

Hôpitaux Robert Schuman

9, Rue Edward Steichen, L-2540 Luxembourg
T +352 286 911
www.facebook.com/hopitauxrobertschuman
www.hopitauxschuman.lu

USEFUL INFORMATION

Should you encounter problems please advise to your treating urologist (Tel. +352 22 36 34), one of his colleagues or to the urological Polyclinique at Hôpital Kirchberg (ground floor Hôpital Kirchberg, Tel. +352 2862 5870).

We wish you a good recovery and are at your disposal for urgent needs, even after your discharge (Tel. +352 286 911).

SUPPORT GROUP

Patients with prostate cancer can get in contact with a support group.
In case of need you can contact either one of these groups

Fondation cancer

209, route d'Arlon
L-1150 Luxembourg
Tel. +352 45 30 331
e-mail : patients@cancer.lu

ProstataSelbsthilfe Saarbrücken

www.prostata-selbsthilfe-saarbruecken.de
Tel. +49 (0) 681 87 28 81

Association Nationale des Malades du Cancer de la Prostate (ANAMACaP)

www.anamacap.fr
12, rue de Partarrieu 33124 Auros France
Tel. +33 5 56 65 13 25
(Telephone answering service from Monday to Friday from 9 am to 1 pm)

1000 BRUXELLES – Institut Jules Bordet

Supportive interventions after treatment for prostate cancer patients.
Contact : Isabelle Merckaert
Tel. +32 2 541 33 26

USEFUL LINKS :

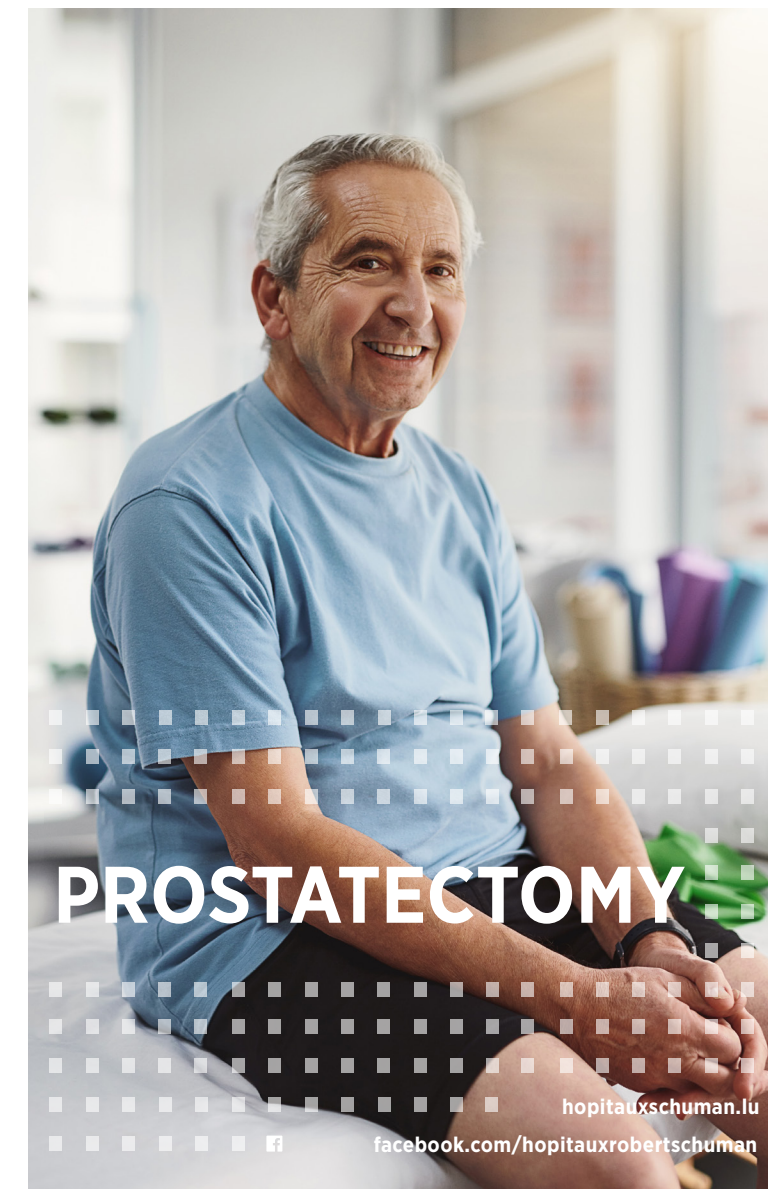
www.hopitauxschuman.lu

www.acteurdemasante.lu

“Prostate cancer” section (available in French and German)



THROUGHOUT YOUR COURSE, THE MEDICAL STAFF IS AT YOUR DISPOSAL TO ANSWER YOUR QUESTIONS.



PROSTATECTOMY

hopitauxschuman.lu



facebook.com/hopitauxrobertschuman

ROBOTIC ASSISTED RADICAL PROSTATECTOMY (DA VINCI)

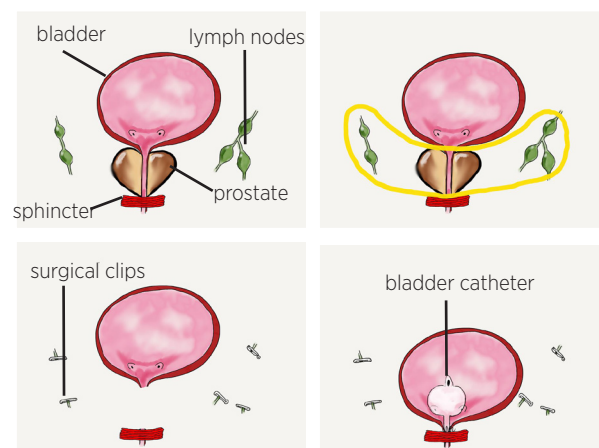
Dear patient,

We hereby would like to inform you on your surgery and the postoperative course.

