

Mr Isaac Thyer

MBBS, FRACS

Urological Surgeon

Francesca Rogers

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Urology Nurse Practitioner

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Robotic Assisted Radical Prostatectomy Information Sheet

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Your treating team

Isaac Thyer

Isaac is a urologist specialising in prostate cancer and will look after you from diagnosis through to long term follow up. If you have decided to have surgical intervention for prostate cancer, Isaac will perform Robotic Assisted Radical Prostatectomy.

If you choose to undergo radiotherapy for prostate cancer, Isaac will perform urological procedures in preparation for radiotherapy such as inserting fiducial markers into the prostate.

Francesca Rogers

Francesca is a Urology Nurse Practitioner specialising in prostate cancer, bladder dysfunction and sexual dysfunction. Francesca will be there to support you from diagnosis to long term surveillance. Francesca will monitor you long term and manage any side effects of treatment such as bladder and erectile dysfunction, implementing and changing treatment for these issues as needed.

Our Admin Team

Our dedicated administration team Jade and Julie are available via the office phone or email to assist you with any administration queries.

Prior to the operation

MRI

- If your cancer was diagnosed by Isaac, you will most likely have undergone MRI prior to the biopsy. If you have been referred from another urologist you may require prostate MRI to ensure the cancer is able to be treated successfully with surgery.

Staging

- To ensure the prostate cancer is contained within the prostate a PSMA PET scan is sometimes required.
- No scan is required for low grade disease, particularly if the PSA is very low.
- PSMA PET can be expensive, so a bone scan and CT are a cheaper option although not considered to be as accurate as PSMA PET.

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Discussion about options for treatment

- Generally low risk prostate cancer can be observed and does not require treatment.
- Surgery and radiotherapy have roughly equivalent rate of cure for prostate cancer.
- Surgery for prostate cancer is favoured for young men with prostate confined cancer.
- Radiotherapy is favoured for older men particularly if the prostate cancer looks to be growing outside of the prostate on MRI.
- Hormone therapy is recommended for older men where the cancer has spread to lymph nodes, other organs or bone.
- Men with high risk prostate cancer will likely require a combination of surgery, radiotherapy and possibly hormonal therapy.

Waiting for surgery

- After prostate biopsy the inflammation around the prostate will take about 6-8 weeks to settle. For safety reasons surgery to remove the prostate needs to wait until this period has elapsed.
- After prostate biopsy it is common to see blood in the ejaculation for weeks, this will initially be bright red before diminishing to a brown tinge. Blood in the urine after biopsy should only last a few days.

Risks of radical prostatectomy (*these are the main risks, and this is not an exhaustive list*):

- Incontinence (leakage of urine in particular with exertion such as coughing/ sneezing)
- Erectile dysfunction (inability to achieve and maintain an erection without aid)
- Bleeding
- Conversion to an open operation
- Infertility (sperm banking prior to surgery is an option)
- Anejaculation (loss of ejaculation / dry orgasm)
- Climacturia (leakage of urine with orgasm)
- Penile shortening
- Cancer recurrence (requiring further treatment)
- Positive surgical margin (cancer at the margin of resection)
- Rectal injury (injury to the bowel)
- Ureteric injury (injury to the tubes draining urine from the kidneys to the bladder)
- Urine leak from the anastomosis (the join between the urethra and the bladder)
- Complete anastomotic breakdown (requiring long duration catheter)
- Heart attack
- Stroke
- Infection risk such as lung, wound or bladder infection
- Venous thrombo-embolism (blood clot)
- Very small risk of death

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Prostate Cancer Specialist Nurse (PCSN)

(Affiliated with the Prostate Cancer Foundation of Australia- PCFA)

- PCSN's will provide you with information and support throughout treatment for prostate cancer.
- Francesca is a Urology Nurse Practitioner and PCFA affiliated PCSN who works out of our rooms at Hollywood and you will have the opportunity to speak with her each time you see Isaac.
- Lisa Ferri, Lucy Lyons along with Francesca are PCSN's based at Hollywood Hospital and will see you when you are in hospital.
- There are also now PCSN's at other sites across WA and a telehealth service available.

