

# University College Hospital at Westmoreland Street

## Robotic assisted laparoscopic prostatectomy: your stay in hospital and discharge information

Urology Directorate



**If you would like this document in another language or format, or require the services of an interpreter, contact us on 0845 155 5000 ext 78454. We will do our best to meet your needs.**

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**UCLH is smoke-free site. Please do not smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169.**

## 1 Introduction

You have chosen to have your prostate removed by our robotic surgery technique here at UCLH. This leaflet will tell you what to expect during your hospital stay and answer many questions you may have about your care after leaving hospital. Please note that though throughout this document we may state times such as, 1 hour or 2 days, these times are not definite and may vary. There is therefore no cause for alarm if things do not happen at the exact time scale described. Each of our patients is an individual and care can be changed according to how quickly a person recovers from their surgery. If you have to stay in hospital for longer than initially anticipated it is because the doctors feel that it is the best and safest thing for you to do. This information document is one of two in a series about your care. You should have had an information booklet on robotic assisted laparoscopic prostatectomy explaining the procedure. If you have not received this information leaflet please contact 0845 155 5000 ext 78454 and leave a message stating which document you would like and we will send it to you in the post. Alternatively you can leave an email address and we will email it to you.

## 2 Admissions

You will be asked to arrive at the hospital early in the morning. You should not have had anything to eat since midnight, but you are allowed to drink water (only) until 6am. You should bring a small overnight bag with wash things, pyjamas, slippers and comfortable loose fitting clothes to change into for when you go home. Tracksuit trousers are ideal, as your abdomen may feel bruised and slightly swollen after the operation.

You will be sent a letter telling you where to report to on the morning of your surgery. This is usually in surgical reception where you will be seen by a nurse who will ask you questions about your health, take your blood pressure, temperature and pulse and fit you with anti blood clotting stockings. You are then seen by your anaesthetist and by a member of your surgical team who will gain your written consent for the operation (just a signature is required). They will ensure that you understand what is going to happen and why we are doing the operation. If you have any questions for any of these members of staff do not be afraid to ask them. You will then get changed into a hospital gown and walk (if able) to theatre with one of the nurses.

### 3 Going to theatre

At the operating theatre you will be escorted to the anaesthetic bay, which is where you go to sleep. The anaesthetist will put some oxygen on your face to breathe and place a needle in the back of your hand which all of your anaesthetic medicines can be given through. Other monitoring equipment will be put in place such as a heart monitor. Although this can be a little frightening it is there to ensure your safety throughout the procedure. You will see quite a few different people in the department; again do not be alarmed, they all have roles to play in your care.

You will then be given medication to make you go to sleep. You will be asleep throughout your procedure. We take great care of your arms and legs to make sure that you are protected and safe at all times. Your abdominal hair and a section of hair on your thigh are removed and your abdomen is painted with a sterile cleaning solution, we do clean this off at the end of the

procedure but do not be alarmed if you still have an orange colour on your skin. It will wash off after a couple of showers. During the operation we tip you head down, this helps us gain access to your pelvis, which is where the prostate is. Being in this position can cause some people to have problems when they wake up such as:

- Swelling of the area around and including the eyes.  
Do not be tempted to rub your eyes when you wake up as this may cause very minor damage. The staff looking after you will remind you not to do this.
- Facial swelling, this will settle very quickly after the procedure.

Before the operation is finally over your anaesthetist will start giving you pain relief so that you wake up in as little discomfort as possible. Your surgeons will also put local anaesthetic in your abdominal wounds to assist with pain control.

When you wake you will have:

- A drain (if applicable) – to remove any blood and fluid which may otherwise build up
- A catheter – along the urethra (water pipe) and into the bladder to drain urine
- Several drips through a fine plastic needle placed in the back of your hand – to replace any fluid you lost during the operation.
- Oxygen – to help you breathe

All of which are perfectly normal following major surgery.

## 4 The Ward

### **Pain control**

The staff will ensure that your pain control is working. It is likely that you will have some pain and discomfort from the areas where the 'ports' entered the abdomen and also from having had your abdomen blown up with gas during the procedure. We try to reduce any strong painkillers such as morphine as quickly as possible, which enables you to get out of bed and start mobilising. You should however take your regular tablet painkillers throughout your stay in hospital.

