

# Considering Surgery to Treat Your Prostate Cancer?

How Might a Robotic Radical Prostatectomy Affect You?



Keen for radical prostatectomy?

Yes

No

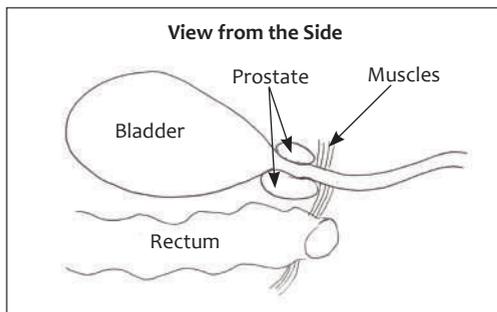
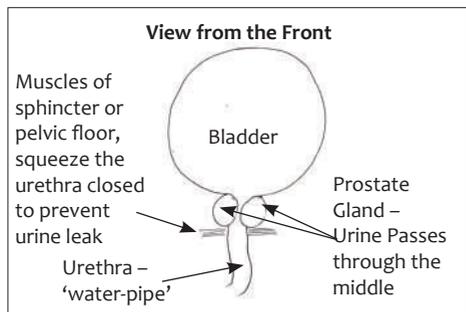
## What is Radical Prostatectomy?

- Major surgery performed with the AIM of curing prostate cancer.
- Some patients are cured and will never require further treatment.
- Some patients are not cured but may be cured by second treatment such as radiotherapy.
- Some patients are not cured by surgery, or by later radiotherapy

### Summary

- Surgery aims to cure prostate cancer but is not always successful
- At least 10 years of follow up is required before 'cure' is confirmed
- Stay in hospital is usually short – 1 or 2 days
- Return to light activity at 4 weeks and to work at 6 weeks
- Incontinence is expected but improves and may resolve completely
- Erections WILL be affected
- Serious complications occur but are uncommon
- Alternative treatments may be just as good as surgery – Ask your Doctor

## Anatomy – How Are Men Made?



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Local care & support for prostate Cancer

Are delighted to help our UHL Urology surgeons **promote their video on PROSTaid's website** to benefit patients having robotic surgery for prostate cancer, however please note all the information content given in both the video and associated notes is from the Urology UHL surgeons alone. For full notes on this video please email [info@prostaid.co.uk](mailto:info@prostaid.co.uk).

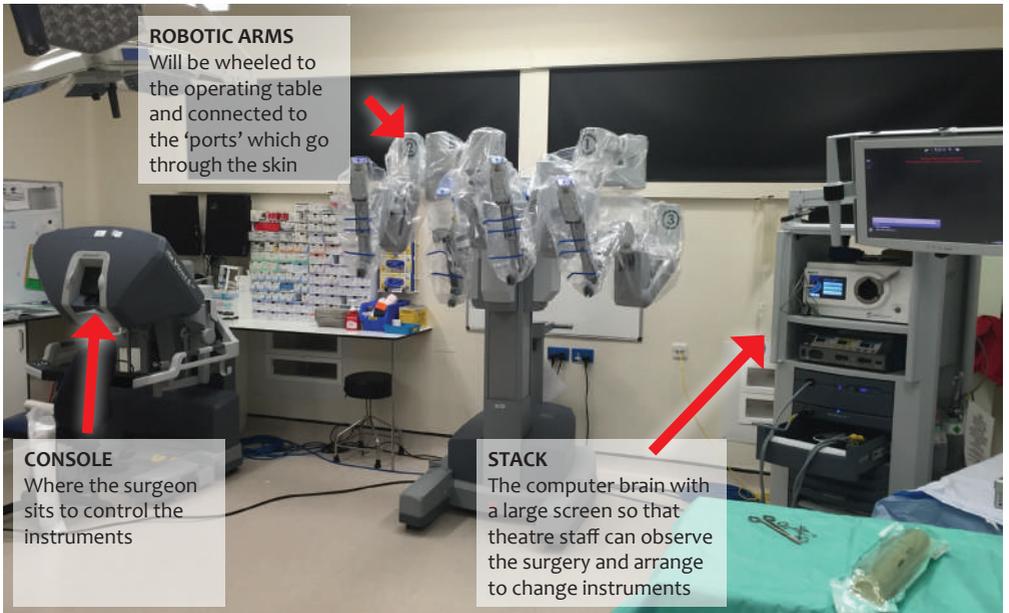
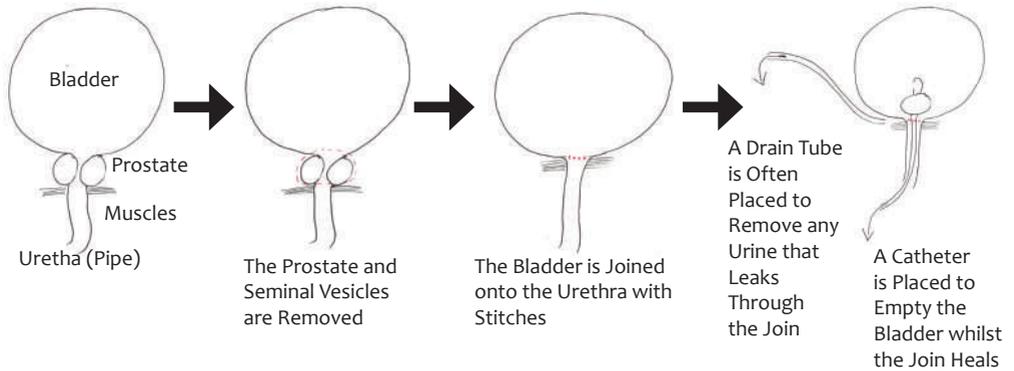
**PROSTaid cares for our local men with prostate cancer**