Physiotherapy

- Pelvic floor exercises prior to surgery optimises recovery of bladder control.
- All men will need to see a specialist pelvic floor physiotherapist at least a few weeks prior to the operation to ensure you understand how to contract the pelvic floor. This will assist with recovery of continence post operatively.
- Those who are experiencing incontinence after the operation will need follow up with the physiotherapist to help regain control. Francesca will prompt return to physiotherapy as needed during your recovery.
- We will recommend a specialist pelvic floor physiotherapist near to you. You can also refer to our website for a list of preferred physiotherapists, or email Francesca.

Flexible cystoscopy

- Every man's anatomy around the prostate is slightly different. Isaac will perform a flexible cystoscopy (look in the bladder via the penis) with a small telescope prior to the operation to check on your anatomy. This is a quick day procedure.
- Flexible cystoscopy may have already been performed at the time of biopsy if you had your biopsy with Isaac, you will therefore not require another one prior to surgery.

Weight loss

- Some men are asked to lose weight prior to surgery to optimise their outcomes, and safety. **All men** are encouraged to exercise and maintain a healthy lifestyle to optimise outcomes.
- Weight loss
 - Improves vision at the time of the operation
 - Shortens the length of procedure
 - Improves recovery of continence post operatively
 - Improves prognosis of erectile function recovery
 - Reduces operative risk

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Pre-operative blood and urine tests

- These tests need to be performed at least 7-10 days prior to the operation with any Western Diagnostic Pathology branch.
- If there is a urine infection you will need to take a course of antibiotics prior to the operation.

Blood thinning medication

- If you take any blood thinning medication including aspirin or fish/krill oil, please let our admin team know at least 3 weeks prior to the scheduled surgery date.

The operation

- Radical prostatectomy is removal of the whole prostate.
- Radical prostatectomy is performed by Isaac with robotic technique.
- Robotic prostatectomy involves 5 small incisions in the abdomen with a slightly larger incision above the umbilicus (belly button) to remove the prostate once the procedure is finished.
- You will have a drainage tube (catheter) in the bladder via the penis which will stay for 7-10 days. This is attached to a drainage bag, which straps to your leg. This is simple to care for, there is a tap to drain the urine and you may shower normally. You may also have a drain left in situ which is removed the day after surgery.

After the operation

In hospital

- Most people stay 1-2 nights after the operation.
- You will need to move around your hospital room, sit out of bed for meals and walk around the ward as early as possible after the operation in order to limit the chance of lung infection, bowel issues and blood clots.
- Isaac will see you the day following the operation to check on progress.
- The Prostate Cancer Specialist Nurses, Lisa, Francesca or Lucy will see you on the ward post procedure.
- The ward nurses are urology nurses who are experienced with prostatectomy patients and will provide education about your catheter care.
- The Continence Advisor will see you while you are in hospital to make an appointment for catheter removal which will take place at Hollywood Hospital 7-10 days post op. If there are any issues with this appointment, you can call them on 0429135656.

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When you go home

Activities

- Stay mobile – walk freely, balance rest with walks.
- Do not drive until you can drive to your usual safe standard which is generally 2 weeks post operatively. Any issues or questions about driving please email Francesca.
- No heavy lifting or strenuous activities for 8 weeks. Returning to activities will also depend on your continence recovery so please discuss this with us.
- Most men do not have erections initially after surgery, you can still achieve orgasm so you may resume sexual activities but expect no erectile function initially and avoid vigorous sexual activity for the first few weeks – please discuss this with Francesca as needed.
- Return to work varies from patient to patient and depends on many factors, some men who are office based / can work from home return after 2 weeks, some men who have very physical jobs or work long hours have 8 weeks off. Please discuss your individual situation with us.