### **Getting out of bed**

We nurse you sitting up as much as is comfortable for you to do so after the surgery as this helps your recovery. You will be encouraged to get out of bed and sit in a chair as soon as four hours after your operation and then we encourage you to start walking around your bed with help from the nursing team. This is all part of our rapid recovery programme and helps prevent some of the common risks associated with surgery such as chest infection and blood clots. You will also be encouraged to perform deep breathing exercises and leg exercises.

### **Eating and drinking**

You may eat and drink as soon as you feel able to do so. However, we recommend at least four hours after surgery. If you feel nauseated (sick) do tell the nursing staff and we can give you medicine to stop the feeling.

The morning after surgery we expect that you will be able to sit out of bed to have your breakfast and would encourage you to sit out of bed for all meals throughout your stay with us.

- The ward will encourage you to take at least hourly strolls around the ward going a little further each time. Listen to your body and do not over exert yourself. Go back to bed and rest as necessary.
- You will be encouraged to wash and freshen up and if you prefer at this stage you may get changed back into your own clothes.
- Your surgical team will make a decision regarding when you are due to go home. This decision will be based on how well you are moving around, how well your pain is being controlled, if you are nauseous and how far you live from the hospital. Just before discharge, your drain (if applicable) and any remaining needles in your hands will be removed and dressing applied.

Our expected discharge time is 24 hours from surgery so please be prepared to go home at about 4pm the day after your operation. Some patients stay with us a little longer for various reasons but we find that the majority of patients recovery sufficiently well to go home this early. You will still require plenty of rest when you go home as your body has undergone major surgery but being in your own environment is generally considered to be better for you. We would ask that there is someone at home (at least for the first few days) to help look after you. We expect you to continue with gentle exercises and daily walks increasing the amount you do every day.

## Discharge information

The information in this leaflet will serve as a useful guide about what to expect in the first few weeks following your surgery.

- Your GP and district nurse will be informed of your discharge from hospital

### 5 How to look after the port wounds?

- You will have surgical “glue” on your wounds, which does not need to be changed or specially cleaned. This “glue” will fall off as you shed skin naturally.
- Ideally, any dressings should remain in place for 72 hours; do not be tempted to look underneath the dressings since this may increase the risk of infection. You can shower with the “glue” or plastic dressings in place.
- If a wound becomes tender, red, and malodourous or discharges a lot of fluid, you should contact your Practice Nurse or GP for advice about possible infection.

### 6 What is the purpose of the catheter?

The catheter is a soft, silicone tube, which drains urine directly from the inside of your bladder. It is passed along the water pipe (urethra) into the bladder during the operation. At the tip of the catheter is a small, inflatable balloon, filled with sterile water, which holds it in place and prevents it from falling out. The purpose of the catheter is to act as a “stent” (support) in your urethra (water pipe) so that the area where the urethra has been re-joined to the bladder during your surgery can heal

without formation of scar tissue, which may result in a stricture (narrowing).

## 7 How do I look after the catheter?

While at home, you will need to care for the catheter and drainage system. The different component parts of this are:

### **The catheter**

You need to keep the catheter clean on the outside by washing your penis, under the foreskin (unless circumcised) and the catheter tube itself. You do not need anything special to do this, just use normal hot soapy water as part of your daily hygiene routine. Ensure that the end of your penis and foreskin are dried gently and thoroughly to prevent soreness. You should be shown how to do this prior to leaving the ward.

### **The leg-bag for daytime use**

This is attached directly to the catheter tube and will collect all the urine produced during the day. It will become heavier as it fills so do not allow it to become too full as this carries the risk of pulling out the catheter. Always wash your hands before and after emptying. Use the tap on the end of the bag to empty urine into the toilet.

### **The night drainage bag**

This is connected directly to your leg-bag at night without disconnecting the leg-bag from the catheter.

To connect the night drainage bag:

1. Wash your hands

2. Empty the leg-bag and, with the tap still open, push the end of the night bag into the small piece of tubing at the end of the tap. This should form a direct link for urine to drain into the night bag
3. If you have been given a nightstand attach the night bag to its stand. Alternatively the bag can be left to lie on the floor by the side of your bed.
4. In the morning turn off the tap at the bottom of the leg-bag. Disconnect the night bag, empty the urine into the toilet and rinse the night bag through with warm water. It is then ready to be used again the next night.

You will be sent home with a small supply of leg and night bags. These should be changed only once a week unless there is a problem with one of them. You will also have been sent home with a catheter care leaflet.