We run five monthly support groups in Leicestershire and Northamptonshire

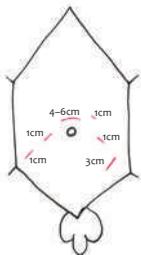
For more details

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# Radical Prostatectomy – what is done inside?



# Radical Prostatectomy – where are the scars?



The largest cut is above the belly button. It is 4 – 6cm long. The prostate gland is brought out of the abdomen through this incision.

Most men stay in hospital for one night and go home on the evening of the first day after their operation.

# Radical Prostatectomy?

This is major surgery. It usually goes well but there are two types of problems afterwards.

## Consequences

- These are effects which will definitely happen to you;
- you must expect and prepare for them

## Complications

- These are events which may occur.
- They cause problems for some patients.
- You will be told how frequently they happen.

## Consequences

Issues to be faced by ALL men after Radical Prostatectomy

- 1) Incontinence
- 2) Impact on Sexual Function
  - Erectile Dysfunction (Impotence)
  - Loss of Ejaculation and Fertility

## 1 - Incontinence

- Removal of the prostate weakens the muscles which keep you dry.
- On the day the catheter is removed more than 95% of men leak urine.

**You WILL leak urine, not 'may' – WILL**

The questions which follow are:

1. How bad will the leak be at the beginning?
2. How quickly will it improve?
3. How good will I be at the end?

## Incontinence – Day of Catheter Removal

- Experience on the day of catheter removal varies greatly
  - More than 95% of men will leak urine
  - Range of day 1 experience
    - Only 1 thin 'safety' pad per 24 hours to cope with minor leak
    - Up to 6 pads per 24 hours to cope with significant leak
- Most men will have a leak that is between these two extremes**

## Incontinence –How Quickly Will it Improve?

Incontinence Improves gradually for 1 year

Different men improve at different speeds.

Leak at night improves before leak in the day.

You will leak more during and after physical work or exercise

3 months after surgery

60% of men are either dry or using 2 pads or less per day

This means that 40% of men are not as good as that!

## Incontinence – What is the End Result?

After 1 year you have the final result – further improvement is rare

40-60% of men are dry, and do not need a pad - **HAPPY**

40-60% of men are ‘damp’, wear 1 or 2 pads each day - **CONTENT**

2-5% of men are wet, use 4 or more pads each day - **UNHAPPY**

**Men do not all start with the same chance of being dry – not all men are the same before the surgery!**

**Results are best in young men (50 yrs old), who are slim and athletic**

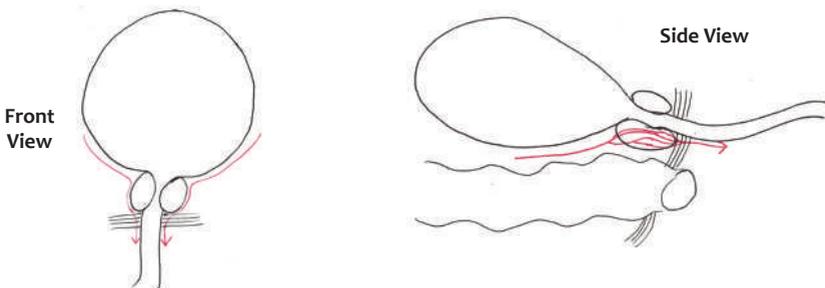
**Results are not so good in older men (70 yrs old), who are overweight and unathletic**

