

Patient Information

Robotic Assisted Laparoscopic Prostatectomy (RALP) Information and advice for after surgery

Department of Urology

Introduction

This leaflet contains information for patients who have undergone robotic assisted laparoscopic prostatectomy (RALP) for prostate cancer at Lister Hospital. The purpose of this leaflet is to answer frequently asked questions and give reassurance regarding the common post-operative experience and expected symptoms/possible issues.

Possible issues following a RALP

- **Bruising around the incision sites and abdomen** - this is not uncommon and should not alarm you. This is caused by the dalteparin injections used to prevent deep vein thrombosis (DVTs) which are blood clots that form in the veins of the leg. The injections thin the blood, so the small incisions are more prone to bruising. Some of the bruising at the injection site may be prevented by avoiding rubbing the area after administering dalteparin injections.

You will be taught how to do these self-injections when you are in hospital. The injections are usually to be administered at 10am each day for 28 days.

- **Leakage at wound site or drain site** - Change dressings daily or as necessary if oozing. Wash the wound in the shower to clean, and gently pat dry with a clean pad or towel before applying a clean dressing. We will give you some spare dressings to take home. You can leave the wounds exposed to the air after a few days if they are clean and dry. If the leakage from the wounds change colour, or if there is any pain, heat or redness around the wound sites, please see your GP as you may need antibiotics for a wound infection.
- **Constipation** - increasing the fibre and water intake in your diet should help to keep stools soft. You can also take a mild laxative to soften the stools if needed. Lactulose is usually given to you to take home which helps soften the stool. It is quite common not to open your bowels until 4 days after surgery, but you should be passing wind during this time. Please **do not** take any suppositories or enemas.

It is preferable for you to be passing wind before you go home, and being mobile on the first day after your operation really helps this.

- **Shoulder and neck pain** - this occurs as a result of the distention of the abdomen caused by the gases used during the operation. It is common but can be quite uncomfortable and usually settles after a few days.

- **Scrotal and penile swelling and bruising** - this may appear immediately after surgery or after 4-5 days. It is often present if you have had lymph glands removed. When you walk around, any blood from the incisions can track down to that area. Scrotal swelling will usually resolve in 7-14 days. You can reduce the swelling if it occurs by elevating the scrotum on a small towel that you have rolled up when you are sitting or lying. It is recommended that you wear supportive underwear, such as Jockeys, even with the catheter in place.
- **Blood in the urine or along the side of the catheter** - especially after increasing activity or following a bowel movement, this is not uncommon. Resting for a short period usually improves the colour of the urine. Sometimes there can be intermittent bleeding in the urine even after the catheter is removed; this should be pale red and fairly clear. This may happen from time to time until the join between bladder and the urethra is completely healed (at about 8 weeks). The bladder to urethra join will eventually be covered by the waterproof cells that line the bladder and then the bleeding stops. This often takes 8-10 weeks to complete. Drink more fluids if there is blood in the urine to help keep it dilute.
- **Leaking around the catheter** - this is fairly common and can be caused by bladder spasms or straining to open the bowels. This leakage can often be blood stained until the join is healed. If this happens, you may need to wear a small pad inside your underwear for protection.
- **Bladder spasms while the catheter is in** - this is your bladder contracting, trying to reject the balloon that keeps the catheter from falling out. These present as mild to severe pain or cramping with a strong desire to urinate, or a burning sensation caused by sudden, strong bladder contractions. These are infrequent but can be caused by irritation from the catheter against the bladder wall. Let your consulting team know if you have these troubles as these can usually be relieved with tablets.
- **Perineal pain** - pain between your scrotum and your rectum, or in your testicles, may last for several weeks after surgery, but it will resolve. They are related to the inflammation deep in the lower pelvis where the surgery was done. Simple pain medications, such as paracetamol or ibuprofen should relieve the discomfort. Please contact your consulting team if the pain medication does not help with this.
- **Lower leg or ankle swelling** - this can occur in both legs and should resolve in around 7-14 days. This is more common if you have had lymph glands removed. Elevating your legs while sitting will help. If swelling in the legs is uneven and associated with redness or pain, please contact your consulting team quickly as this can be a symptom of a blood clot (DVT) in the leg. **Please keep your compression stockings on for the first week after surgery, at least.**
- **Sutures or clips to wound sites** - these will be removed between 7-10 days after surgery. They may be removed at the Trial Without Catheter Clinic (TWOC) when you have the catheter removed, or by the practice nurse at your GP's practice depending on the length of time that the catheter needs to stay in.

