

The following can be expected after the procedure

Diet

You will be able to drink fluids on the first night and in most cases be able to eat food the next morning.

DVT Prevention

- You will have calf compression stockings on, which should only be taken off when showering. These should also be worn for 2 weeks after the operation even if you are at home.
- You will also have blood thinning injections usually beginning the first evening after your operation. It is important to begin walking and moving your feet around in the bed ASAP.

Catheter Instructions

- A catheter is placed at the time of the operation, it allows the bladder to join appropriately to the urethra.
- It is generally present for 7 days and is removed either in your hospital ward at that time. It is normal to get some spasms / cramps from the catheter which can cause urine and/or blood clots to come out around the catheter.
- Do not remove the catheter under any circumstances without speaking to Dr Elmes first.

Sexual side effects

- Erectile dysfunction occurs in a variable proportion of men (see nerve sparing below).
- Penile Length – Many men lose about 1cm in penile length, often this is due to not partaking in erectile rehabilitation programme.
- Orgasm – Orgasm sensation in the most part has the same quality and intensity however no seminal fluid will be expelled (dry ejaculation).

Erectile nerve sparing

A **nerve-sparing** radical prostatectomy is ultimately designed to preserve a man's sexual function. The success rate in preserving sexual potency is dependent on a few factors - a man's age, the quality of his erection prior to the surgery, and the surgeon's skill and experience in protecting and preserving the nerves during the Prostate nerve-sparing operation.

Dr Elmes' fellowship in one of Sydney's largest teaching hospitals was the first in NSW with robotic training. He has furthered his robotic training in both prostate and kidney surgery in Hong Kong and under the tutelage of some of the Australia's most advanced and technically adept robotic surgeons.

Dr Elmes' goal is returning a man to the way he was before the operation, cancer free, continent and potent. Experience is a key factor in the success of nerve sparing and Dr Elmes offers this specialised option for patients with confidence delivering successful outcomes for his patients.

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PROCEDURE DATE:	
PROCEDURE LOCATION:	

TIME TO BE ADVISED BY ROOMS THE WEEK
PRIOR TO PROCEDURE DATE

A PATIENT GUIDE TO ROBOTIC ASSISTED RADICAL PROSTATECTOMY (RALP)



UROLOGICAL SURGEON
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ROBOTIC & LAPAROSCOPIC UROLOGICAL SURGEON

Robotic Assisted Radical Prostatectomy

Robotic Assisted Laparoscopic Radical Prostatectomy (RALP).

Robotic Radical prostatectomy is the newest and most advanced surgical option for the treatment of patients with localised prostate cancer. Typically a patient who has undergone a radical prostatectomy using the da Vinci Surgical System can expect to leave hospital in just one to three days and return to normal activities within a week or two. Depending on your occupation you can expect to return to work between 1 and 4 weeks.

Dependant on the cancer position within the prostate as determined by MRI and biopsy results, either one or both erectile nerves are spared by Dr Elmes.

The da Vinci Robot

The da Vinci system enables Dr Elmes to operate the robotic instruments in a full range of motions, transforming hand movements into corresponding movements of the surgical instruments within the patient. The da Vinci robot comprises the surgeon's console and surgical cart.

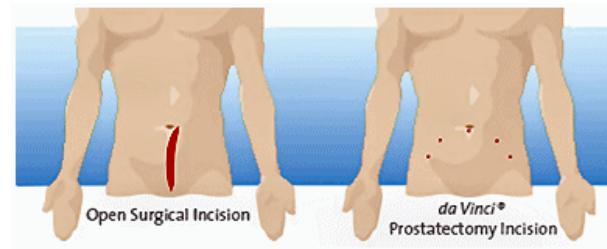


The surgical cart utilises one robotic arm to control the endoscopic camera which provides 3D vision, and three robotic arms to control surgical instruments. It is located next to the patient and allows the ability to rotate the instruments with unrivalled precision and control, using only a few small incisions.

The robot only requires incisions of less than 1cm with one slightly larger to allow removal of the prostate, compared with an incision of up to 25cm for a traditional radical prostatectomy.

Benefits of the da Vinci Robot

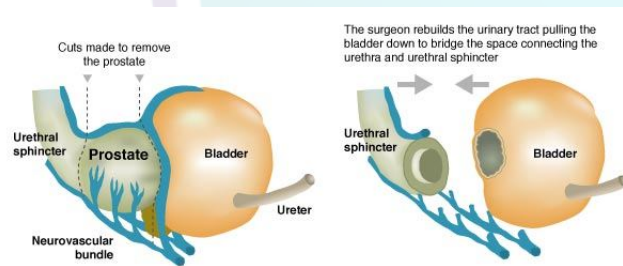
- Significantly less pain
- Less blood loss
- A shorter hospital stay
- A faster return to normal daily activities
- Quicker return to work
- Improved erectile nerve sparing



The Robotic Prostatectomy procedure

The procedure initially involves Dr Elmes operating by the patient's side to place the operating ports in the appropriate positions and dock the surgical cart of the da Vinci robot. Once the ports are placed and surgical cart docked Dr Elmes then sits at the robotic console and performs the operation, with an assistant surgeon at the patient's side.

All up the procedure may take a few hours and consists of removal of the prostate, seminal vesicles, pelvic lymph node sampling, erection nerve sparing, joining of the urethra to the bladder (the anastomosis) and then closing the small incisions.



A catheter is placed through the urethra into the bladder and a drain is placed through one of the operating ports to the abdominal cavity to drain any blood or fluid that may accumulate after the procedure.

Patient preparation for the Prostatectomy

Pre operative:

1. Pelvic floor exercises

After your prostate is removed your continence relies predominately on your pelvic floor, thus it is very important to strengthen this both before and after your operation.

Your pelvic floor muscles are the muscles that you use to stop your urinary stream midway. Learn this pre-operatively. You should perform 3 holds of 10secs each, 3 times a day.

2. Diet

Begin a clear liquid diet (no solid foods) 24 hours before the operation.

You will have to fast from midnight the night before, however, take all your usual medications on the morning of the procedure with a small sip of water (unless otherwise instructed).

3. Blood Thinners

All blood thinners need to be stopped 5-10 days prior to the procedure. Examples of these are - Aspirin, Warfarin, Plavix (Clopidogrel), Xarelto, anti-inflammatory pain medications and some natural medicines.

Do not stop any of these medications without discussion with Dr Elmes as he will advise you of the exact timing to cease any medication

4. Insulin

If in the unlikely event that you are on insulin you must let Dr Elmes know and he will guide you to peri-operative dose adjustments