## 2 – Impact on Sexual Function

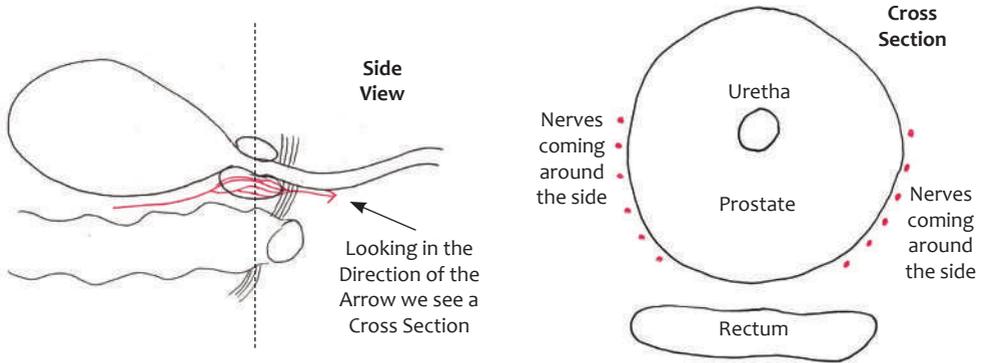
- You may not have erections after surgery
- The prostate makes semen – after surgery you will not ejaculate and you will not be able to father children naturally.
- You may still experience an orgasm
- Your sexual desire (libido) is not directly affected by prostatectomy once you have recovered from the surgery

## Erectile Dysfunction – how do erections work?

- Anatomy
  - The 2 sets of nerves which produce erections are stuck on side of the prostate gland, one ‘bundle’ of nerves on each side

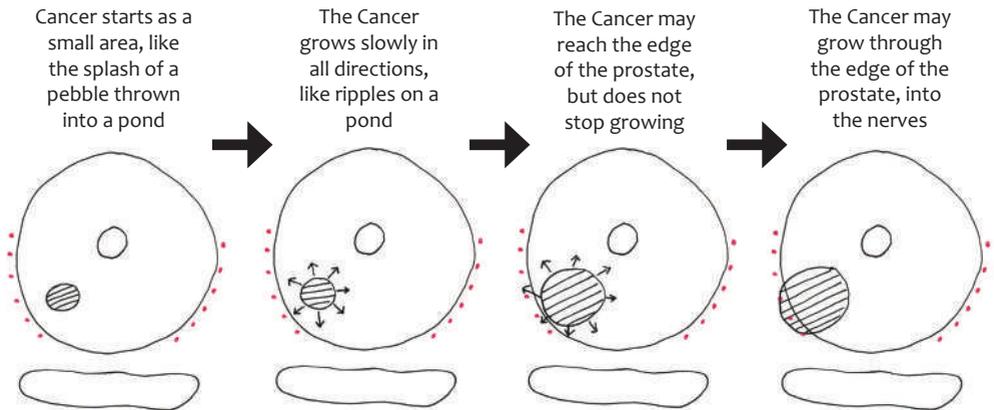


## Anatomy of the Nerves of Erection



## Effect of the Prostate Cancer on the Nerves of Erection

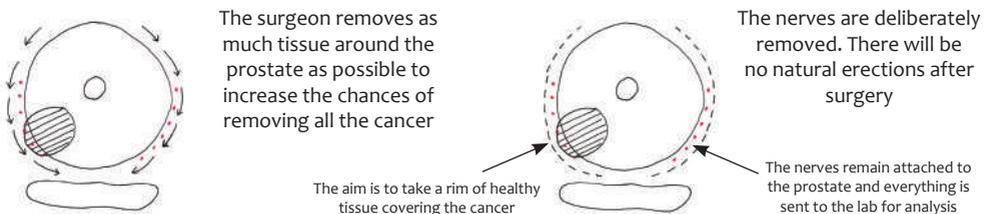
Does it matter how large the prostate cancer is?



**MRI Scans are not always accurate, they can be falsely reassuring or alarming – your surgeon will discuss this with you**

### Wide Excision Dissection

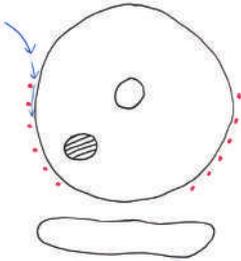
- when the cancer is thought to be more advanced, or when a man does not have erections to preserve



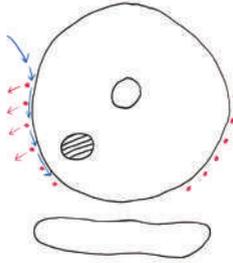
## Nerve Sparing Dissection

- when there is confidence that the cancer is confined within the prostate and when the man has erections that he wishes to preserve.

