

What to expect after robotic prostatectomy

Light activity is prescribed for the 2-3 weeks following the surgery. The foley catheter is removed after 1 week. It is common to experience short-term leakage of urine (incontinence) for the first several weeks after catheter removal. Men are able to hold urine in their bladders, however, upon coughing, sneezing, laughing, or getting up from a chair, men will experience some leakage of urine. With the use of pelvic muscle exercises (Kegel exercises), the duration and severity of leakage can be minimized. By 3 months, 85% of men are dry or wearing a pad “just in case.”

The other lifestyle issue that men experience after prostate surgery is temporary loss of erections. The return of normal erections after surgery is dependent on age, medical illnesses, and the nerve-sparing status of the procedure (both nerves spared vs one nerve spared vs. no nerves spared). The nerve sparing decisions are made by the surgeon based on the extent cancer that is judged by physical exam, imaging (although not always required), PSA and biopsy Gleason grade.

The bandages over the small incision are removed in the medical center prior to discharge and small pieces of paper tape (steri-strips) remain on the incisions. These strips will fall off on their own and the sutures in the incision are absorbable and do not need to be removed.

Return to work varies depending on the type of labor a man is engaged in. If work involves heavy lifting and strenuous activity, back to work is usually in the 3-4 week time frame. For office work or other jobs that do not involve strenuous activity, a 2-3 week time frame is typical.

The final pathology report will be available approximately one week after surgery. The critical information contained in this report is :

- The final Gleason grade and volume of cancer, which is occasionally different from what was found on biopsy
- The margin status which is whether or not there was cancer at the edge of prostate
- Whether or not there was cancer outside the prostate, whether the seminal vesicles were involved, and if the lymph nodes were removed (they sometimes are not), whether or not the lymph nodes contained cancer.

All of this information will determine:

- The need for immediate additional therapy, either radiation or hormone therapy and

- The likelihood (estimation of risk) that the PSA may rise again at some point in the future indicating a recurrence of prostate cancer.

A follow-up visit will be arranged for approximately 6 weeks after surgery at which point the first post-operative PSA will be checked. The PSA will typically be checked every 3 months for the first year, and from there the interval may vary depending on individual factors.