If you have to dispose of your bag, it should be rinsed out with water, put into a plastic bag and put out with your normal household waste.

## **8 How much fluid should I drink?**

You need to ensure that you are drinking at least 2 litres (8-10 cups) of fluid each day. Try to include plenty of water and try to avoid carbonated beverages (fizzy drinks). Once your catheter is removed you may find it beneficial to cut down on drinks with caffeine in or switch to a caffeine free version. This is because some people find that caffeine also irritates the bladder and may give you bladder spasms.

## 9 What if I get bladder spasms?

Bladder spasms (which feel like abdominal cramps) are quite common when you have a catheter in your bladder. The catheter with the balloon at its tip irritates the inside of the bladder. The bladder clamps down as it tries to squeeze out the catheter and this causes the spasm. Although this can be uncomfortable, it is not a cause for concern. If you are unable to tolerate this sensation, your GP can prescribe an antispasmodic drug for example: Tolterodine may help minimise the spasms.

## 10 What happens if I leak around the catheter?

Urine leakage around the outside of the catheter is called bypassing. It is sometimes the result of bladder spasms; the catheter is blocked or can take place when you open your bowels. If it does happen, please check that urine is still draining into your leg-bag; if it is not, you need to contact your District Nurse, GP or named nurse.

## 11 What about my bowel movements?

After the anaesthetic and as a result of the surgery and some of the drugs you will have been given, your bowels may take some time to return to normal functioning. It is important that you maintain soft regular bowel motions when you get home. You will be given a mild laxative to take at home. Syrup of figs or senna are also suitable laxatives you can take so that you do not have to strain to open your bowels.

## 12 How do I control my pain?

If you have any pain when you go home, take the painkillers that you have been prescribed as per the instructions. Some men experience pain and bruising in the areas where the cuts in the abdomen were made to insert the ports. Others may get swelling and bruising in the scrotum. This will settle naturally and should not stop you from moving around. Rarely men experience a sore throat, which is caused from the anaesthetic tube. If you experience pain or numbness that lasts for more than 5 days please let your GP know.

The tip of the penis can also become sore as a result of the catheter rubbing on this sensitive area. Please ensure that it is clean and dry. You may like to ask your GP for a prescription for some local anaesthetic gel (e.g. Instilagen), which may ease the discomfort.

## 13 What if I see blood in my urine?

This is a common occurrence after a radical prostatectomy. When you are at home and becoming more mobile, the catheter can cause irritation in the bladder and this may lead to blood staining in the urine. This is only of concern if you can see large clots (>3mm) or solid pieces of debris passing down the catheter.

If this happens, please contact your Named Nurse or GP for advice. It is important that the catheter continues to drain.

## 14 What if the catheter blocks?

If you notice that urine has not been draining into your catheter bag, check that:

1. The drainage bag is below the level of your bladder
2. The catheter has no kinks or twists in it
3. You have been drinking enough fluid
4. You are not constipated

This will become an emergency situation if not dealt with in a timely fashion. Contact your District Nurse, GP or Named Nurse immediately. They may need to do a bladder washout (using a syringe of fluid to release the blockage). Do not allow anyone other than a trained urologist to remove your catheter at this stage because re-insertion can be very difficult and usually requires X-ray guidance.

## 15 What if I get a urine infection?

A urine infection can cause any of the following symptoms:

- Cloudy urine
- A burning sensation when you pass urine (dysuria)
- Strong, unpleasant smelling urine
- A high temperature and feeling unwell
- Loin or flank pain

If you notice one or more of these symptoms, contact your GP to determine whether you need some antibiotics.

## 16 How and when is the catheter removed?

After a robotic assisted laparoscopic prostatectomy, the catheter needs to stay in place for 7 – 14 days for the urethra (water pipe) to heal. Your surgeon may request that your catheter remains in for a longer period. This is a decision that will be made during surgery if it becomes apparent you will

need a longer period to aid healing. Your urethral catheter will normally be removed at UCLH. However, if you are not local to the hospital we can make arrangements for it to be done locally. Before you go home, please ask your named nurse or the Ward Clerk to check that your details have been passed to the specialist nurses at your local hospital to arrange an appointment for removal of your catheter. This is called a “TWOC “(trial without catheter) appointment.

