

# Information for patients and carers

## What to expect following your Robotic Assisted Laparoscopic Prostatectomy (RALP)

Decorative graphic at the bottom of the page consisting of three horizontal, wavy bands of blue color, with the top band being a lighter shade of blue and the bottom band being a darker shade.

## A Catheter

This will collect urine into a bag and will allow the wound between your bladder and water pipe to heal. The catheter will be removed within 14 days and an appointment will be sent to you for this.

It is important to remember that most people suffer with incontinence when their catheters are removed so you may want to make sure you have a pad to wear on the way home.

You will be shown how to look after your catheter on the ward before you are discharged home, and you will be provided with all the bags and equipment you need to care for your catheter until it is removed. Please ensure that you understand how to look after it and have enough bags before you leave the hospital – just ask if you are not sure.

## Common catheter problems:

**Spasms** - these can feel like stomach cramps. If this is uncomfortable you can take simple painkillers, or your GP can prescribe medication to help.

**Leaking** - some leakage is normal and is called bypassing, but it can sometimes be a sign that your catheter is blocked.

**Blockage** – If there has been no urinary drainage for 4 hours this needs to be dealt with urgently and you should contact your GP or district nurse.

**Catheter falling out** - this is rare but if it happens, please contact the ward on 01257 245179.

**Urine infections** - can happen when you have a catheter, but this only needs treating with antibiotics if you are symptomatic. The symptoms to look out for are:

- Burning and Stinging
- Blood in the urine
- Feeling unwell
- Temperature

Please talk to your GP if you are worried about any of the above.

If you experience any difficulties with your catheter, you should contact your district nurse or speciality urology nurse. If you do not know who your district nurse is, you should contact your GP who will be able to tell you.

If you need to attend A&E due to catheter problems, please take your discharge paperwork with you. This will give the details of your recent surgery.

Please ensure that your catheter is only removed and reinserted by a member of the Urology team due to your recent surgery.

## Abdomen Dressings

These can be removed 48 hours after your surgery. Underneath you will find stitches / metal clips or glue which have been used to close the wounds. The ward will advise you on which you have and the arrangements for removal if necessary.

You should shower or bathe daily as normal, but we advise that you use gentle non-fragranced soap to avoid irritation to your wounds. Once you have finished bathing you should pat your wounds dry and avoid rubbing as this will cause irritation. Try to keep your wounds clean and dry and avoid unnecessary dressings. If the wound is not leaking it will not require a dressing.

You will have some swelling and bruising around your incision sites for a few days. You may have some tightness and itching around your

wounds as they heal up. This is normal, but if they become red, swollen, or hot to touch, please seek advice from your GP.

## Incontinence

Following your surgery you will have a catheter in place. Most patients are unable to control their bladder properly when their catheter is first removed. This is because surgery can damage the muscles and nerves that control when you urinate. These include the pelvic floor muscles which stretch below the bladder and help support it. The sphincter muscle at the opening of the bladder, which normally stops urine leaking, may also be damaged.

You might just leak a few drops when you exercise, cough or sneeze (stress incontinence) or you might leak larger amounts. Leaking urine usually improves with time. Most patients start to see an improvement one to six months after surgery.

If you are dealing with urinary problems, you might feel embarrassed, isolated or stressed. It can affect your self-esteem and your independence and have an impact on your work and social life. Many people find that seeking advice about their urinary problems helps them to feel more in control and build their confidence. The Continence Team can offer you practical support.

Lancashire Care NHS Continence Team (patients based at Preston or Chorley) 01772 777480

Bladder and Bowel team at Blackpool (Patients based on the Fylde Coast) 01253 951987

## Constipation

This can be common after surgery due to the analgesia given. Please ensure you are well hydrated and eating a balanced diet. Following RALP surgery it is best to avoid constipation to prevent straining. If you become constipated, please contact your GP for laxatives. If this continues to be a problem, you can contact your Urology Clinical Nurse Specialist to discuss further.

## Injections

You will need 28 days of blood thinning injections, which can be administered by yourself, family member or district nurse. You will be shown how to administer the injections on the ward before you are discharged home.

## Six Weeks- Consultant Appointment

You will be given an appointment to see your surgeon six to seven weeks after your surgery. At this appointment, you will discuss the histology results from the removed prostate and your ongoing management plan.

**You will need to have a PSA test done a couple of days prior to this appointment.** This helps the surgeon decide if you need to be referred to oncology for further treatment.

It is important that you do not have a PSA test earlier than 6 weeks post-surgery.

## Getting Back to Normal

Remember the return to normal life takes time. It is a gradual process and involves a period of adjustment, all of which will be individual to you.

You may feel tired after your surgery so try to take it easy in the first few days or weeks when you return home and ask for help if you need it.

Some people can feel anxious when waiting for their next appointment with the consultant to discuss histology results. This is normal, but if you are particularly anxious, please talk to your specialist nurse who will be able to support you.

## Contact details

Should you require further advice or information please contact the Urology CNS team on 01772 528155

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.lancsteachinghospitals.nhs.uk/veteran-aware](http://www.lancsteachinghospitals.nhs.uk/veteran-aware)

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[www.lancsteachinghospitals.nhs.uk/patient-information-leaflets](http://www.lancsteachinghospitals.nhs.uk/patient-information-leaflets)

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

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**This information can be made available in large print, audio, Braille and in other languages.**

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

[patientexperienceandinvolvem@LTHTR.nhs.uk](mailto:patientexperienceandinvolvem@LTHTR.nhs.uk)

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