

Department of surgery

Information about your radical prostatectomy

A guide for patients and their families

What is a radical prostatectomy?

A radical prostatectomy is removal of the entire prostate gland and surrounding tissue including the seminal vesicles (see diagrams below).

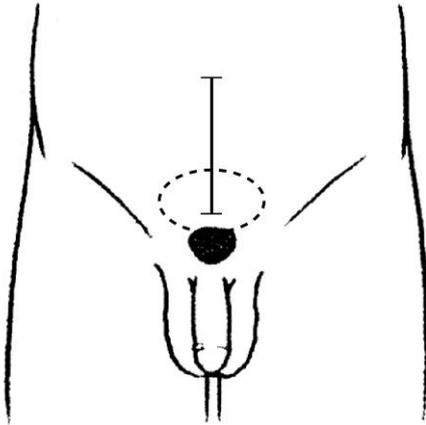


Diagram 1.

A cut is made in the abdomen

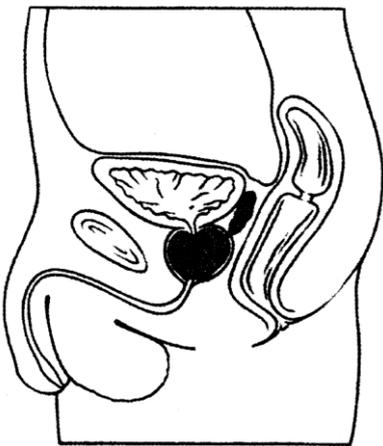


Diagram 2.

The entire prostate and seminal vesicles are removed (shaded area)

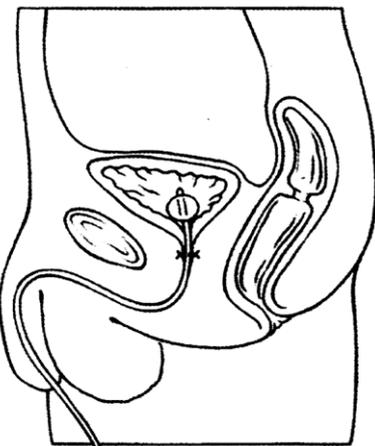


Diagram 3.

The urethra is rejoined to the bladder and a catheter inserted for a period of 2 weeks

Who has a radical prostatectomy?

The investigations you have had so far suggest that you have an early stage prostate cancer. Surgery is an appropriate option for curative treatment of your condition.

Are there any alternatives to a radical prostatectomy?

You may have been offered alternatives to surgery including active surveillance or radiation treatments including brachytherapy or external beam radiotherapy. More information is available on these options from Prostate Cancer UK (page 9).

Agreeing to treatment

We will ask you to sign a consent form to say that you agree to have the treatment. It is important that you understand the possible risks and intended benefits of any treatment for cancer. Giving consent is based on the understanding that you have read this information and have been given an opportunity to discuss any concerns.

You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

What are the risks and benefits?

The doctor at the Christie has explained to you that this is a commonly performed major procedure. The aim of the operation is to cure you of your prostate cancer.

Possible early complications of a major operation

Early complications in hospital are similar to those for any major operation and could be:

- chest infection
- blood clots in the lower leg which could pass to the lung
- wound infection
- bruising in the wound
- poor wound healing or weakness in the wound site
- bleeding and the need for blood transfusion
- injury to nearby nerves or tissues.

Specific side effects following a radical prostatectomy are as the doctor explained

• Swelling of penis and scrotum

This swelling is a short-term effect of the surgery and usually subsides by the end of your hospital stay.

• Incontinence

By incontinence we mean a small leak of urine that can occur if you cough, sneeze or laugh, when pressure in the pelvis is raised and urine can then be forced out of the bladder. This occurs in about 10% (1 in 10) of men after the operation. We will teach you some exercises before the operation which you can do after the operation to strengthen your pelvic floor muscles. These exercises, when correctly done, are known to help with continence. For some men this small leak of urine lasts for a short time after the operation, other men may need to continue their exercises in the long-term. See pelvic floor exercise information at end of booklet.

The long-term risk of significant leak of urine is less than 1% (1 in 100).

- **Impotence (inability to get an erection for sexual intercourse)**

Impotence can be a permanent consequence of surgery in about 50% (5 in 10) to 100% (10 out of 10) of men. The risk is variable due to certain factors. You should discuss your individual risk with your urologist.

For some men who have become impotent as a result of surgery there may be treatment to restore erections. This is usually given in the form of tablets. You can discuss this at your follow up appointment after the operation.

What happens when I am admitted for my operation?

- **Day of admission**

You will be admitted to hospital the day before your proposed surgery or on the day of surgery for a stay of approximately 5 to 7 days. On your admission day you will be allocated to a ward where you will meet the nursing and medical staff who will be looking after you. There will also be the opportunity to meet the anaesthetist and physiotherapist who will take part in your care.