Catheter Management

- Drink plenty of water to keep your urine clear.
- Urinary bypass, discharge and bleeding around the catheter is to be expected.
- Ensure your catheter and bag are secured and positioned as shown in the hospital.
- Supportive underwear help reduce movement of the tube which makes you more comfortable.
- You can shower normally.
- You may have some blood in the urine associated with increased movement, or pressure from passing a bowel motion.
- If you have penile tip pain, you can get 'lignocaine gel' from the pharmacy which helps to lubricate and numb the penile tip and reduce catheter discomfort.

Bowel Management

- You will need to take Movicol (over the counter medication) 1-2 sachets once - twice a day until your bowels are soft and regular.
- If your bowels are not open 3 days post operatively take Lactulose 20ml, twice a day, in addition to the Movicol or contact Francesca to discuss using suppositories.

Wound Management

- Wounds are usually glued; the glue will come away over the few weeks post operation.
- If you have any dressings (for example over the drain site wound), they can be removed 3-7 days post op.
- You may shower as normal, pat the wounds dry after the shower, do not rub them.
- Any wound issues or questions, you can email a photo to Francesca.

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Catheter removal

- This will take place at Hollywood Hospital with Continence Nurse Andrea or Niamh 7-10 days after the operation, this appointment will be scheduled while you are in hospital. If your surgery is a Friday, Andrea or Niamh will phone you the following Monday to arrange the removal. Any issues with scheduling this appointment, you can text or call the continence nurse during office hours on: 0429135656.
- Antibiotics will be given to you when leaving hospital. These need to start 2 days prior to catheter removal and continue until complete.

Pain Management

- Most people are uncomfortable rather than in pain and find that regular paracetamol is adequate.
- You may be sent home with stronger medication which are used 'as directed, or as required' please see the instructions on the box, you do not need to take stronger medication unless you experience moderate pain as stronger medication cause nausea and constipation.
- You will be given written instruction from the hospital on your discharge medications.

Incontinence

Pad Use / incontinence (leakage of urine)

- Leakage of urine is expected after surgery and is typically 'stress incontinence' which is leakage with movements such as walking, coughing, sneezing, and laughing. Occasionally people have urge incontinence associated with triggers, like running water.
- The leakage will gradually decrease in the weeks to months following surgery.
- You will notice as the weeks go by, the volume of leakage will reduce, and you are able to do certain movements without leaking.
- You will also feel your bladder is more frequent, urgent, and sometimes the signals are different to prior to surgery.
- Usually, leakage is temporary and progressively improves week by week.
- Until continence recovers you will need to wear a men's continence pad, they look like a padded cricket box and stick into your normal underwear. Francesca will show you an example of continence pads and guide you what pads to purchase.
- Generally, we recommend disposable pads, Tena Men's pads – level 2 or 3 tend to be the most appropriate. These can be purchased from your local pharmacy. Please see our information sheet 'Continence Recovery' for more detailed information.
<https://www.thyerurology.com.au/prostate-cancer/recovery-of-continence-after-surgery/>
- Please talk to Francesca about individualised expectations for your continence recovery. Our continence outcomes are published on our website.

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Erectile dysfunction

Erectile dysfunction

- Removal of the prostate can cause trauma to, or removal of, the nerves responsible for erections.
- Erectile dysfunction, or the inability to get an erection is an expected, at least temporary side effect of surgery.
- Your sex drive and pleasure pathway (ability to orgasm) remain unchanged.
- There are treatments available to help you to get an erection after surgery and we will plan an individualized treatment plan for you. Hopefully your reliance on treatment reduces as your nerves, and natural erections recover.
- Erections are important not only for sexual activity but for maintaining penile length, girth, and penile health. We recommend and offer a penile rehabilitation program to all of our patients, regardless of whether or not you are sexually active.
- Other sexual issues such as navigating intimacy and sex with altered function, changes to ejaculation, and partner considerations will be discussed with you.
- Single men will have education on approaching encounters and relationships.
- Penile rehabilitation / treatment for erectile dysfunction is incorporated into your regular PSA follow up. You can also request additional appointments as needed.
- Please see our document 'erectile dysfunction' for more information.
<https://www.thyerurology.com.au/prostate-cancer/recovery-of-erectile-function-after-surgery/>
- **You can also request additional consultations with Francesca pre op as desired. If you are particularly concerned or have an interest in starting treatment prior to your surgery, please arrange to come and see Francesca prior to your surgery.**

