

Radical Prostatectomy Information Sheet

Prior to the operation

MRI

- If your cancer was diagnosed by Mr Thyer 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 usually required
- Occasionally 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

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 younger 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 for cure

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.

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

- Incontinence (leakage of urine)

Mr Isaac Thyer

MBBS, FRACS

Urological Surgeon

Tel: (08) 6323 5750

Fax: (08) 6365 2803

reception@thyerurology.com.au

Hollywood Medical Centre

36/85 Monash Avenue

Nedlands 6009

ABN: 75371472976

- Erectile dysfunction
- Bleeding
- Conversion to an open operation
- Infertility
- Anejaculation (loss of ejaculation)
- Climacturia (leakage with orgasm)
- Cancer recurrence
- Positive surgical margin (cancer at the margin of resection)
- Rectal injury (injury to the bowel)
- Ureteric injury (injury to the tubes from the kidneys to the bladder)
- Urine leak from the anastomosis (the join between the urethra and the bladder)
- Heart attack
- Stroke
- Lung infection
- Bladder infection
- Venous thrombo-embolism (blood clot)
- Very small risk of death

Prostate cancer nurse

- You will need to have contact with a prostate cancer nurse at first diagnosis
- Prostate cancer nurses will provide you with information and support throughout treatment for prostate cancer
- Francesca Rogers works out of Mr Thyer's rooms at Hollywood and you will have the opportunity to speak with her each time you see Mr Thyer
- Lisa Ferri is based at Hollywood Hospital and will see you at the time of flexible cystoscopy
- Julie Sykes is based in the Joondalup rooms and will be available at consultations at that location

Physiotherapy

- All men will need to see a specialist pelvic floor physiotherapist at least 3 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. If you are continent you may not need to see the physiotherapist again.

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Nedlands 6009

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Flexible cystoscopy

- Every man's anatomy around the prostate is slightly different. Mr Thyer 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.
- Flexible cystoscopy may have already been performed at the time of biopsy if you had your biopsy with Mr Thyer.

Weight loss

- Most men are asked to lose weight prior to surgery
- Weight loss
 - Improves Mr Thyer's vision at the time of the operation
 - Shortens the length of procedure
 - Improves recovery of continence post operatively
 - Reduces per-operative risk
- Francesca Rogers will contact you pre-operatively to ensure you have a weight loss plan
- Hollywood Hospital has a complete pre-operative allied health service to assist people to lose weight and achieve peak condition prior to surgery

Pre-operative blood and urine tests

- These tests need to be performed at least 10 days prior to the operation with Western Diagnostic Pathology
- 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 Mr Thyer's secretary know at least 3 weeks prior to the scheduled surgery date

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The operation

- Radical prostatectomy is removal of the whole prostate
- Radical prostatectomy can be performed by Mr Thyer using an open or robotic technique
- Most men have the procedure performed robotically which involves 5 small incisions in the abdomen with a slightly larger incision above the umbilicus to remove the prostate once the procedure is finished
- The open technique is usually performed if you are having your operation at Joondalup. This involves an incision between the umbilicus and pubic bone.
- You will have a tube (catheter) in the bladder via the penis which will stay for 5-10 days. You may also have a drain left in situ.

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
- Mr Thyer will see you the day following the operation to check on progress

When you go home

Activities

- Stay mobile – walk for 5-10 minutes every hour
- Do not drive a motor vehicle for 6 weeks unless cleared earlier by Mr Thyer
- Do not lift anything over 5kg, play sport or perform heavy physical activity for at least 6 weeks
- No sexual activity for 6 weeks

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

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Bowel Management

- You will need to take Movicol 1-2 sachets 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 Rogers to discuss using suppositories

Wound Management

- Remove dressings 3-5 days post operatively and leave the wounds uncovered
- You may shower as normal, pat the wounds dry after the shower, do not rub them
- Call Mr Thyer via Hollywood Hospital switch board if:
 - your catheter suddenly stops draining or falls out
 - you have a fever of 38 or higher
 - a wound looks infected (pus / heat / spreading redness around the wound)
 - If you have any other issues, please call the after-hours nurse at Hollywood Hospital (if you had your operation performed at Hollywood) or go to the emergency department at Joondalup (if your operation was performed at Joondalup Hospital)
- Do not allow anyone to remove or replace your catheter other than Mr Thyer or Leslie Pitman (continence nurse at Hollywood Hospital)
- Keep your compression stockings on for 3 weeks

Catheter removal

- This will take place at Hollywood Hospital with continence nurse Leslie Pitman 5-10 days after the operation, this appointment will be scheduled while you are in hospital
- Antibiotics will be given to you when leaving hospital. These need to start 2 days prior to catheter removal

First post-operative visit (3 weeks)

- To see Mr Thyer with pathology result, check progress and check wounds
- Depending on the pathology result you may need further treatment to ensure maximum chance of curing the cancer.
- DO NOT have a PSA test performed prior to this visit
- Francesca will also talk to you about recovery of sexual function and any ongoing continence issues at this visit

Second post-operative visit (8 weeks)

- To see Francesca Rogers in Mr Thyer's rooms with first PSA check

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- Francesca will also talk to you about penile rehabilitation. 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 Rogers 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 you will be seen by Mr Thyer and discussion on further treatment options will be had.
- PSA follow ups will generally be done over the phone
- Ongoing management of sexual function recovery is carried out during these follow up phone calls.

Contact details:

Thyer Urology Prostate Cancer Nurse

Francesca Rogers

e: francesca@thyerurology.com.au

p: 08 6323 5750

Prostate Cancer Specialist Nursing Service – Hollywood Private Hospital

Lisa Ferri & Francesca Rogers

e: prostatecarenurse@ramsayhealth.com.au

p: 08 9346 6962

Prostate Cancer Specialist Nursing Service – Genesis Joondalup

Julie Sykes

e: julie.sykes@genesiscancercare.com.au

p: 08 9400 6200

Hollywood Private Hospital – 08 9346 6000

Joondalup Health Campus – 08 9400 9400

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