A robotic assisted laparoscopic removal of your prostate is planned with the Da Vinci system. This is a minimally invasive procedure offered in our centre for the treatment of prostate cancer.

The goal of the procedure is to remove the prostate with the seminal vesicles and the lymph nodes near the pelvic vessels. Small skin incisions are made to introduce a camera and several instruments in the abdomen (so called "keyhole surgery"). The surgeon will be able to have a 3-dimensional high definition view in order to manipulate the robotic instruments. The robot will not do anything by itself, the system helps the surgeon's movements by increasing their precision.

The part of the urethra going through the prostate will consequently also be removed. The bladder will therefore be sutured to the ureter. This surgical connection is called an "anastomosis". During surgery we will introduce a urinary catheter in your bladder.



• Progress of your hospitalization

After the surgery you will pass several hours in the anaesthetic recovery room and then be transferred either to your room or to the intermediate care ward (ward 2A). In the latter case you will normally return to the normal ward one day later. You will be able to leave the hospital with the urinary catheter in place at day 3 to 5 after surgery. The catheter will generally be removed at day 5 to 7 after a radiological control of the anastomosis in a walk-in setting. In rare cases it will be necessary to leave the catheter in place for a longer period.

• Thrombosis

You will be given a daily heparin injection and antiembolism stockings in order to prevent a thrombosis. You will have to continue the heparin injections at home. Further information will be given in the discharge letter.

• Urinary catheter

A urinary catheter will be introduced into your bladder during surgery. At the end of this catheter, in the bladder, a balloon will prevent the catheter from falling out. Generally the catheter will be removed 5 to 7 days after a radiological control of the anastomosis. Some time will be necessary to regain complete control of your sphincter after surgery. In order to help shorten this time you need to train the sphincter. This means you should try to keep the urine as long as possible in your bladder.

After removal of the catheter we will deliver you a medical prescription for physiotherapy of the pelvic floor. You can present yourself with this prescription at the physiotherapy department of Hôpital Kirchberg (or any other physiotherapist specialised in male pelvic floor) in order to get a short-notice appointment. This will significantly reduce the time for regaining continence.

• Suturing material

Your skin will be sutured with auto-resorbable material which makes an extraction obsolete. Additionally to this we will seal the wound with a special wound-glue which will also disappear by itself. In the rare case of staple use a removal will be scheduled for approximately 10 days after surgery. Scab-formation and limited reddening of the wound are to be seen as normal and are not dangerous.

What is « normal » after this type of surgery?

- > Abdominal distension, constipation
- > Small reddening around the skin incisions
- > Weight gain. Return to normal should be expected in approx. 14 days
- > Swelling/Hematoma of the scrotum, up to an extent of a grapefruit. Return to normal should be expected in approx. 14 days. An elevated position (f.ex. with a rolled piece of tissue) or local cold pack while in seated or horizontal position can help reduce the swelling.
- > Urine/Blood loss around the catheter. Most often after physical activity. This is not dangerous.
- > Vesical cramps which manifest themselves by a short pain in the lower abdomen, an urgent need to urinate or a burning sensation in the urethra.

To what should you pay attention?

- > Regular and soft defecation.
- > Be sure not to bend/kink the catheter .
- > Please inform the nurses if you notice that urine production through the catheter stops and that you have the strong need to urinate.
- > Please try to drink enough (min. 2 liters per day)

What should you avoid?

- > Physical exercise during 4-6 weeks
- > Pressing during defecation
- > Avoid pelvic floor exercises while the catheter is in place.
- > If you take a medication that fluidifies the blood (f.ex. Aspirin, Sintrom), make clear with your doctor at what point you can start taking them again.

When will you have to contact or visit your doctor?

- > In case of fever
- > Intolerable pain even after correct intake of your medication
- > Loss of the catheter
- > Continuously turbid and smelly urine
- > If the catheter is blocked
- > In case of swelling and or pain in one leg
- > Nausea and vomiting

• Showering

You will be able to take a shower one day after the surgery (after counseling with the nurses on your ward). Avoid « extensive » showering, your bandages will be replaced after showering. The catheter can be taken to the shower, avoid cleaning it with soap; as this can lead to an irritation of your urethra.

• Medical and oncological follow-up

We recommend and offer you regular follow-ups at your urologist's office after surgery. Generally a short-term appointment and an appointment at 3 months will be necessary.

• Psycho-oncologic counseling

Accepting the disease is an important step. Open discussions with relatives can be difficult, it can be easier to open yourself to a « stranger ». In case of need we recommend you contact a psychologist or a psycho-oncologist who is used to you in this situation. Using this opportunity is absolutely no sign of psychic disorder but rather an occasion to have professional counseling in order to overcome this difficult step in your disease.

We will offer you a contact during your stay at the hospital. Do not hesitate to actively ask for advice.

• Leaving the hospital

After your discharge consultation your doctor will provide you with a letter containing all important elements for your general practitioner. Please organize a short-term visit at his office in order to receive the letter which may contain information on eventually necessary auxiliary measures.

