

Patient information factsheet

Robotic prostatectomy Enhanced recovery programme

We have given you this factsheet because you have had a robotic prostatectomy (an operation to remove all your prostate (a small gland below your bladder that makes semen and controls the flow of pee from your bladder to your penis)) and have been placed on the enhanced recovery programme. It explains what the enhanced recovery programme is, what the programme for this operation involves and what to expect as you recover. We hope it helps to answer some of the questions you may have and enables you and your family to take an active part in your recovery. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

What is an enhanced recovery programme?

Having an operation can be both physically and emotionally stressful. Enhanced recovery is an evidence-based approach that helps people recover more quickly after having a major operation. Enhanced recovery programmes are based on research that has shown that the earlier a person gets out of bed and starts walking, eating and drinking after having an operation, the shorter their recovery time will be.

The robotic prostatectomy enhanced recovery programme aims to enable you to be well enough to go home the day after your operation.

What to expect after your operation

Eating and drinking

After your operation, it is important that you eat and drink well, as this will help with your recovery. We will introduce food and fluids slowly after your operation to ensure you heal well and to reduce the risk of complications.

You will be able to have small sips of water as soon as you wake up from your operation. You will then be able to move onto a soft, moist diet (foods that are easily digested, such as soup or omelettes) once you are back on the ward.

It is normal for people to have a reduced appetite after an operation and, in some cases, feel nauseous (sick). If this happens, let your nurse know and they will be able to give you a medication to help with this.

We recommend eating little and often (including having snacks) until your appetite returns. You can then return to your normal diet as soon as you feel able to.

Pain relief medication

After your operation, we will give you pain relief medication (paracetamol or ibuprofen) by mouth. Occasionally, some people may need a stronger pain relief medication, such as liquid morphine or dihydrocodeine, to help manage their pain. While this stronger pain relief medication can help pain, it does also slow down bowel function, which can slow down your overall recovery. We will explain the benefits and side effects of the stronger pain relief medications, so you can make an informed decision.

You might experience some shoulder tip pain or feel like your tummy is full of gas. This is normal. We will advise you to move around as much as possible and this pain or discomfort will usually improve within a few days.

Getting out of bed and walking

Getting out of bed and walking is one of the most important things that you can do to speed up your recovery after your operation.

The day of your operation	After your operation, we will move you back to the ward. Once on the ward, it is important that you spend two hours out of bed in a chair.
The day after your operation and at home	<p>From this point onwards, you should aim to:</p> <ul style="list-style-type: none">• spend at least six hours out of bed each day• regularly walk around independently (without help) <p>We recommend you wear your own day clothes as soon as you can after your operation, as these will be more practical for walking around in. Loose T-shirts and tracksuit bottoms are ideal.</p>

Breathing exercises

After your operation, it is important that you start doing deep breathing exercises to help prevent a chest infection developing. We will give you an information sheet that explains how to do these exercises (see 'useful links' section). If you need any further help with doing these exercises, please speak to the nurse looking after you.

Preventing blood clots

While you are recovering in hospital, we will give you a daily injection of enoxaparin (a blood-thinning medication) in your tummy to help thin your blood and reduce the risk of blood clots developing in your legs.

We will also give you a pair of white anti-embolism stockings to wear during your stay in hospital and then at home until you are back to your normal level of activity. We will show you how to put these on.

Lines and tubes

During your operation, we will place a catheter (a thin, flexible tube) into your bladder to help empty it. We will teach you how to look after your catheter, as it will remain in place for up to two weeks after your operation. We will also provide you with the necessary equipment.

We may also place a drain (a tube that removes excess fluid from a surgical site to prevent infection and aid healing) in one of the keyhole sites. We will remove this once the fluid drainage has settled (usually the morning after your operation, but it may be slightly longer if you had any lymph nodes (small bean-shaped structures that are part of your body's immune system) removed).

What to expect after leaving hospital

When the medical team caring for you feel you are medically fit, you will be able to go home. We advise arranging for a family member or friend to pick you up from hospital if possible. You will not be able to drive yourself home.

Discharge summary

When you leave hospital, we will give you a copy of your discharge summary. Please keep this in a safe place as it contains details about your hospital stay and who to contact if you have any questions or concerns. We will also send a copy of this discharge summary to your general practitioner (GP).

Recovery time

Most people recover from this operation in three months.