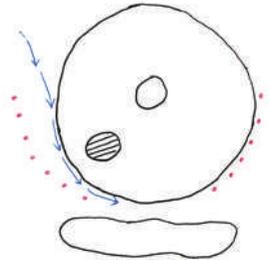
The surgeon stays very close to the surface of the prostate gland



The nerves are pushed to the side



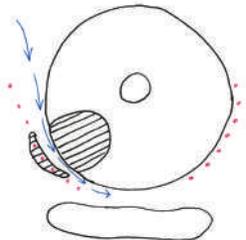
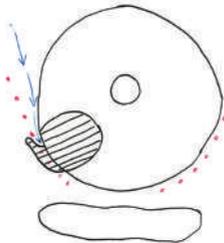
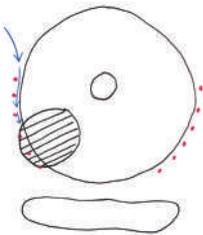
The prostate is removed and the nerves are left in the patient, but they may have been damaged.



## Risks of a Nerve Sparing Dissection

- if the cancer has grown into the nerves, preserving the nerves may leave cancer behind

The Cancer CANNOT BE SEEN during the operation



If a Nerve Sparing dissection is done when the cancer has grown into the nerves -

Some cancer may be peeled away and 'preserved' with the nerves

If cancer is left behind with the nerves, the chances of being cured are reduced

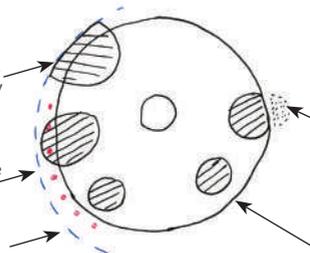
## Results of Surgery: Cancer Clearance vs Preservation of Erections

### Wide Excision Dissection - the nerves are removed on the prostate

The cancer was advanced – despite removing the nerves there is cancer at the edge of the specimen and it is likely that cancer remains in the patient. Erections are lost.

The cancer had grown out of the prostate into the nerves – by correctly removing the nerves the edge of the specimen is clear of disease. Erections are lost.

The cancer is confined to the prostate: the edge of the specimen is clear of disease. In retrospect, removal of the nerves may not have been necessary. Erections are lost.



### Nerve Sparing Dissection - the nerves remain in the patient

There is cancer at the edge of the specimen – this suggests that the cancer had grown into the nerves and some cancer may have been left behind. Erections may, or may not, have been preserved

The cancer is confined to the prostate – the edge of the specimen is clear of disease and erections may, or may not, be preserved

## 2 - Impotence-Summary

- Risk of Erectile Dysfunction is related to the dissection performed.
- The cancer cannot be seen during the operation – the decision about removing or preserving the nerves must be made in advance
- If a wide excision dissection is performed, you WILL NOT have natural erections after surgery – and tablet treatments will probably not help
- If a nerve sparing dissection is performed, up to 70 % of men will still have some erections after surgery – rigidity of the erection may be reduced
  - best results in young men (50 yrs) with excellent erections before surgery
  - poor results in older men (70yrs) with poor erections before surgery

## Complications

Issues for a small proportion of men who undergo Radical Prostatectomy

**Major – potentially life threatening | Occasional | Rare or Very Rare**

### Complications: Major

Risk of Death – 1 in 400 or lower

Heart Attack or Stroke

Sepsis – overwhelming infection

Deep Vein Thrombosis leading to Pulmonary Embolism

Preventative measures – tight socks, 28 days of injections, get on your feet!

### Complications: Occasional

- Bleeding which requires a blood transfusion (3%)
- Infections - chest infection (occurs in hospital)
  - urine infection
  - wound infection (develops at home)
- Hernia – weakness and ‘bulge’ in the groin or under the scars
- Urine Leak from the Join – may cause a collection of fluid in the abdomen; treated by leaving the catheter and drain in place for longer.
- Scarring at the Join – causes reduced urine stream and may require more treatment in the future

### Complications: Rare or Very Rare

- Injury to the Ureters – the tubes which drain urine from the kidneys open into the bladder on the top of the prostate.
- Shortening of the penis – this is reported by some patients, particularly in the first few months after surgery – likely to improve towards normal with time.
- Compartment Syndrome of the Calf Muscles –swelling of the muscles cuts off their own blood supply.
- The robot is a computerized mechanical device – it can break down and if it cannot be restarted, the operation may have to be completed through a larger cut ‘converted’