

Procedure Information Sheet - Radical Prostatectomy (Total Removal Of The Prostate Gland)

Introduction

- Radical prostatectomy is one of the curative treatment options for early stage prostate cancer. The procedure could be done with open abdominal surgery, laparoscopically, with or without robot assistance, or through a perineal operation.
- The aim of the surgery is to remove the entire prostate gland with the cancerous part, sometimes the regional lymph glands are removed in the same operation, with a view to clear the tumor from the patient's body.

Procedure

1. The operation is performed under general anaesthesia.
2. During the operation, the regional lymph nodes may be removed and sent for histological exam if indicated.
3. The surgery may be stopped if the lymph nodes are found to harbor cancer cells and alternative treatment may be offered instead of proceeding with this curative surgery.
4. The entire prostate gland together with the seminal vesicals is removed.
5. The bladder is sutured back to the residual part of urethra.
6. By the end of the surgery, it is usual for surgeons to put in a urethral catheter to drain the bladder and a surgical drain around the site of surgical resection.

Option of surgery

- Open abdominal surgery involves using a lower abdominal wound or a perineal wound to perform the surgery.
- In laparoscopic and robotic-assisted approach, 3- 6 small incisions are made over the umbilicus and the lower abdomen to allow the entry of surgical telescope and other instruments to perform the surgery.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. All taken medications need to be checked. Some drugs including blood thinners and aspirin may need to stop before operation.
3. Blood tests and other check up would be done before the surgery to make sure the patient's body condition is fit for general anesthesia and the major surgery.

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4. Cleaning up the bowel is necessary and the patient would be required to drink laxative fluid or would be given suppositories.
5. Keep fast for 6-8 hours before operation.

Possible risks and complications

A. General anaesthetic related risks & complications

- Anaesthetic complication and complications caused by pre-existing diseases.
- Systemic life threatening complication including myocardial infarction, cerebral vascular accident, deep vein thrombosis and pulmonary embolism.

B. Operation related complications

- Injury to adjacent organs including ureter, rectum, bowel and pelvic vessels.
- Blood transfusion if excessive bleeding occurs.
- Anastomotic leakage or urinary leakage with or without intra-abdominal abscess and sepsis, requiring further surgical intervention, including formation of colostomy.
- Bowel obstruction or ileus.
- Urinary tract infection, chest infection, wound infection causing life threatening.

C. Specific operative risks and complications

- Various degree of urinary incontinence (~10 % after one year).
- Anastomotic stricture and urethral stricture (<10%).
- Positive resection margin.
- Erectile dysfunction.
- Loss of ejaculation and infertility (normal consequence).
- Fecal incontinence in perineal approach.
- Wound dehiscence and hernia formation.
- Further intervention including operation for management of complications, positive resection margin and tumor recurrence.
- Mortality related to tumor surgery or pre-existing diseases (0.5-2%).

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Post-operative information

1. Intensive care may be required after this major surgery.
2. The urethral catheter and the surgical drain would be kept for a few days to few weeks but depends on the condition of recovery.
3. Bladder control can be poor for a few months after the catheter is removed.
4. Prostate-Specific Antigen (PSA) test may be needed to measure the level for detecting the speed of any changes.
5. Please contact your doctor or go back to hospital if excessive bleeding, collapse, severe pain or fever (body temperature above 38°C or 100°F) occur.
6. Follow up on schedule as instructed by your doctor.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____ Case No.: _____

Sex/Age: _____ Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____