Taking care of the catheter

The catheter allows continuous drainage of urine into the catheter bag and is held in place by a balloon inside your bladder. The catheter is also held in position by an adhesive strap (catheter secure or stat lock) to your thigh. **It is very important that this fixing device remains in place at the same position for the whole time that the catheter is in.** It is also very important to ensure that your foreskin is always pulled over the end of the penis and not pulled back.

- **Daytime** - you will use the leg bag that is strapped to your leg. It allows you to move around more easily but it **must be emptied every 3 hours or when it gets full**. It must not be allowed to become overfull as this will cause the bladder to become full with urine and can lead to leakage of urine through the new join of the bladder and the urethra. The leg bag stays on the whole time your catheter is in and needs to be changed weekly. It should be fixed in place with two straps to prevent it pulling down on the bladder and penis.
- **Night-time** - you will be shown how to connect the night bag onto the end of the leg bag. This does not need to be emptied as often and should last through the night when a lot of urine is produced. When you get into bed, be sure that the leg bag tap is ON and the night bag tap is OFF. You will need to arrange the tubing so it does not pull on the leg bag or become kinked.
- **Emptying your catheter bag** - wash your hands before emptying. You will be shown how to work the tap on the bag before you leave hospital. To disconnect the overnight bag, turn the leg bag tap to OFF, take the night bag off the end of the leg bag and empty it into the toilet. The tap on this bag cannot be closed again once opened as it is single use. After emptying, it can then be disposed of in the general waste. Wash hands again.
- **Changing your leg bag** - this needs to be done **weekly**. Wash your hands. Prepare the new bag ready to be connected but without the tip of the bag tube touching anything. Empty the leg bag. Carefully, without pulling on the catheter, disconnect the catheter end from the bag drainage tube. Connect new bag to catheter. **Try not to touch the open end of the catheter or new drainage tube tip**. Hold the tube at the base of where it would connect to the catheter to push it firmly into place. Wash hands.

To help prevent infection or discomfort:

- Always wash your hands before and after emptying your catheter.
- Wash the area around the catheter at the tip of the penis at least twice a day. Debris and mucous will collect there. Use soapy water, avoid highly fragrant shower gels. **We find it is best to use non fragranced baby wipes to gently clean any dried mucus from the catheter.**
- Keep the bag attached to the catheter at all times, even when showering. Keep your catheter strapped to your thigh for comfort; this prevents it pulling in the bladder.
- Keep the drainage bags free of kinks and loops.
- Always keep the drainage bag below the level of the bladder.
- Drink at least 8 glasses of water a day to keep urine a clear, pale yellow colour.
- Occasionally, when the bag is emptied, an airlock may form. This can cause urine to stop draining but is easily fixed. If the sides of the bag look sucked hard together and no urine has drained, just allow a small amount of air back into the system after emptying your bag by pulling the front and back of the bag slightly apart while the tap is open.

How do I get more supplies?

The telephone number to order more supplies is on the side of the home pack. You will need the order code which can also be found on the outside of the home pack.

You will need to allow a few working days for these to be delivered to your address, so place your order before you run out.

Removing the catheter

The catheter will be removed in the TWOC clinic on Level 7 at the Lister Hospital. The catheter should not be removed by your GP practice, district nurses or in another hospital.

Important - Do not let anyone other than the Urology Team at the Lister Hospital remove your catheter, even if it blocks. Come to the Emergency Department and ask for a member of the Urology Team to see you.

