

Radical prostatectomy is a safe and effective operation to remove the entire prostate gland for the treatment of prostate cancer. It is one of the most effective ways to treat prostate cancer that has not spread beyond the prostate.

PREPARATION FOR SURGERY >

Medications to avoid prior to surgery

Any medications that affect bleeding should be stopped prior to surgery. The following medications should be stopped 7 days prior to surgery: ASA (Aspirin/Entrophen), warfarin (Coumadin), clopidogrel (Plavix), dipyridamole (Aggrenox), ticagrelor (Brilinta), ibuprofen (Advil/Motrin) and other non-steroidal anti-inflammatories (NSAIDs). The following medications should be stopped 72 hours prior to surgery: dabigatran (Pradaxa), rivaroxaban (Xarelto) and apixaban (Eliquis). If you have any questions about your medications prior to surgery, please contact your surgeon.

Diet prior to surgery

You may eat your normal diet up until midnight the night before your surgery. Do not eat any solid food, milk or cream after midnight the night before your surgery. You may drink up to 400 mL (1.5 cups) of water up to 3 hours before surgery. You may not drink any other fluids. You may have sips of water with your morning medications.

You may also be asked to perform a bowel preparation the day before your surgery, which may include a laxative (Citro-Mag) and an enema (Fleet).

THE SURGERY >

In the operating room

Radical prostatectomy is performed under a general anesthetic, meaning you will be asleep for the operation. You will also receive a spinal anesthetic to help with pain control. The operation is performed through a small incision in the lower abdomen. After the prostate is removed, the bladder is sewn to the urethra (the tube that allows flow of urine from the bladder) over a catheter (a plastic tube that drains urine from the bladder). A sample of lymph nodes from the pelvis will also be removed to look for spread of cancer beyond the prostate. The operation typically takes 2-4 hours.

Potential risks and complications

Although the operation is very safe, a number of potential risks exist. These include the following:

- Bleeding, including a very small risk of blood transfusion
- Infection
- Injury to other organs including the bowel, rectum, major blood vessels, bladder, ureters (the tubes that transport urine from the kidneys to the bladder) and to the nerves supplying the penis
- Erectile dysfunction (difficulty achieving or maintaining erections)
- Urinary incontinence (involuntary leakage of urine)
- Scarring and narrowing where the bladder was sewn to the urethra
- Hernia
- Penile shortening (1-2 cm)
- Recurrence of cancer
- General risks associated with all types of surgery including heart attack, stroke and blood clots in the legs or lungs

WHAT TO EXPECT AFTER SURGERY >

During your stay in hospital

- **Length of hospitalization:** The hospital stay for most patients is 2-3 days.
- **Pain:** You may experience some mild discomfort after surgery around your incision or lower abdomen. This can be treated with intravenous medications and medications by mouth.
- **Urinary catheter:** A catheter (a tube to drain the bladder) will be in place when you awake from your surgery. It will be removed 7-14 days after your surgery.
- **Drain:** You will have a small drain placed through the abdomen around the site of your surgery. In most patients, it is removed shortly before leaving hospital.
- **Diet:** You will be able to drink fluids beginning in the evening after your surgery. You will be able to resume solid food the day after your surgery.
- **Ambulation:** You will be encouraged to walk around beginning in the evening after your surgery.

After leaving the hospital

- **Pain:** You may experience some mild discomfort after your discharge around your incision or lower abdomen. This can usually be controlled with Extra-Strength Tylenol. You will be given a prescription for a stronger pain medication in case it is needed.
- **Showering:** You may shower once you have returned home from hospital. Do not soak your incisions. Carefully dry your incisions following a shower. You may shower even with the catheter in place. You may not take a bath for 2 weeks after your surgery and not until after your catheter has been removed.
- **Activity:** Walking is strongly encouraged after your surgery. Prolonged lying in bed should be avoided to prevent the development of blood clots in your legs. Heavy lifting (more than 10-20 pounds), running, and vigorous exercise must be avoided for 6 weeks after your surgery.
- **Incisions:** Your incisions will have been closed with staples. These must be removed 10-14 days after your surgery by your family doctor, a home care nurse or your surgeon.
- **Urinary catheter:** Your catheter will be removed 7-14 days after your surgery. You will be given a leg bag to drain your catheter during the day that you may wear around your leg under loose-fitting pants. You will be given a larger bag to drain your catheter overnight, so you do not have to wake up to empty it as frequently overnight. Do NOT allow anyone except your surgeon or another Urologist remove your catheter.
- **Bladder spasms:** While the catheter is in place, you may experience uncomfortable abdominal cramps, called bladder spasms, due to irritation from the catheter. These spasms may cause some leakage of urine around the catheter.
- **Diet:** You may resume your normal diet once you have returned home from hospital. Drink enough fluids to keep your urine light yellow. Avoid alcohol and caffeinated drinks as they may irritate the bladder. You may use an over-the-counter stool softener if you feel constipated. Do NOT use an enema to relieve constipation.
- **Antibiotics:** You may be given a prescription for antibiotics to take after your surgery to prevent infection.
- **Work:** Most people can return to work 4 weeks after surgery if they perform desk work or jobs with minimal physical activity. If your work requires heavy lifting or strenuous activity, you cannot return for 6 weeks.
- **Follow-up appointment:** You will need an appointment to visit your surgeon 2-4 weeks after your surgery to see how you are healing and to review the results of your pathology (your complete diagnosis). Please call your surgeon to schedule this appointment if it has not been done for you before your discharge from hospital.

After catheter removal

- **Urinary control:** Immediately after the catheter is removed you may have minimal control of your urine. This will gradually improve over time. You may need to wear pads for a period of time after your surgery. You may be given instructions on how to perform pelvic floor muscle exercises in order to strengthen your pelvic floor muscles and improve your urinary control.
- **Sexual function:** Your erections will return gradually over time. The speed and strength with which they return will depend greatly on your erectile function before the operation, your age, the extent of your prostate cancer and your other medical problems. Erections may take up to two years to return. You may require medications such as sildenafil (Viagra), vardenafil (Levitra) or tadalafil (Cialis) to help with your erections after your surgery. Your sensation of orgasm will be preserved but you will not have any ejaculate.

WHEN TO SEEK MEDICAL CARE >

Contact your surgeon if you experience any of the following after surgery:

- Increased bleeding from your incisions
- Your pain gets significantly worse
- Increasing redness or swelling around your incision
- Unexplained fever over 38.5 degrees Celsius / 101 degrees Fahrenheit
- Very bad smell coming from your incision
- Significant leakage of urine around your catheter
- Your catheter stops draining urine
- You are suddenly unable to urinate after removal of your catheter

Proceed immediately to the emergency room if you experience any of the following after surgery:

- Difficulty breathing or shortness of breath
- Severe lightheadedness or feeling faint
- You have a serious concern and are unable to contact your surgeon