Eating and drinking

It is important that you continue to eat a healthy, balanced diet when you get home. The Eatwell Guide breaks down how much we should eat from each food group (for example, carbohydrates and protein) to achieve a healthy, balanced diet. For more information about how to eat well, please visit: www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide

If your appetite is reduced while you recover from your operation, you may find it helpful to:

- eat things that are high in calories
- eat little and often
- gradually increase your portion size
- prioritise eating carbohydrates (our main source of energy) and protein (essential for wound healing) over vegetables
- eat cold, plain, dry foods (if you are feeling sick)
- buy some nutritious drinks (for example, Complan) and food (these can be found in supermarkets and pharmacies)

Eating fresh fruit, vegetables, wholemeal bread and cereals will help prevent constipation (where you have changes to how you poo).

If you have diarrhoea, it is important that you drink lots of fluids to replace the fluids you have lost.

Exercise

It is important to exercise every day while you recover. You should aim to exercise multiple times a day and gradually increase how much you do until you are back to your normal level of activity. We recommend starting with short walks and then gradually increasing the distance and/or how often you walk each day.

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It is normal to feel tired when you first start exercising. Make sure you rest regularly. Do not do any heavy lifting (anything heavier than a kettle of water) until six weeks after your operation. Once your wounds are no longer painful, you can do most activities. If you are unsure, contact us for advice using the details at the end of this factsheet.

Exercising regularly also reduces your risk of developing blood clots in your legs.

Medication

After your operation, it is important that you are comfortable enough to cough, take deep breaths, walk and do exercises. We will prescribe you pain relief medication when you leave hospital to ensure your pain is controlled to allow you to do these things comfortably at home. It is important that you take the prescribed pain relief medication regularly for the first few days. Not moving because of pain will slow down your recovery and may lead to complications.

After the first few days, only take the pain relief medication when needed (when you experience pain). Remember to always read the instructions before taking any medications. Some medications must be taken with food.

Some pain relief medications can cause constipation. We will prescribe you a mild laxative (a type of medicine that can help soften stool and treat constipation) to take while you take the pain relief medication.

If you had your lymph nodes removed, you will need to give yourself a daily enoxaparin injection for 28 days after your operation to prevent blood clots. We will teach you how to safely do this at home before you leave hospital.

We will review your medications before you leave hospital and advise you if you need to stop taking medication for your prostate.

Wounds

We will close most wounds with dissolvable stitches (stitches that do not need to be removed) and/or skin glue. If you need any further wound care after going home (for example, you need to have your stitches removed or you need your dressing changed), we will arrange for you to visit a practice nurse at your GP surgery or for a district nurse to visit you at home.

It is normal for your wounds to be slightly red and uncomfortable for the first one or two weeks. Scar tissue may develop as your wounds heal, making your wounds feel lumpy. This will usually improve with time.

Washing and showering

It is very important to keep your wounds dry until they have fully healed (this usually takes around one week but it may sometimes take longer). While your wounds heal, you can have showers, but these should be kept short, and you must not get your wounds completely soaked. Do not have baths.

For the first week or two after your operation, you should pat your wounds dry with a clean towel as soon as you are out of the shower. Do not rub your wounds, as this may cause them to open.

Driving

You must not drive until you are confident that you can drive safely. You should be able to do an emergency stop and turn the steering wheel quickly without experiencing any pain. For many people, this is usually around two to four weeks after their operation, when they are able to do most of their normal daily activities. However, for some people, this can take six weeks.

If you are not sure when you can start driving again, contact your insurance company for further guidance.

Work

Most people are well enough to return to work two to four weeks after their operation. However, if your work involves heavy, manual labour, you should not return to work until at least six weeks after your operation (unless you can be placed on lighter duties).

You will be able to self-certify as sick for seven days. After that, your employer may want to see a medical certificate. Please ask us for a medical certificate (sick note) before you leave hospital. If you need an extended medical certificate, you can speak to your GP.

Caring for your catheter

We will send you home with the catheter in place. We will explain how to care for your catheter before you leave hospital and answer any questions you may have. For more information about how to care for your catheter, please read our 'Caring for your urethral urinary catheter' factsheet, which you can find online here: www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Digestionandurinaryhealth/Caring-for-your-urinary-catheter-1619-PIL.pdf

After seven to nine days, we will ask you to come to the urology centre so we can remove the catheter. Depending on where you live, this appointment may be at Southampton General Hospital, Salisbury District Hospital or Royal Hampshire County Hospital, Winchester. Please see your appointment letter for more details. Before we remove the catheter, we may perform a cystogram (an x-ray test to examine your bladder) to make sure there aren't any leaks in your bladder. If this is the case, we will explain the test to you in more detail and answer any questions you may have.

If your catheter becomes blocked (there is no output for two or more hours or you experience lower tummy pain) while you are at home, contact us using the details at the end of this factsheet.

Potential risks and side effects

A robotic prostatectomy is generally a safe procedure, but as with any surgical procedure, there are some potential risks and side effects.

