



Robotic Assisted Radical Prostatectomy

Patient Information Booklet

Mr Ben Eddy FRCS(Urol), MBBS, BSc

Profile

Mr Ben Eddy is a Consultant Urological Surgeon with a specialist interest in Urological Cancer Surgery with particular interest in Laparoscopic and Robotic surgery, he is one of the UK's most experienced robotic prostate cancer surgeons.

Ben trained at Guy's and St Thomas' medical schools and did his Specialist Registrar training in the South Thames training region. In 2008 he went to Adelaide, Australia to complete an international Robotic Fellowship in one of Australia's highest volume centres. He was one of the first UK Registrars to do this type of robotic surgical training and his appointment in East Kent was with the specific task of setting up the Robotic Surgical service for the trust. He introduced the

service with the highest level of governance and safety, introducing new practices such as nurse robotic assistants, a consistent high volume surgical approach, high levels of outcome data collection and reporting all of which has led to a service that has one of the shortest hospital stays and lowest complication rates for robotic prostate surgery in the country. He has now performed around 1400 Robotic Prostatectomy operations and has presented the results of his own series of over 1000 consecutive robotic prostate operations both nationally and internationally, something no other UK surgeon has done and only a handful of international surgeons have achieved. He has also developed robotic kidney cancer surgery and complex robotic ureteric reconstructive surgery for the department.

Ben has also played a key role in training. He is a national trainer in robotic surgery, one of only a handful selected by Intuitive Surgical, and has trained over 30 Consultants in departments around the country, including his own. He has established East Kent as a "Urology Foundation Centre for Robotic surgical Training", one of only 5 centres in the UK. He has developed an international fellowship program for training in robotic surgery and has international Urological trainees learning from him during 1 year programmes.

In 2017 Ben was awarded the prestigious John Anderson national award by the British Association of Urological Surgeons for the quality of this service. This had not been previously awarded to a UK prostate cancer robotic surgeon. He was voted in the Daily Mail top 10 Prostate Cancer Surgeons in the UK.

Ben is a member of British Association of Urological Surgeons, Royal College of Surgeons England, European Association of Urology, American Urological Association, Royal Society of Medicine, General Medical Council and British Medical Association.



About Robotic Prostate Surgery

Prostatectomy is the surgical removal of the prostate gland as a treatment for prostate cancer. To do this we now use a surgical robot called the Da Vinci to facilitate this. This enables us to do complex laparoscopic or “key hole” surgery as opposed to the traditional open surgery.

The robot is controlled by the surgeon at all times and doesn't work independently. The robot is connected to the patient and very small instruments are inserted through key holes in the abdominal wall. The surgeon sits at a separate console and does the operation without touching the patient. The surgeon has complete control of the robot at all times.

Is the surgeon able to do the same operation with the robot?

Yes.

In terms of cancer treatment it is regarded as the same as open surgery and doesn't compromise cancer control.

Can the robot breakdown?

Potentially although this is a very rare scenario(<0.5%). If this happens either the operation can be rescheduled or the operation is done as an open operation. Over 4000 robots are being used worldwide and this has only been reported in a handful of cases.

Are there any alternatives to this treatment?

Yes.

These should have been discussed with you by your Urologist or Oncologist. Depending on your age, PSA, type of disease and other health issues, radiotherapy, brachytherapy, surveillance or hormone therapy with or without other systemic treatments are all treatment options.

However this type of surgery is only recommended if we feel it's one of the most appropriate treatment option for you.

How long does the operation take?

Around 2 hours. It is done under general anaesthetic, and you will wake up in the recovery bay before being transferred back to the ward. Operation times can vary depending on various factors such as obesity, size of Prostate and previous abdominal surgery.



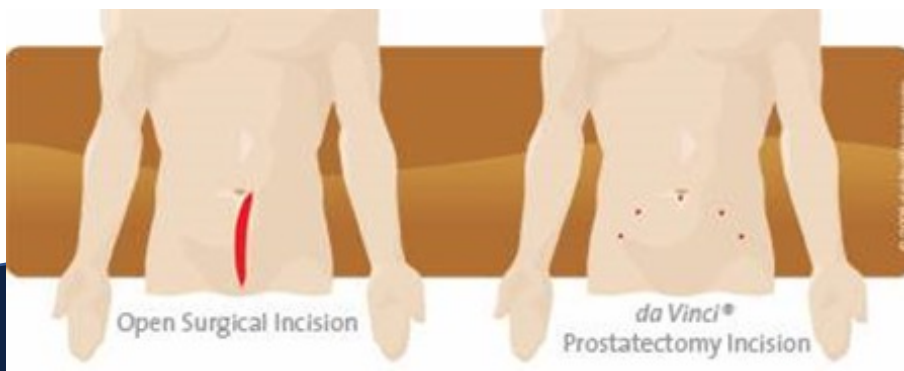
**The First Robotic
Prostatectomy Was Performed
in Germany in 2000**

**To date there are over 4000
Da Vinci Surgical Robots
Worldwide**

What are the advantages of robotic surgery?

