

## **Laparoscopic Radical Prostatectomy (Patient Information Sheet)**

Laparoscopic radical prostatectomy is a key hole operation to remove the prostate gland, its coverings, seminal vesicles and lymph glands (in selected cases). The aim of this operation is to cure the cancer of the prostate. There are several surgical and non surgical options for treatment of early prostate cancer. These include open surgery, radiotherapy, applications of various forms of energy to prostate ( e.g Cryo, Brachytherapy, HIFU, RF, Photodynamic therapy) and active surveillance. All these treatments have their good and bad sides. In most situations patients choose their treatment after consideration of pros and cons of each treatment. Although the advantages of this technique over other standard methods of treatment are quite obvious, at the present time there are no randomised studies comparing different surgical techniques. The advantages of keyhole approach include reduced blood loss, less pain, quick recovery and good chances of preservation of functions like potency and urinary continence. In practical terms the majority of patients are back to normality e.g. going out, going back to work(including manual work ), sporting activities, travel abroad etc within 2-4 weeks of their operation. This surgical technique is approved by the Evidence Based Practice Committee(EBPC) at BHRT and the National Institute of Clinical Excellence( NICE). According to NICE this procedure offers a better chance of cancer not returning after the operation and is associated with reduced blood loss compared to open surgery. (<http://www.nice.org.uk/guidance/IPG193/publicinfo/pdf/English> )

### **Preparing for the operation:**

You are advised to start doing regular pelvic floor exercises. These will strengthen your continence mechanism.

Try to keep yourself generally active prior to your operation.

You will have the standard blood and other tests.

You will be given a laxative and an enema before your operation.

Expect to be mobilised and start eating and drinking within hours of your operation.

### **The operation:**

The operation will be performed under a general anaesthetic.

A cysto urethroscopy (examination of the urethra, prostate and bladder) is carried out before the operation while you are under the anaesthetic. If you have had previous prostatic surgery then you may require temporary stenting of tubes (ureters) coming from your kidneys. Depending upon your PSA test result, tumour stage and grade you may also need biopsies of your lymph glands at the time of your operation. The operation is carried out through 5 keyholes below the level of the belly button. The whole of the prostate including its true capsule and both seminal vesicles are normally removed during the operation. The urethra is sutured (anastomosed) to the bladder to keep the continuity of urinary tract. It normally takes about 3 hours to perform this operation.

### **After operation:**

A urinary catheter and a plastic drain tube are left in your person on completion of the operation. The drain is usually removed at 24 hrs and catheter on day 5-7 after operation. You will be discharged home with a leg bag and the catheter.

On removal of urinary catheter you will experience urinary incontinence which gradually improves. It is advisable to arrange a moderate supply of incontinence pads.

Most patients feel physically fully recovered during the 3rd week after operation.

If a nerve sparing operation ( operation to safeguard potency) is performed it takes several months for recovery of potency. You will be advised after the operation if nerve sparing was carried out.

### **Potential Complications:**

Every operation has certain associated complications. This operation has the following potential complications. These complications are similar to the complications associated with open operation but much less frequent. Serious complications involving bowel injury with this technique are rare as this operation is performed through the extra peritoneal route.

1. Infection
2. Delayed wound and anastomosis healing
3. Bleeding and need for blood transfusion
4. Injury to big blood vessels
5. Injury to nerves; ilio-inguinal (nerve to groin area), obturator ( nerve to inner side of thigh and knee) and cavernosal nerves( used for erectile function)
6. Injury to urinary sphincter causing urinary incontinence
7. Injury to ureter(tubes from kidneys)
8. Injury to rectum
9. Injury to other abdominal viscera
10. Tumour positive surgical margins
11. Scarring of bladder neck
12. Some shortening in length of penis
13. Lymphocoele formation ( collection of tissue fluid )
14. Complications related to anaesthesia and positioning during operation
15. Conversion to open surgical operation
16. Gas embolism

**If you have any queries please phone/email Mr Bhanot's secretary and ask to speak to Mr Bhanot or a member of his team.**