of it 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 other stool softener morning and night for 3 or 4 days. After that, gradually reduce the dose. You may benefit from continuing on the stool softeners if you require narcotics to control your pain. Stop stool softeners after the stools have been normal for a week. If you become constipated, **DO NOT** strain to move your bowels. You may use an enema, but make sure that you have discussed this first with your caregiver. 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 medicine, you may be given an antibiotic to take for 10-14 days. Notify your caregiver if you have any side effects or problems with this medicine.
- 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. Walking on level ground is an excellent activity to avoid blood clots and to keep active.
- 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 101.5ºF (38.6ºC) 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. It is not unusual to experience occasional leakage of urine around your catheter due to spasms of your bladder. This is invariably short lived and usually of no significant consequence.
- You develop side effects which you think are coming from your medicine.

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.

You have just undergone a major cancer operation. Having discussed your post-operative care with your caregiver and keeping your caregiver informed of your recuperation will help to insure your optimum recovery. Talking with your caregiver will lessen the anxiety and stress of your procedure and help to insure your maximum healing.

Document Released: 09/26/2009 Document Re-Released: 10/15/2010
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