This type of surgery offers many advantages for the surgeon and for the patient

- Highly magnified high definition view of operation
- Complete 3D view
- Much finer, more delicate dissection
- More precise surgery
- Abolishes tremor
- Lower complication rate
- Lower infection rate
- Less pain
- Quicker recovery
- Shorter hospital stay
- Shorter catheter time
- Less blood loss and a lower rate of needing a blood transfusion (1%)
- Earlier return to work/normal daily activities and better cosmetic result



Are there any complications of this surgery?

Short term common risks (5-10%)

- Bruising in the scrotum or around the wounds
- Bladder spasms/pain with catheter
- Constipation
- Blood in the urine
- Urinary or wound infection
- Facial swelling lasting a few hours
- Shoulder pain lasting a few hours

Short Term Rare Complications

- Bleeding requiring transfusion
- Return to theatres (1%)
- Damage to structures around the prostate i.e. bowel/rectum/bladder/blood vessels or ureters (tubes between kidney and bladder) (<1%)
- Risk of clots in the legs(DVT) or clots on the lungs (1%). Keeping well hydrated and early mobilisation/walking helps prevent this problem
- Medical complications such as MI(<1%)
- Conversion to an open operation –1%

Long Term Complications

Incontinence

- Continence can be affected by this treatment however longterm(longer than a year) incontinence that requires further surgical treatment is around 2%. Majority of patients will have some degree of incontinence when the catheter is removed and may need to use pads for a period of time. With robotic surgery continence recovers quicker. It is important to do your pelvic floor exercises before during and after your recovery.

Erectile dysfunction

- Erections can be affected by this surgery, this is more likely in older patients and if you have weak erections before the surgery. In patients who want to keep their erections we can offer “nerve spare” surgery. This is part of the operation where we protect the nerves that go down to the penis, these run very close to the prostate and can be gently peeled off. We don't offer this in patients with more advanced disease. Even with nerve spare surgery erections are not guaranteed. You will be given a daily tablet to help the erections recover, in some men this can take between 1 year and 18 months.

Lymphoedema

- Swelling of the leg can occur rarely (3%) in only patients that have had pelvic lymph nodes removed, this is only done in patients with the more aggressive forms of prostate cancer and will be explained to you.
- Lymphoceles are collections of lymphatic fluid in the pelvis that rarely cause a problem, occasionally they cause pain and may need drainage
- Rarely (2-3%) in patients that have had lymphnodes removed there is prolonged leakage of lymphatic fluid that can cause prolonged use of the drainage tube or abdominal bloating.

Strictures

- This is scar tissue that occurs either at the point where the bladder is joined back (anastomotic strictures 0.3%) up or in the urethra (waterpipe)



Experience of over
1400 Robotic
Radical
Prostatectomy's

What happens from now?

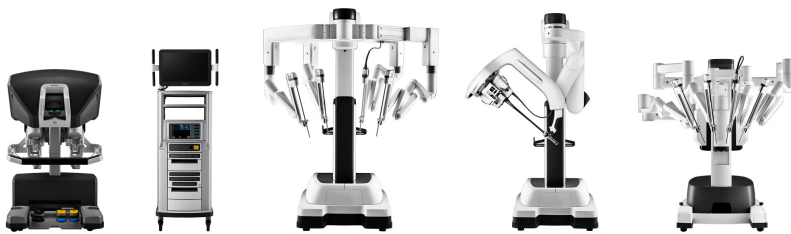
Once we have decided on robotic surgery you will be contacted with a date for the operation. You will be asked to attend the pre-assessment clinic where routine bloods and ECG are taken and an assessment of your fitness for surgery is made.

You will have an appointment with a Specialist nurse and will also be instructed about pelvic floor exercises to start before the operation. You will then be admitted to the hospital on the morning of the operation, where you will meet the surgeon, the anaesthetist and the nursing staff. You will be asked to sign the consent form.

How long will I be in hospital?

1 day. The majority of patients are discharged the day after the operation. Along with the catheter you wake up with a drain tube which is removed prior to discharge.

We always have the option to extend the stay for a second night if patients are not comfortable, or have a long journey home or live alone.



After Surgery

Will I be in pain?

No. Robotic surgery is less painful than open surgery. Before you wake up the anaesthetist give you pain relief and we use local anaesthetic (numbing) in the wounds and bladder. If you feel you have pain then please inform the nursing staff so they can give you analgesia.

A lot of patients wake up with the sensation of a full bladder or can get periodical bladder spasms. This is because of the catheter and the surgery around the bladder, and not because the bladder is full. It usually settles but if not can be helped with medication.

Will I have help once discharged?

Yes. Before leaving hospital you will be given instructions on how to manage with the catheter and manage dressings. Absorbable stitches are used so no stitches need to be removed.

You will be given pain killers to take as and when you need them, medication to prevent constipation and a daily tablet for the erections to start once the catheter is removed.