Removal takes about 15 seconds and feels peculiar but is not painful. Once the catheter is out you will be asked to drink some fluid to allow your bladder to start to fill with urine. The nurse will ask you to empty your bladder into a flow-rate monitor and you will then have a bladder scan to make sure that you have emptied your bladder completely. Occasionally the urethra (water pipe) may go into spasm and as a result you will be unable to pass urine. Should this happen the catheter will need to be reinserted by a **urology doctor** using a flexible telescope and remain in place for one more week.

## 17 Will I be continent?

After the catheter is removed, remember that your bladder has not been filled with urine for a while and that the outlet has been kept open artificially. The body tissues at the site of the surgery are affected by swelling and temporarily lose their elasticity. As a result, you may not have full control of the flow of urine and you will have some leakage for the first few days or weeks. It is **important** to carry out your pelvic floor exercises several times a day to regain control of your sphincter muscles (the muscles which control continence).

A very small minority of patients may experience total incontinence following removal of the catheter (i.e. a continuous flow of urine), if this occurs, additional support can be provided by the Continence Specialist Nurses at UCLH (or at your local hospital) or by the Community Continence Advisers (contact details available via District Nurses). If you need to contact your District Nurse and do not have a telephone contact number, your GP practice will be able to supply this.

To be prepared for your catheter removal, and any potential temporary urine leakage, you should ensure that you have a small supply of bladder weakness products (pads designed for male underwear) at home, prior to the TWOC appointment.

The pads can be obtained from various sources:

- **Your local pharmacy or supermarket** – they may need to be specially ordered.
- All of the major suppliers have telephone and on line ordering facilities if you prefer.

## 18 Will pelvic floor exercises help me?

Many patients find these help their symptoms improve. These should have been explained to you before your operation but if you are unsure what to do please ask your named nurse or visit <http://www.yourpelvicfloor.co.uk/>.

It is very important to do these exercises at least 5 times per day. Try to perform these exercises in a variety of positions i.e. sitting, standing and lying down.

It is likely that several weeks of regular exercise will be needed

before you see an improvement. You should try and continue the exercises even after you start to notice the improvement. Try to make the exercises part of your daily routine by scheduling them to accompany a particular activity. Please do not become disheartened if you are not dry immediately.

Do not let your bladder become too full, as the extra pressure can make it harder to control your sphincter muscle. Equally, you should not empty your bladder even if you do not feel like you need to “just in case”. You need to allow your bladder time to fill and you need to learn the feeling of really needing to pass urine. Moderate your intake of alcohol, tea, coffee, cocoa and cola since these can all cause irritation of your bladder (as they contain caffeine) and make you want to pass urine more often.

## 19 How quickly can I expect to recover?

### **Bladder and penile discomfort**

Once the catheter is removed, you will feel more comfortable, and any pain at the tip of the penis should subside.

### **Exercising**

You may find that you tire more easily than expected, and you will need to allow at least four weeks before you return to your normal routine.

Ideally, it is advisable to try to begin with gentle exercise such as walking or swimming for a maximum of about 15 minutes every day. Listen to your body and always rest when you feel particularly tired. Your body needs time to heal. After 4 weeks, you can attempt more vigorous activities but again, do not overdo it and we recommend avoiding cycling for the first 3 months after your operation, as this will put pressure on the area that has been operated on.

**Driving**

We normally advise patients that you can drive after about 2 weeks following robotic surgery, providing you feel confident about controlling the car and performing an emergency stop. It is worth informing your insurance company of your surgery and confirming with them that they are happy for you to be driving again.

**Sex**

We do encourage you to resume sexual activity when you feel able. Resuming sexual activity will depend on whether a nerve-sparing procedure was possible at the time of surgery. This will have been discussed with you. If the nerves were preserved, we will normally prescribe drugs to help erectile function at your 6-week appointment. Please be aware that the return of erectile function can take up to 2 years and may not be as good as it was prior to surgery. If you find that your erections are less than perfect, do not hesitate to use the tablets that have been prescribed for you and, if these do not work satisfactorily, please contact either your GP or your Named Nurse so that alternative treatments and help can be offered.

**Work**

Most patients are ready to return to work after four to six weeks at home but some jobs requiring heavy lifting mean that you may need to discuss with your employer a suitable way to ease yourself back into work more gradually.

**Travel**

There is no reason why you should not fly 6 weeks after surgery. If you fly any earlier, you may be at increased risk of developing a DVT (deep vein thrombosis). You must mention

that you have had prostate surgery for insurance purposes but there should be no additional premium because of this. If you need a letter for the insurance company explaining your circumstances, we would be happy to write this for you – please contact your Named Nurse or your Consultant’s secretary.

