



# Robotic Assisted Radical Prostatectomy

A **Robotic Assisted Radical Prostatectomy (RARP)** is a surgical procedure to remove the prostate gland and, when appropriate, the seminal vesicles and surrounding lymph nodes. It is typically performed for men with **localised prostate cancer**. If successful, this procedure can offer a **curative outcome**.

## What does 'robotic' mean?

Prof Lawrentschuk utilises the **da Vinci robotic system**, which enhances precision, vision, and control during surgery. Despite the name, the robot does **not function independently**. Every movement is fully controlled by Prof Lawrentschuk via a console.

The benefits of robotic surgery include:

- Smaller incisions
- Reduced bleeding and postoperative pain
- Shorter hospital stay
- Faster recovery time
- Lower risk of infection

## Alternative treatment options

Your treatment pathway will be determined by several factors including cancer grade, stage, location, age, and overall health. Prof Lawrentschuk will guide you through available options, which may include:

### Radiotherapy

- Uses high-energy beams to destroy cancer cells
- Often combined with hormone therapy to suppress testosterone
- Outpatient therapy typically administered over several weeks

### Active Surveillance

- No immediate intervention
- Ongoing monitoring with PSA tests, MRIs, and biopsies
- Suitable for slow-growing prostate cancers
- May allow delay or avoidance of treatment

### Other surgical options

#### Focal Therapy

- Available for select patients - only targets focal cancers
- Please discuss with Prof Lawrentschuk if you are interested.

#### Open or Laparoscopic Radical Prostatectomy

- Alternative approaches with similar goals but may have longer recovery times.

## Before surgery

You will be contacted 1-2 weeks prior to your scheduled procedure with your fasting and admission and time. You will also receive a link to complete your online admission forms.

It is important for you to advise the rooms if you are taking any **blood thinners** or any prescribed medications for **diabetes or weight loss purposes**.

## Following surgery

### Hospital stay

You'll be admitted on the day of surgery. The operation typically takes 2–3 hours, and you'll stay in hospital for **3–5 nights**.

You'll wake up with:

- A urinary catheter (to stay for 7–10 days)
- Small dressings over abdominal incisions
- Possibly a drain (removed before discharge)

### Recovery at home

#### Catheter Care

You will be discharged with a urinary catheter connected to a leg bag. Nursing staff will show you how to:

- Empty and clean the bag
- Secure the catheter comfortably
- Watch for signs of infection

Catheter removal usually occurs 7–10 days later during a follow-up appointment scheduled with our Specialist Urology Nurse at Epworth Freemasons, Grace.

#### Activity

- Walking is encouraged as soon as possible
- Avoid heavy lifting or strenuous activity for 4–6 weeks
- You may return to work within 2–4 weeks, depending on how you feel
- Resume sexual activity when comfortable - please note that erectile function may take time to return

#### Diet & Bowels

- Eat a balanced diet and stay hydrated
- Please seek medical advice if constipation occurs and is not managed with a high-fibre diet

## Common side effects

- **Tiredness**
- **Mild pain or bruising**
- **Blood in urine**
- **Urinary leakage**
- **Erectile dysfunction** - may improve over 12–24 months, especially if nerve-sparing surgery was possible
- **Incontinence** - most men improve with pelvic floor exercises, though some may need pads
- **Infertility** - you will no longer ejaculate semen (dry orgasm), and natural conception is not possible
- **Positive surgical margins** - if some cancer remains, further treatment may be needed

## Less common side effects

Persistent urinary leakage	3–5%
Infection or wound issues	2–10%
Lymphocoele (fluid collection)	2–10%
Urine leak from bladder join	less than 2%
Nerve injury symptoms (numbness, tingling)	less than 2%
Significant bleeding	less than 1%
Bowel injury or need for conversion to open surgery	rare

## Follow-up and monitoring

You will have ongoing follow-up appointments to monitor recovery and PSA levels:

- **First review** after catheter removal - 8 weeks post-operative review
- **Repeat PSA** testing every 3–6 months in the first year
- **Ongoing surveillance** for 5 years or longer

If further treatment is required, options such as radiation therapy, hormone therapy, or clinical trials may be discussed.

## When to seek help

If you have any of the following symptoms, please **call Prof Lawrentschuk's rooms** (03 9329 1197) or present to your **local Emergency Department**.

- Heavy bleeding or large clots in your urine
- If you cannot pass any urine at all
- Thick, cloudy or smelly urine
- High temperatures, shivers or shakes
- Painful or swollen testicles

The following symptoms are **normal** when healing, please monitor them and seek advice if they **worsen or persist**.

- Small clots or blood-tinged urine
- Leaking of urine around catheter
- Tiredness or fatigue
- Bruising or soreness around your wounds