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Immediate and long term follow up

First post-operative visit (3 weeks)

- This appointment is to see Francesca and Isaac with pathology result from the prostate specimen from surgery, check progress and check wounds.
- Depending on the pathology result you may need further treatment to ensure maximum chance of curing the cancer. This will be discussed with you in depth.
- Francesca will also talk to you about recovery of continence and sexual function.
- This appointment will be in person unless you live regionally, in which case you can change the appointment to a phone appointment.

Second post-operative visit (8 weeks)

- To see Francesca in our rooms with your first PSA result to confirm clearance of cancer. This appointment is ideally in person, zoom appointments can be arranged for regional patients.
- The PSA request form will be given to you at the 3 week review.
- Francesca will talk to you about continence, penile rehabilitation and sexual health.
- An individualised treatment plan will be implemented to promote penile health and aid sexual function recovery. Any ongoing continence issues will be discussed at this visit.

Ongoing surveillance

- PSA checks will be conducted with Francesca from Mr Thyer's rooms every 3 months initially then less frequently with time. PSA checks will continue indefinitely at widening intervals. If your PSA becomes detectable in future, then we will need to discuss consideration of further treatment, such as salvage radiotherapy.
- PSA follow ups will be done over the phone but in person visits are always welcomed.
- Ongoing management of sexual function and continence recovery is carried out during these follow up phone calls.

Regional patients

Regional patient services

- If you live more than 100km outside of Perth, you are eligible for patient assisted travel schemes to help with the cost of travel:
<https://www.wacountry.health.wa.gov.au/Our-patients/Patient-Assisted-Travel-Scheme-PATS>
- Accommodation through the cancer council is available for regional patients, Crawford lodge is on Monash avenue walking distance from our rooms and the hospital
- This can be booked for any appointments and for surgery. They can be contacted on: 13 11 20

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WHEN SHOULD I MAKE CONTACT?

- IF your catheter suddenly stops draining or falls out
 - IF you have heavy bleeding (thick tomato soup consistency or clots)
 - IF you have a fever of 38 or higher
 - IF a wound looks infected (pus / heat / spreading redness around the wound)
 - IF you have another urgent issue.
- In hours call the office: 08 6323 5750

Do not allow anyone to remove or replace your catheter other than Isaac, Francesca or the Continence Nurses Andrea and Niamh at Hollywood Hospital.

AFTER HOURS EMERGENCY MANAGEMENT

Call Hollywood Private Hospital

08 9346 6000 – ask for the after hours manager – readmission can be arranged

Attend Hollywood EMERGENCY department

Entrance 3, Monash Avenue, Nedlands – access in person or via ambulance

Please note, attending Hollywood Emergency Department attracts a fee of \$200, this fee is to see the Emergency Consultant.

Attend your local EMERGENCY department

Useful Contact Details

Urology Nurse Practitioner

Francesca Rogers

e: francesca@thyerurology.com.au

p: 08 6323 5750

Prostate Cancer Specialist Nursing Service – Hollywood Private Hospital

Lisa Ferri & Francesca Rogers & Lucy Lyons

e: prostatecarenurse@ramsayhealth.com.au

p: 08 9346 6961

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MY NOTES:

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Acknowledgement of document

This form is NOT consent for treatment, it is simply an acknowledgement of having recieved and read the document 'Robotic Assisted Radical Prostatectomy Information Sheet'.

I _____ DOB _____ hereby acknowledge that I have read,
and understood this document. I have had the oppourtunity to discuss any concerns that I
may have with my treating team. Signed _____ Date _____