### **Deep Vein Thrombosis:**

To reduce the chance of a DVT, you should continue to wear the stockings that you had in hospital for six weeks after your surgery.

You (and/or a family member) will be taught how to inject yourself with an anti blood clotting medication before you leave hospital. Please complete the full course of injections once you get home. Your needles and syringes should be placed in the yellow sharps box you will be given and disposed of.

## **20 What if I feel that something is wrong in the first few weeks after surgery?**

If you feel unwell or are concerned about your health you should contact us straight away. During office hours, you should contact your Named Nurse or your local GP. However, if you are feeling acutely unwell please go your local emergency department.

## **21 What outpatient follow-up will I have?**

You will receive an appointment to return to the outpatient clinic at 4 weeks after surgery. This is to allow the Consultant or Specialist Registrar to find out how you are getting on with your recovery and to discuss with you the findings of the pathology report on your prostate specimen.

## 22 Will I need further treatment?

The purpose of the operation is to remove the prostate and all the prostate cancer. Occasionally, the prostate cancer has spread microscopically outside the specimen that was removed. On balance if it is felt that you have an increased risk of recurrence based on how the prostate looks under the microscope then extra treatment will be recommended. In this case, your Consultant will advise you about having further treatment (usually radiotherapy but, occasionally, hormone therapy) to ensure the complete eradication of any remaining cancer cells.

After your outpatient appointment, you will be followed-up at 3-monthly intervals for the first year. You will need to have a PSA (prostate specific antigen) at the hospital about 10 days before each appointment, so that a record can be kept of your PSA levels. If you have any queries about your clinical management, please talk to your Urologist or Named Nurse.

It is important that your follow-up appointments are scheduled around the times outlined in the above information. In most instances, you will be seen initially at four weeks for your histology followed by another appointment at three months. If the surgical team are satisfied with your progress you will then be handed over to your original referral hospital.

## 23 Useful Contact numbers

Below are some useful contact details, which you should use if you are concerned. The UCLH Specialist Nurses should be your first point of contact and can be contacted during normal working hours. Please leave a message if you cannot get

through to them directly. If you are worried about your health please contact your GP practice, which will inform and contact the hospital team. However, in an emergency please go to the nearest emergency department.

## **At UCLH**

**Hilary Baker**

**Lead Clinical Nurse Specialist**

Direct line: 0203 447 5236

Mobile: 07961 109197

**Anna Mohammed**

**Surgical Care Practitioner (Robotics)**

Direct line: 0203 447 7070

Mobile: 07984 391126

Email: [anna.mohammed@uclh.nhs.uk](mailto:anna.mohammed@uclh.nhs.uk)

**Nora Chu**

**Clinical Nurse Specialist (Prostate)**

Direct line: 0203 447 7074

Email: [maria.chu@uclh.nhs.uk](mailto:maria.chu@uclh.nhs.uk)

**Karen Wilkinson**

**Clinical Nurse Specialist (Prostate)**

Mobile: 07809 320784

Email: [Karen.Wilkinson@uclh.nhs.uk](mailto:Karen.Wilkinson@uclh.nhs.uk)

Please note only on: **Wednesday and Friday**

**Sophia Mekoma**

**Patient Pathway Co-Ordinator**

Direct line: 0203 447 8454

Email: [Sophia.mekoma@uclh.nhs.uk](mailto:Sophia.mekoma@uclh.nhs.uk)

## **Further Information:**

You can find more information from:

**NHS Direct** on 0845 4647

[Www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk).

**The Prostate Cancer Charity**, 3 Angel Walk, Hammersmith,  
London, W6 9HX

Helpline: 0845 300 8383 Web: [www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)

Provides support and information for patients and their families.

## **Macmillan Cancer Support**

[www.macmillan.org.uk](http://www.macmillan.org.uk)

0808 808 00 00

Provides information and support to anyone affected by cancer.

## **Cancer Research UK**

Their website [www.cancerhelp.org.uk](http://www.cancerhelp.org.uk) provides facts about cancer including treatment choices.



We are committed to  
delivering top-quality patient  
care, excellent education  
and world class research

**Safety**  
**Kindness**  
**Teamwork**  
**Improving**

First published: Jul 2011

Date last reviewed: March 2017

Date next review due: March 2019

Leaflet code: UCLH/S&C/SURG/UROL/POST-RBTPROST/1

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