- **The following day**

Before you go to theatre you will have nothing to eat or drink for 4 to 6 hours before your operation (apart from any tablet medication) as preparation for your anaesthetic.

After your operation

When you come out of theatre, we will nurse you in the recovery room for a short while and then transfer you to the ward.

- To reduce the soreness and pain in your abdomen after the operation, we will give you painkillers. The anaesthetist will discuss the options with you: either a painkiller device that you control, that releases painkillers into your blood system or an epidural by which pain killers are given directly into the spinal nerve system. After about two days you will be able to have either of these two systems removed. You will then take painkilling tablets instead.
- Your blood pressure, heart rate and fluid levels will be measured for 24 to 48 hours. This may be done in the Critical Care Unit.
- You will have a drip running into a vein in your arm to give you fluids until you are allowed to drink normally. This is usually the next day.
- As well as a dressing on your wound, you will also have a drain (a small plastic tube) from your abdomen which drains away fluid from inside your wound. This will normally stay in place for a couple of days.
- You will have a catheter inserted into your penis to drain urine from your bladder. This stays in place for approximately 10 days while your urethra (urine tube from the bladder) heals.

When will I be allowed home?

Usually you will be ready for discharge home within five days of your operation.

Your catheter

The ward nurses will teach you how to look after your catheter, which will remain in place for a few days after your discharge home.

Your arrangements for going home

On discharge home you should have a letter for your GP, a letter for your district nurse and a week's supply of any medication that you have been prescribed.

Removal of the catheter

You will be readmitted to hospital for a short stay of up to 4 hours, 10 days after your operation. During this admission we will remove your catheter, and assess your ability to pass urine.

Sometimes it is difficult to control the flow of urine after the catheter has been removed, and you may feel the need to pass urine urgently. These symptoms will gradually settle down. When you are passing urine satisfactorily you will be discharged home. In the early stages after the operation some men feel more confident wearing a continence pad, such as TENA for Men, in their underclothes. These are available from your local chemist. Incontinence problems usually settle down within three months of the operation.

Follow up after a prostatectomy

We will make an outpatient's appointment for you 6 weeks after your operation when you will have a blood test to check your PSA level (Prostate Specific Antigen) and give you the results of the surgery. We will see you every three months for the first year after your operation, and then every six months thereafter.

Getting back to normal

Recuperation after abdominal surgery takes a variable amount of time but is generally about 6 to 12 weeks.

During the first 4 to 6 weeks you should not attempt to drive as you may find that your car insurance is invalid for that period.

During this time you should not attempt to lift or move heavy objects or start digging the garden.

Getting back to work will depend on the type of job you do; please ask your surgeon for further advice.

The ward clerk can provide you with a sick note for the time that you are in hospital; your GP will then supply you with any further sick notes.

Contacting The Christie

For health queries about your operation phone:

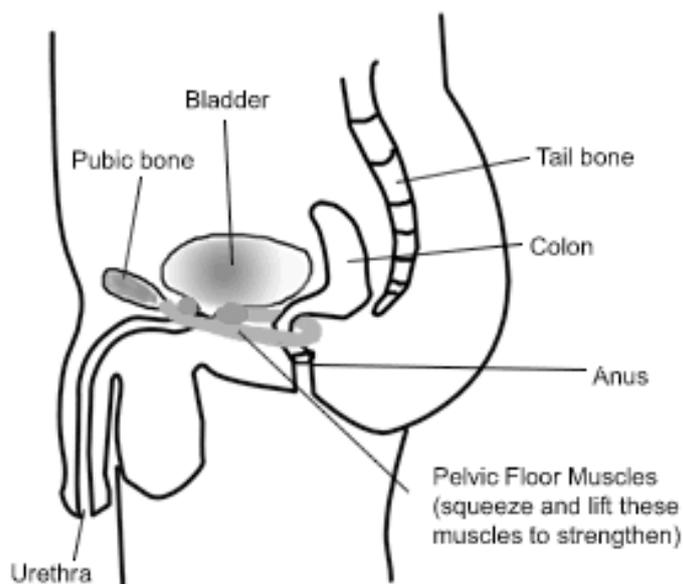
- Nurse specialists: Sharon Capper **0161 446 3856**
Cath Pettersen **0161 918 7328**
Jane Booker **0161 446 8018**

During office hours

- You can contact Ward 10 (**0161 446 3860**) where the staff on duty will be able to contact the doctors who were looking after you. You can also use this contact number at weekends and out-of-office hours.

Improving your continence with pelvic floor exercises

Pelvic floor exercises can help many men regain control of their bladders. The exercises work by strengthening the muscles that control peeing. This can mean re-strengthening weakened muscles or training surviving muscles to deal with what was once dealt with by two muscles. Pelvic floor exercises are also called Kegal exercises, after their inventor. Pelvic floor exercises can be done by healthy men to help prevent future incontinence, or by men who have undergone surgery on the prostate.



