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Robotic-assisted radical prostatectomy

I、 What is prostate cancer?

Prostate is an organ of the male urogenital system, located below the bladder, urethra there through before the rectum. As men age, their prostate gland grows, the size getting bigger. The semen and excretion of prostate secretion locate at the verumontanum of the prostatic urethra. Prostate cancer is caused by the proliferation of malignant cells within the gland, it not only grows in the prostate gland, but also may violate adjacent organ (including prostate peripheral nerve plexus on both sides, rectal fascia seminal vesicles, and bladder). Malignant cells could also metastasize with both blood stream and the lymphatic of the body, especially the bones of the pelvis and spine.

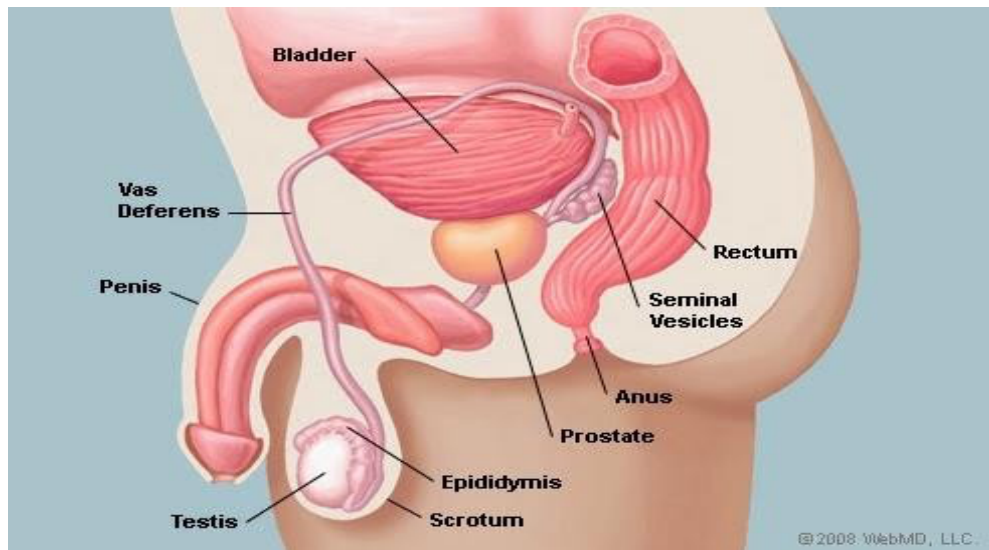


Figure1: <http://www.webmd.com/urinary-incontinence-oab/picture-of-the-prostate>

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All information above has been reviewed by genitourinary specialists
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II、 What are the symptoms of prostate cancer?

Prostate cancer usually causes no symptoms. Like benign prostate hypertrophy symptoms, including urinary urgency, dysuria, flow thinning, urine after drops of urine, urine flow off, nocturia, occasional hematuria and pyuria. When invasion of the seminal vesicles, there will be blood in semen or painful ejaculation. It could cause bone pain if bone metastasis, pathologic fractures or spinal compression and subsequent neurological symptoms. Some patients found to have prostate cancer when other organs were invaded.

III、 What is the robot-assisted radical prostatectomy surgery instructions?

The robot-assisted surgery using the robotic arm to remove the prostate gland and reconstruction of the urinary tract. Radical retropubic prostatectomy is one of treatment options for early prostate cancer. The surgery generally removes the pelvic lymph nodes, prostate, seminal vesicle and anastomosis the bladder and urethra.

IV、 What are the precautions before and after the robot-assisted radical retro pubic prostatectomy surgery?

This operation is performed under general anesthesia, and carried out in the operating room.

(A) Precautions before surgery:

1. Complete informed consent of the surgery and anesthesia, after the physician give a thorough explanation.
2. Blood test and blood preparation is necessary, to understand the liver, kidney function and blood coagulation.

