

Operation Information

Radical Prostatectomy

Introduction

Radical prostatectomy is one of the curative treatment options for prostate cancer. The procedure could be done with open, laparoscopic (with or without robot assistance) or through a perineal approach.

Outcomes

This operation removes the entire prostate gland; sometimes regional lymph nodes are removed in the same operation.

All approaches can achieve comparable and satisfactory cancer control. Complication rate and recovery are also similar.

Procedures

1. The prostate gland is mobilized from adjacent pelvic organs.
2. The entire prostate gland together with the seminal vesicles are removed.
3. The bladder is sutured back to the urethra.
4. By the end of the surgery, a urethral catheter is placed to drain the bladder and surgical drain is placed around the operative site.
5. Open surgery involves using a lower abdominal wound or a perineal wound to effect the procedure depicted above.
6. In laparoscopic and robotic-assisted laparoscopic approach, 5-6 small incisions are made over the umbilicus and the lower abdomen to allow entry of surgical telescope and other instruments.

Possible Risks and Complications

Peri-operative:

1. Bleeding /transfusion
2. Injury to adjacent organs including ureter, rectum, bowel, and pelvic vessels
3. Anastomotic leakage or urinary leakage with or without intra-abdominal abscess and sepsis, requiring further surgical intervention, including formation of colostomy
4. Bowel obstruction or ileus
5. Urinary tract infection, chest infection, wound infection

Post-operative:

1. Various degree of urinary incontinence (<10% after one year)
2. Anastomotic stricture and urethral stricture (<5%)
3. Positive resection margin (may require adjuvant treatment)
4. Erectile dysfunction
5. Loss of ejaculation and infertility (expected consequence)
6. Faecal incontinence may occur after perineal approach
7. Wound dehiscence and hernia formation
8. Further intervention including operation for management of complications
9. Future intervention (radiation or chemotherapy) may be necessary if there is a positive resection margin, unfavorable pathology and / or tumor recurrence

10. Mortality related to tumor surgery or pre-existing diseases (0.5-2%)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
4. Blood tests and other check-up will be done before the operation to make sure your body condition is fit for general anesthesia and the major surgery.
5. Shaving on the operation site may require and nurse will supply surgical soap to you for washing the operation site as necessary.
6. Cleaning up the bowel is necessary and you will be required to drink laxative fluid or will be given suppositories.
7. No food or drink six hours before operation.
8. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
9. Please empty your bladder before the operation.

Post-operative Instructions

1. Sometimes intensive care for closed monitoring may be required after the major operation.
2. The urethral catheter and the surgical drain will be kept for a few days to few weeks, depending on the condition of recovery. Ureteric stents need to remove before 6 months to reduce potential complication.

Advices on Discharge

1. The medication should be taken as prescribed by the doctor. Please consult the doctor before resuming blood-thinning medications (e.g. Aspirin, Warfarin, Xarelto, Pradaxa) or Chinese medications.
2. Immediately consult your doctor or return to hospital for professional attention in the event of severe loin pain, blood in urine, shivering, high fever over 38°C or 100°F, or any other unusual symptoms etc.
3. Any follow-up consultations should be attended as scheduled.
4. An Alert card will be issued to you to remind you return for removal of stent (if ureteric stent has been inserted).

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