Finding the correct muscles

Sit or lie down. Relax your thighs, buttocks and stomach. Tense your muscles as if you are trying to stop peeing or passing wind. You should feel a lifting sensation inside and a tightening of the muscles around your anus. You should not be tensing your thighs, buttocks or stomach. You can also learn what tensing the correct muscles feels like by stopping and starting your stream whilst peeing. Don't do this regularly though, only to find the muscles.

The exercises

Once you have found the correct muscles, and know what it feels like when you tense them, you should do the following exercises.

- 1 Tense the muscles so you feel a lifting sensation. Hold this lift for as long as you can up to 10 seconds. Don't hold your breath whilst doing this. Relax. You should have a definite feeling of letting go.
- 2 Wait 10 to 20 seconds then repeat the 'lift'. You should aim to lift then relax 12 times.
- 3 Do 5 to 10 short fast lifts.

You should try to spend 5 to 10 minutes each day on this exercise routine.

As you get better at the exercises, you should try to increase the time you hold the contractions. Try to see how many you can do before your muscles start to feel tired. Also, increase the number of short, fast lifts you do.

Regular training of these muscles for 4 to 6 months will improve the control you have over peeing.

If you suffer from stress incontinence, remember to contract the muscles before you sneeze, cough or try to lift anything.

Dealing with the problem

The above exercises and treatments for incontinence may take some time to take effect. Anyone who experiences incontinence needs to know how to take action to deal with the problems they experience in the meantime. Some men may also find that their incontinence is not treatable. They too need to know how to deal with leaks and spills.

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Benefits and finance

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help.

Personal Independence Payment (PIP) is a social security benefit and has replaced Disability Living Allowance (DLA) for new claimants. It's for people who need help either because of their disability or their illness. You can apply if you are aged 16 - 64.

People aged 65 or over who need help with personal care or supervision could be entitled to Attendance Allowance.

Your carer could get Carer's Allowance if you have substantial caring needs.

Find out more today:

- To get a claim pack for Attendance Allowance, call **0345 605 6055** and for PIP call **0800 917 2222**.
- For DLA: If you were born on or before 8 April 1948 call **0345 605 6055**, if you were born after 8 April 1948 call **0345 712 3456**.
- Carer's Allowance: call **0345 608 4321**.
- For benefits advice, contact Maggie's centre on **0161 641 4848** or email **manchester@maggiescentres.org**
The Christie at Oldham has a benefits advice session on Thursday afternoons, call **0161 918 7745**.
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs. Visit **www.gov.uk** for further information.
- Macmillan Cancer Support can give advice on helping with the cost of cancer on **0808 808 00 00** or **www.macmillan.org.uk**

Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet male and female students in all areas of the hospital. We train doctors, nurses,

radiographers and other therapists in the treatment and care of cancer patients.

Placements at The Christie are an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education.

Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way.

We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.

Christie website

Many of the Christie booklets and a list of UK help groups are available on The Christie website, the address is below.

The Christie website has a section on 'Living with and beyond cancer'. This contains podcasts, films, frequently asked questions and The Life Ahead Plan.

www.christie.nhs.uk/the-foundation-trust/patient-information/living-with-and-beyond-cancer.aspx

Further information

Prostate Cancer UK

Provides information and a support network

Helpline: **0800 074 8383**

Website: www.prostatecanceruk.org

Macmillan Cancer Support

Macmillan Cancer Support is a national cancer information charity which runs a cancer information service. The cancer support service freephone number is **0808 808 0000**.

Calls are answered by specially trained cancer nurses who can give you information on all aspects of cancer and its treatment. Macmillan Cancer Support also publish booklets which are free to patients, their families and carers. You can get a copy by ringing the freephone number or writing to:

www.macmillan.org.uk

Macmillan Cancer Support booklets include:

Booklets on specific cancers, for example, bladder cancer and booklets on living with cancer - some of these are listed on the next page

- Talking about your cancer
- Lost for words: how to talk to someone with cancer
- Talking to children and teenagers when an adult has cancer
- Cancer and Complementary therapies

The Cancer Information Centre has the full range of Macmillan Cancer Support booklets available free to patients and their relatives or carers.

Christie information: The Christie produces a range of patient information booklets and DVDs. Some of these are listed below:

- Where to get help: services for people with cancer - This booklet discusses sources of help when you have cancer, where to go for financial help, palliative care and cancer support groups.
- Booklets on diet and nutrition.
Eating Help Yourself - gives advice on eating problems when you don't feel well and you are having treatment.
Advice about soft and liquid foods
Nutritional drinks

Booklets are free to patients coming to The Christie. If you would like a copy, please ask the ward staff. If you are an outpatient, please ask your nurse or doctor.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

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For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centres at Withington, Oldham or Salford.

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