If needed district nurse, community continence team or additional follow up appointments can be arranged. The ward can be called if there are any problems.

Mr Eddy has been voted by his peers in the top 10 of all UK Prostate Cancer Surgeons

Are there any restrictions once I go home?

Initially exercise should be gentle but gradually built up on a daily basis as symptoms allow. Don't confine yourself to bed. You should take a full and balanced high fibre diet and maintain a good fluid intake especially in the first week.

Occasional alcohol consumption is ok but should be restricted in the first week after the operation. Energy levels can vary from day to day following this surgery.

When can I drive?

This varies between patients. You will only be fit to drive if you can do an emergency stop without it causing pain. A minimum of one week.

How long will I need a catheter for?

The catheter is a very important part of your recovery. It protects the join between your bladder and your urethra(water pipe) in the early stages of the healing process. You will be shown how the catheter works on the ward before discharge. We like to leave the catheter for as short a time as possible, around 7 days after the operation. Removal of the catheter is very straight forward and only takes a matter of seconds however it is done in the outpatient department. You should have been given a date for catheter removal before you leave the hospital.

Once the catheter is removed please continue doing your **pelvic floor exercises** regularly. Remember most patients have some degree of leakage initially once the catheter is removed and you may need to use pads for a period of time. The community continence team can help with pads.

When can I return to work?

Again this is variable. You can return to work when you feel able. Some patients are back after one week, others take 3-4 weeks. It is important only to do light duties initially and no heavy lifting for 4 weeks.

When can I fly?

Short haul 2 weeks. Long haul 4 weeks. These are just minimum recommendations and again if you have any concerns please delay you travel. You must also check with your carrier and travel insurance company.

When do I get the results of the prostate?

This takes our pathologists about 1-2 weeks to process and examine the prostate. Mr Eddy tends to see patients 2-3 weeks after the operation to go over the results

What follow up will I receive?

After the initial pathology results, you will be seen by the surgeon at six weeks after the surgery with your first PSA blood test, then at 3 monthly intervals with a check PSA. PSA's are checked 3 monthly for the first year then 6 monthly. You may also have appointments with the physio's if there is an issue with recovery of continence or in the Erectile Dysfunction clinic if restoration of the erections is important to you.

Will I need any other forms of treatment?

Most patients don't need any other forms of treatment. It wouldn't be routine to offer second line treatments immediately after the surgery providing the PSA level drops to 0. Some patients with more advanced disease may be offered radiotherapy after the surgery, either immediately or later if there is a rise in the PSA, others may be given a long course of hormones. This will be discussed with you. On the whole second line treatments are only discussed if the PSA blood test rises in the future. This is called a biochemical recurrence and can signify early recurrence of the prostate cancer.

How do we improve our service?

We are constantly trying to improve the high quality care we provide. We continually audit and assess our results. We will ask you to fill out questionnaires on incontinence, erectile dysfunction and overall quality of life. We would like you to fill these out before the operation and at all your follow up appointments. We also want you to record the first day you manage without pads and when you return to work. Please let us know these dates at follow up or by email.

All this information is handled **anonymously**, and is collected on all patients.

Please feel free to add any other comments whether good or bad. All these comments will be taken seriously and will be used to improve the system further.

All feedback is greatly appreciated.



10 Questions to ask your Surgeon

Not all surgeons are built the same or indeed have the same results. It can be difficult to choose a Surgeon or know exactly how much experience they have or whether you will get the best treatment. Here we set out the questions you should be asking your surgeon to ensure the best outcomes for your operation. You should have an understanding of their experience specifically around Robotic Prostate surgery and not other forms of prostate cancer surgery as there are key differences.

1. When did you first start doing Robotic Prostate Surgery for prostate cancer?
2. Were you fellowship trained in Robotic Surgery?
3. What is your experience or how many robotic prostatectomy's have you done? (In Robotic prostate surgery not Open or Laparoscopic)
4. What is the maximum number of cases you do a year?
5. What are your results – Hospital stay, complication rate, incontinence and erectile function recovery?
6. What are your surgical margin rates?
7. Have you presented your results?
8. Have you published your results if so on how many cases?
9. Are you a trainer in Robotic Surgery and who have you trained?
10. Do you run a fellowship programme?

For more information please visit www.prostateexpert.co.uk

For further Robotic Prostatectomy information

1. www.prostateexpert.co.uk
2. <https://www.ekhuft.nhs.uk/patients-and-visitors/services/urology-services/robotic-prostatectomy/>
3. <https://www.youtube.com/watch?v=RHLgyNKF9o0&t=302s>
4. <https://patients.uroweb.org/videos/robotic-assisted-radical-prostatectomy-video/>
5. <https://prostatecanceruk.org/>
6. <https://patients.uroweb.org/library/prostate-cancer-patient-guide-prostate-cancer-foundation/>
7. <https://www.nhs.uk/conditions/prostate-cancer/>
8. <https://www.baus.org.uk/patients/information/cancer.aspx>

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