

Procedure information

Robotic simple prostatectomy

What is a robotic simple prostatectomy?

Robotic simple prostatectomy is the removal of prostatic tissue which is blocking the flow of urine from the bladder, with the aid of a surgical robot.

Why is a simple prostatectomy required?

Simple prostatectomy is a surgical treatment for the management of urinary symptoms which are due to enlargement of the prostate.

These symptoms may include:

- Waking through the night to urinate.
- Needing to pass urine frequently throughout the day.
- Having to pass urine urgently.
- Reduced urine flow.
- Difficulty starting urination.
- Stop-start flow.
- Dribbling after passing urine.
- A feeling of incomplete bladder emptying.

Simple prostatectomy is a good option for you if you have a large prostate (>100grams), and:

- You do not want to take or are unable to take medications for prostate enlargement (such as prazosin, tamsulosin, silodosin, dutasteride or finasteride); or
- Medications are no longer working; or
- You are catheter dependent due to urinary retention; or
- You have complications of your enlarged prostate including blood in the urine (haematuria), bladder stones, kidney failure or recurrent urinary tract infections.

Simple prostatectomy is a treatment for benign prostate enlargement. It is not a treatment for prostate cancer. Because the outer layer of the prostate remains intact, monitoring for prostate cancer is still required.

What is robotic surgery?

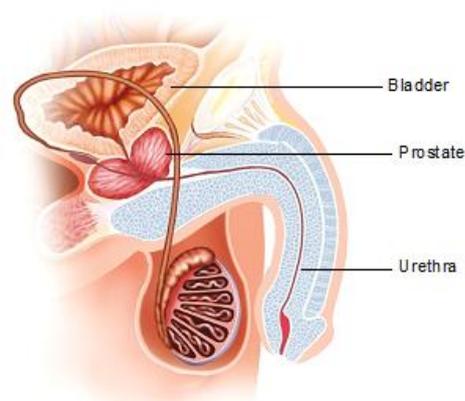
We perform a robotic simple prostatectomy using the *daVinci robotic surgical system*.

This allows the operation to be performed with miniaturized instruments through small keyhole incisions in your abdomen. The robotic surgical instruments are under the control of your surgeon at all times.

The advantages of robotic surgery, compared with open surgery, include:

- Faster recovery and return to regular activities.
- Smaller incisions and scars.
- Less bleeding.
- Shorter hospital stay.

For more information about robotic surgery, see www.brisbaneurologyclinic.com.au.



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What does a robotic simple prostatectomy involve?

Robotic simple prostatectomy is performed under a general anaesthetic (completely asleep).

We inflate your abdominal cavity with carbon dioxide gas to create space to perform the operation.

We usually make 6 keyhole incisions in your abdomen, through which we insert the surgical instruments.

We make a small incision in the bladder to access the inside of the prostate. The inside of the prostate is removed and the capsule (outer part) is left in place.

A sample of prostate tissue is sent to the laboratory for analysis.

We then close your bladder. A catheter is placed in your bladder, through the urethra, to drain urine until the join heals.

We close the incisions with dissolvable stitches or staples.

You may have a drain (a plastic tube coming out of the abdomen) for a few days after the operation.

You will have a catheter after the operation. The catheter will drain urine into a bag. The bag can be secured to your leg and can be concealed under your trousers. The catheter will usually be removed either prior to going home or in 5 – 10 days after the operation.

What is the recovery after a robotic simple prostatectomy?

Robotic simple prostatectomy usually requires a one to two nights stay in hospital.

You can return to sedentary work 2 weeks after the operation or four to six weeks if your job involves physical labour.

You need to avoid lifting more than 10kg for six weeks following surgery. You also need to avoid constipation and straining your pelvic floor.

You can drive after one week if you feel safe and comfortable to do so.

You may have discomfort when urinating and blood in the urine intermittently for four to six weeks after the procedure.

Some patients experience transient urinary incontinence (leakage of urine). This usually resolves within three months with pelvic floor muscle exercises. We strongly recommend seeing a pelvic floor physiotherapist to learn pelvic floor muscle exercises prior to your simple prostatectomy and doing these exercises once your catheter has been removed.

You can usually return to sexual activity approximately two weeks after the operation.

You will experience retrograde ejaculation (ejaculate going into the bladder during orgasm) after a simple prostatectomy. This may affect your ability to father children naturally.

What are the benefits of robotic simple prostatectomy?

Robotic simple prostatectomy has some benefits over other surgical treatments for prostate enlargement. These benefits include:

- There is no risk of 'TUR Syndrome' which is an uncommon but serious complication associated with TURP.
- Compared with an open simple prostatectomy; there is less bleeding, faster recovery and return to normal activity, shorter hospital stay and smaller incisions.

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What are the risks of a robotic simple prostatectomy?

The risks of this procedure include (but are not limited to):

All men

- Retrograde ejaculation.
- Urinary frequency, burning and stinging for a few weeks after the operation.

Very common risks (most men):

- Persisting urinary urgency, frequency and needing to wake at night to pass urine.

Occasional risks (1/10 to 1/50):

- Urinary tract infection requiring antibiotics.
- Inability to urinate after the catheter is removed following surgery, requiring the catheter to be reinserted.
- Failure to improve your urinary symptoms.
- Scarring of the urethra (urethral stricture) or bladder neck (bladder neck contracture) requiring further surgery to correct.
- Erectile dysfunction.
- Incidental finding of prostate cancer requiring further observation or treatment.
- Bleeding requiring a blood transfusion or further surgery.
- Pain, infection or hernia in the incision requiring further treatment.

Rare risks (1/50 to 1/250):

- Urinary incontinence which may be temporary or permanent, requiring the use of incontinence pads or a permanent catheter.
- Inability to complete the operation as planned requiring conversion to an open procedure.

Theoretical risks:

- Rectal injury.

Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

What are the alternative treatment options?

- Surveillance – no treatment.
- Lifestyle changes.
- Medication.
- Transurethral resection of the prostate.
- Greenlight laser photovaporisation of the prostate.

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- Holmium laser enucleation of the prostate (HoLEP).
- Open simple prostatectomy.
- Prostate artery embolisation.
- Minimally invasive prostate surgeries such as water vapour therapy (Rezūm®) or prostatic urethral lift (UroLift®) are an option for treating benign prostate enlargement but are usually not appropriate for large prostates.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.