What to do if you have any problems with your catheter

If you have any issues with your catheter, you need to return to the Urology Team at Lister Hospital. The catheter must only be managed by the Urology Team. Contact the urology ward that you stayed on for advice prior to coming in (telephone numbers are on the last page of this information sheet). **Do not allow anyone other than the Urology Team at the Lister Hospital remove the catheter.**

When will my catheter come out?

This is usually 7-10 days after surgery which allows for the join to heal enough to let you urinate (pee) normally. Having the catheter out is a little uncomfortable for a few seconds but a great relief to have it removed.

Almost all our patients need a pad at this stage as the muscle that controls leaking will have been held open by the catheter and also, removal of the prostate temporarily bruises and numbs the muscle's action for a while in everyone.

Most patients will recover control, but it takes time, sometimes up to 9-12 months. You should improve as each week passes, but it can be a slow and frustrating recovery.

We sometimes have to leave the catheter in place for 2 weeks or longer if the join hasn't quite healed yet. This is especially if you had a big prostate as this makes the hole on the bladder side bigger, so more stitches are required and more healing needed. We occasionally squirt some dye into the catheter and take some X-rays, called a cystogram, if we are concerned that you may not have healed quite yet. If there is a leak, we may ask you to keep the catheter for longer until fully healed. This is a rare event.

Recovery of erections if you have a sparing procedure

When your catheter is removed you will be given 28 tablets of Tadalafil (a Viagra like tablet). You will take a 20mg tablet twice a week, for example, on Wednesday and Saturday.

If you get side effects you can take half a tablet instead, i.e. 10mg twice a week. Side effects include facial flushing, headache, indigestion and occasionally thigh and buttock muscle cramps. In most cases they are very mild, so we encourage the 20mg dose of Tadalafil to continue. This will help your nerves to recover faster.

Frequently asked questions (FAQs)

- **How much pain will I be in?**
Since the surgery is done through small incisions, most patients experience much less pain than with open surgery, and tend to need much less pain medication. After 2 weeks, most are feeling no pain at all.

- **When can I exercise?**

Light walking is encouraged right after the procedure. Walk as much as you want, including up hills from the start as long as you feel comfortable. After just 2 weeks, aerobic exercise is permitted. After 8 weeks, heavier exercise can be restarted but it's best to check with your surgeon first. Cycling should be avoided until 10 weeks after surgery.

- **Can I shower or bathe?**

Yes, you may shower but avoid a bath where the wound sites will be soaked. The dressings are water resistant so will protect the wound sites for the first few days. The wounds can then be left open after a few days. You will be given spare dressings so that you can change them after showering. Also, pat yourself completely dry, and dry into the belly button to minimize infection risk.

- **When can I drive?**

You can drive when you are comfortable to do so (usually after 2 weeks), and you can twist to look behind you as necessary and make an emergency stop. Remember, the seat belt may pull tightly across your stomach if you do. Please also check with your insurance company first.

- **When can I return to work?**

This is often about 6 weeks but speak to your consultant first about when you can return to work. This may vary depending on the type of work you do.

Contact telephone numbers

Consultant Urological Surgeons (RALP)

Mr J M Adshead	Secretary:	01438 284987
Professor N Vasdev	Secretary:	01438 284042
Mr T Lane	Secretary:	01438 284689

Macmillan Uro-oncology Nurse Specialists

Helen Stoker
Heather Storey
Gina Creasey
Ruth Osis

Direct Line: 01438 285544

Urology Nurse Practitioners

Jane Perkins
Jytte Bahn- Christensen
Manisha Myangar
Scott Horsley
Jan Malimban
Tanja Roncevic Duvancic

Direct Line: 01438 284356

Inpatient Wards

Ward 7BN, Main Tower block	01438 285073
Ward 7BS, Main Tower block	01438 285074
Swift Ward, Treatment Centre	01438 288229 and 01438 288235

Date of publication: September 2023
Author: A Brodie, JM Ahead
Version number: 01
Review Date: September 2026
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