Scrotal swelling

Some people may experience a significantly swollen, discoloured or bruised scrotum (the bag of skin containing your testicles) two to three days after the operation. To help with this, we advise taking over-the-counter pain relief medication (such as paracetamol) and wearing supportive underwear (such as Y-fronts). Remember to always read the instructions before taking any medications. The swelling will resolve naturally within a couple of weeks.

Blood in urine (haematuria)

This is common after this type of operation and is not a concern as long as your catheter continues to drain, and your urine is not so dark that you cannot see light through it. To help with this, we advise drinking plenty of fluids.

After your catheter has been removed, you may continue to have blood in your urine for a few more weeks. If you have concerns about blood in your urine, contact us for advice.

Blood in urine after a bowel movement

Constipation and straining to poo will often result in bleeding into or around your catheter. To help with this, we advise using a mild laxative and eating regularly to avoid constipation.

After your catheter has been removed, you may continue to have blood in your urine after a bowel movement for a few more weeks. If you have concerns about blood in your urine, contact us for advice.

Catheter bypassing

This is when urine leaks out around the side of the catheter. It may happen if:

- there is a kink in the catheter tube
- the drainage bag is not below the level of your bladder
- there is a blockage (such as a blood clot) in the catheter

If you feel your bladder is full, or you notice not much urine is draining into the bag, check that the tubing isn't kinked and that your drainage bag is in the correct position. If bypassing continues, and you suspect there is a blockage in your catheter, call us for advice.

Spasms can also cause bypassing. The chance of this can be reduced by making sure your catheter is secured properly. For more information about this, please read the catheter factsheet we have given you.

Urinary incontinence

After we remove your catheter, you are likely to experience urinary incontinence (the unintentional passing of urine). This can range from mild to severe and may be temporary (improve within a few weeks or months) or for some people (3 to 5%), it may last longer and need further treatment. We will discuss this with you if this is the case.

If you experience urinary incontinence, it is important that you let us know at your follow-up appointment or discuss this with your GP. We will discuss your options with you (for example, wearing safety pads or having a Conveen® (an external catheter that is worn like a condom) fitted). We will also teach you pelvic floor exercises to help improve your bladder control. You will need to do these exercises daily for up to six months after your operation.

Erectile dysfunction (also known as impotence)

You are also likely to experience erectile dysfunction (difficulty getting and keeping an erection) after this operation. If this is the case, it is important that you let us know at your follow-up appointment or discuss this with your GP.

When to seek medical help

Serious complications after this type of operation do not occur very often, but it is important that you know what to look out for while you recover.

Contact us **immediately** if you experience any of the following **within the first two weeks** after your operation:

- a high temperature (38°C or above)
- a fever (cold sweats and shivering)
- increased pain (not improved by over-the-counter pain relief medication)
- calf pain
- your catheter stops draining
- unable to open your bowels (poo) for more than three days
- feel generally unwell
- symptoms of a wound infection (a hot, red, swollen or painful wound or fluid leaking from the wound)
- symptoms of a blood clot, such as:
 - pain or swelling in the back of your leg
 - breathlessness
 - chest pain

You may need urgent treatment.

Follow-up care

We will send you a letter in the post for a follow-up outpatient appointment. This appointment will usually be four to six weeks after you leave hospital. At this appointment, we will ask you how you are getting on.

After your operation, we will give you a blood card. Please arrange to have a blood test using this card **three days before** your follow-up outpatient appointment.

Your feedback

Your feedback helps us to celebrate what's working well and identify where we need to improve. We would be grateful if you would take a moment to review the service you received while in our care. To complete our short online survey, visit: <https://gthr.co.uk/c0c9> or scan the QR code below. Please select 'E8 ward' as the service you visited.



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Contact us

If you have any further questions or concerns in the **first two weeks** after your operation, contact us.

Urology advanced clinical practitioners (enhanced recovery line)
Telephone: **07920 274648** (24-hour line)

E8 ward (urology and HPB)
Telephone: **023 8120 6510** (24-hour line)

Urology centre
Telephone: **023 8120 1415** (Monday to Friday, 8am to 6pm)

After two weeks, when the enhanced recovery period is over, contact your urology clinical nurse specialist or GP for advice.

Outside of working hours, contact NHS **111** for advice.

Useful links

www.nhs.uk/tests-and-treatments/enhanced-recovery

www.uhs.nhs.uk/Media/UHS-website-2019/Patientinformation/Respiratory/The-active-cycle-of-breathing-technique-ACBT-747-PIL.pdf

www.baus.org.uk/patients/information_leaflets/180/roboticassisted_radical_prostatectomy_rarp

www.baus.org.uk/patients/information_leaflets/32/pelvic_floor_exercises_in_men

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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