

MINIMALLY INVASIVE SURGERY · UMIBA

# Laparoscopic radical prostatectomy

You are about to undergo a laparoscopic radical prostatectomy. The procedure removes the entire prostate together with the seminal vesicles, and the pelvic lymph nodes when indicated, aiming to achieve local control of the prostate cancer. In the laparoscopic approach, the surgery is performed through entry ports (trocars) placed via very small incisions to reach the abdominal cavity. This technique achieves excellent results with minimal recovery time.

## Preparation

Proper preparation before surgery is important.

- Do not take aspirin for 10 days before surgery.
- Buy a pair of surgical anti-thrombotic (compression) stockings at a medical-supply store. They should reach the groin and provide medium compression.
- Arrive on the day of surgery having fasted for 8 hours (nothing by mouth). If you take morning medication, you may do so with a small sip of water.
- Perform a cleansing enema before surgery.
- Bring the results of your prostate biopsy and the complete pre-surgical work-up.
- You will be admitted several hours before your surgery.

## Recovery

When you wake from surgery you will have a urinary catheter and an abdominal drain in place. You will usually stay in hospital for 48 hours, during which you will resume eating and walking. The drain is removed before discharge; however, if its output persists, you will go home with it and we will remove it at your check-up. The urinary catheter is removed between days 10 and 14 after surgery.

## Postoperative care

- Avoid physical exertion.
- You may drive one week after surgery.
- Wash the wounds with soap and water and leave them uncovered.
- The stitches fall out on their own.
- Resume your usual medication.
- Eat a varied diet, avoiding foods that cause constipation.
- You will be given pain relievers in case you have pain; you will have shoulder pain for 2 to 3 days. This is caused by the gas used during surgery.
- You may drink alcohol.

## Urinary catheter removal

The pathology report usually takes 15 business days.

- Removing the urinary catheter is not painful.
- Bring a set of adult diapers, as you may leak urine right away.
- The first times you urinate will sting.
- During the week after removal, you should have a follow-up urine culture.
- You will begin rehabilitation exercises.

## Continence

During the first 3 months after surgery it is normal to leak urine. As time passes, you will gain greater control over urination. Continence improves gradually and may call for rehabilitation such as exercises, biofeedback, and medication. You will notice changes and improvements even up to 18 months after surgery.

## Potency

Your sexual potency will be affected after this operation. Once the urinary catheter is removed, you will start a daily 5 mg dose of Cialis. After 2 months, 15% of patients have satisfactory erections; the other 85% will need penile rehabilitation therapy. This means continuing the daily 5 mg Cialis together with weekly intracavernosal injections until recovery is achieved. Optimal nerve recovery is not reached until 12 to 18 months after surgery.

## Complications

This type of surgery is marked by little bleeding and a low transfusion rate. Even so, intraoperative bleeding can occur that requires a blood transfusion and lengthens the hospital stay. Infection is possible with any urinary-tract surgery; if it happens, you will need antibiotic therapy afterward.

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