



Procedure Information Sheet

Introduction

Radical prostatectomy is one of the curative treatment options for early stage prostate cancer. The aim of the surgery is to remove the entire or partial 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.

The procedure could be done with open abdominal surgery, laparoscopically, with or without robot assistance, or through a perineal operation. Both approaches can achieve comparable and satisfactory cancer control. Complication rate and recovery are also similar. Laparoscopic surgery tends to be more difficult and not all patients are suitable for the surgery. However, the blood loss is usually less and the recovery is sometimes quicker. Patients should discuss with their surgeons for the most suitable surgery.

The Operation / Procedure

1. The procedure will be performed under general anesthesia.
2. Open abdominal surgery involves using a lower abdominal wound or a perineal wound to effect the procedure depicted above. In laparoscopic and robotic-assisted laparoscopic approach, 5-6 small incisions are made over the umbilicus and the lower abdomen to allow the entry of surgical telescope and other instruments to effect the surgery. Despite the different possible wound positions for the surgery, the operation itself within the body is very similar.
3. During the operation, the regional lymph nodes may be removed and sent for histological exam if indicated.
4. 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.
5. Then the entire or partial prostate gland together with the seminal vesicals are removed. 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.

Before the Operation / Procedure

1. A written consent is required.
2. 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.
3. Sometimes, cleaning up the bowel is necessary and the patient would be required to drink laxative fluid or would be given suppositories.
4. Generally, the patient is advised not to eat or drink for at least 6 hours before the surgery.

After the Operation / Procedure

1. Postoperative care appropriate to specific procedures will be prescribed, sometimes 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 a few weeks, depending on the condition of recovery.
3. If serious events develop after discharge, patient should come back to hospital for consultation.
4. Patient should follow instruction for follow up given upon discharge.

<p>Patient's Label Patient Name: _____ Hospital No: _____ Adm No/Episode No: _____</p>
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Risk and Complication

Peri-operative:

1. Anaesthetic complications and complications caused by pre-existing diseases.
2. Systemic life threatening complication including pneumonia, myocardial infarction, cerebral vascular accident, deep vein thrombosis and pulmonary embolism.
3. Bleeding requiring massive transfusion.
4. Injury to adjacent organs including ureter, rectum, bowel, and pelvic vessels.
5. Anastomotic leakage or urinary leakage with or without intra-abdominal abscess and sepsis, requiring further surgical intervention, including formation of colostomy.
6. Bowel obstruction or ileus.
7. Urinary tract infection, chest infection, wound infection causing life threatening septicemia.
8. For laparoscopic surgery (with or without robot assistance), special risks includes: Fatal gas embolism and hypercarbia (<1%); Postoperative crepitus and pneumothorax; conversion to open surgery.

Post-operative:

1. Usually doctor order pressure sock to avoid deep vein thrombosis.
2. Various degree of urinary incontinence (~5-15% after one year).
3. Anastomotic stricture and urethral stricture (<10%).
4. Positive resection margin.
5. Erectile dysfunction.
6. Loss of ejaculation and infertility (normal consequence).
7. Fecal incontinence in perineal approach.
8. Wound dehiscence and hernia formation.
9. Further intervention including operation for management of complications, positive resection margin and tumor recurrence.
10. Mortality related to tumor surgery or pre-existing diseases (0.5-2%).

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart Patient Website of Hospital Authority: Radical Prostatectomy (Total Removal of the Prostate Gland) (2013)

Patient's Label
Patient Name: _____
Hospital No: _____
Adm No/Episode No: _____

Patient's Signature: _____ Date: _____