3. If you have any history of lung disease, consultation of respiratory therapy, and we arrange a series of exams including breathing training, pulmonary function tests and chest x-ray. Cardiology consultation will also be done for ECG and Echocardiogram examination.
4. Before surgery, nurses will shave the skin according to surgical sites.
5. Before surgery, the clear liquid diet and the laxative agents will be given. Intravenous fluid will also be set up to maintain the body fluid.
6. Antibiotics may be given as needed (the physician will depend on blood, urine examination report to decide).
7. Before surgery, you will be given an enema for bowel cleansing.
8. Since the midnight of the operation, eat and drink is forbidden.
9. If you are taking anti-coagulant such as (WARFARIN, Bokey, Aspirin, Coumadin), etc. should inform the physicians. Stop using the medication for 4-7 days before the surgery (Depending on physician decision)

(B) Treatment and observation after the surgery

1. Nurses will closely monitor vital signs.
2. If you have the central venous catheter, nurses will monitor central venous pressure regularly, as an indicator of the body fluid balance.
3. If you have a nasogastric tube for draining gastric juice, the nurse will observe the sign of bleeding.
4. After return to the ward from the recovery room, fasting will be continued the next morning. The physicians will visit the patient, and check the intestinal peristalsis. After removing the nasogastric tube, oral intake can be resumed gradually. At first try to drink 30ml of water every hour. Drink and eat slowly and progressively, first sports drink,

- soup, than porridge and rice.
5. Get away from bed frequently, and encourage take deep breathing and cough to avoid aspiration pneumonia
 6. There are five laparoscopic wounds and drainage tube in the left lower abdomen. The wound should be kept clean and dry. If the gauze oozing, please inform the nursing staff, to change the dressing at any time.
 7. If there are hematuria and voiding difficulty after the surgery, informing the nursing staff first.
 8. Continuous observation and record the urine volume and color of the urine. The drainage tube would be remove in 2-4days after the surgery. The intravenous injection would be removed in 3-5days after the surgery.
 9. After discharge, the urinary catheter will be taken to home and removed at next visit OPD (around a week). Until the next time back to the clinic remove the catheter by a physician.

V、Precautions of discharge

- (A) When discharge, the stitches are not removed, changing the dressing every day and keep it clean and dry after discharge. If Adhesive Skin Closure is applied, change dressing is not necessary. Adhesive Skin Closure would off on their own not need dismantling. If the wound continued oozing and purulent, or if fever, please get to the emergency room immediately.
- (B) After discharge, the urinary catheter will be taken to home and be placed for 1-2weeks.

- (C) Develop regular life style habits, there is no contraindications for diet. Drink more water and eat more fruits and vegetables to prevent constipation.
- (D) You should avoid from any movements that would increase abdominal pressure after surgery within three to six months. As to make a bowel movement to hard, doing crunches, climbing stairs, or riding a bicycle or motorcycle. Avoiding from wound split and causing wound bleeding and hematuria.
- (E) Underlying these conditions such as continuous hematuria, voiding difficulty and high fever, going to the hospital emergency room immediately
- (F) If incontinence, sexual dysfunction or progressive voiding difficulty. Follow up at urology clinic.
- (G) In case of special circumstances, you can call to inquire about the solution, Taichung Veterans General Hospital cares about you.
Tel: (04) 23592525 turn 6082, 6182.

VI、 Reference

Cancer Treatment Centers of America. (2021). *Prostate cancer symptoms*. <https://www.cancercenter.com/cancer-types/prostate-cancer/symptoms>

National Comprehensive Cancer Network. (2020). *Prostate cancer: early stage*. <https://www.nccn.org/patients/guidelines/content/PDF/prostate-early-patient.pdf>

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Let's take the quiz to make sure you understand

1.If you have continuous large amounts of hematuria, inability to urinate, or high fever, please go to the emergency department of our hospital as soon as possible and ask the attending physician to handle it. Do not go to other hospitals for treatment.

Yes No Don't know

2.Practice the deep breathing auxiliary trainer 5 times per hour, and take deep breaths and cough when there is sputum to cough up the sputum to avoid pneumonia and fever caused by excessive sputum accumulation after surgery.

Yes No Don't know

3.After the operation, there are two laparoscopic wounds in the abdominal wound and a drainage tube in the left lower abdomen (used to drain abdominal blood). The wound needs to be kept clean and dry.

Yes No Don't know

4.You will take a urinary catheter home and leave it in for at least 1-2 weeks (depending on the doctor's decision), and return to the urology clinic for follow-up consultation according to the doctor's instructions.

Yes No Don't know

5.Within three to six months after surgery, actions that increase abdominal pressure should be avoided, such as straining to defecate, sit-ups, climbing stairs, riding a bicycle or motorcycle. When vomiting or

coughing occurs, support the affected area in a timely manner, such as using a restraint. Wear an abdominal belt to prevent wound dehiscence and bleeding from causing hematuria.

Yes No Don't know