Alexianer
ST. HEDWIG-KRANKENHAUS

DEPARTMENT OF UROLOGY

Patient information
Radical prostatectomy

Dear Patient,

You have been diagnosed with prostate cancer following a biopsy.

Your urologist has undoubtedly already answered a lot of your questions.
One treatment option involves surgically removing the prostate (radical prostatectomy).
We would be happy to discuss the details of the operation with you and your relatives during a consultation session with a senior consultant at our urology practice.

You will be provided with explanations in preparation for this consultation. Please see below.
Please complete the enclosed questionnaire and bring this with you to the consultation.

Best wishes,
Dr. Christian Klopf and Prof. Dr. Steffen Weikert
Senior consultants

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BEFORE THE OPERATION

You should avoid taking certain medicines before your operation.

///// You must stop taking blood thinning medication, also known as thrombocyte aggregation inhibitors:

- » Clopidogrel (Plavix, Iscover) 7 days before the operation
- » Ticlopidine (Tyclid) 10 days before the operation
- » Acetylsalicylic acid (Aspirin, ASA, Godamed, HerzASS, Aggrenox etc.) 5 days before the operation It may still be necessary for patients with certain heart conditions (e.g. stent placement or heart disease) to continue taking these drugs despite undergoing surgery. Please speak to the admitting physician about this during your pre-operative assessment.

///// You must stop taking new oral anticoagulants (NOACs): e.g. Xarelto, Pradaxa etc. 48 hours before your operation, i.e. you may take these drugs in the morning two days before the operation, but you must then stop taking them.

///// Coumarin derivatives: Marcoumar, Falithrom 14 days before your operation (the Quick value should be >50%) and switch to "heparin injections". Please ask your GP about this before your operation!

PRE-ADMISSION ASSESSMENT

Please go to the Main Reception on the 2nd Floor of the Main Building for your arranged appointment (This usually takes place a few days before the operation) This is where you will be admitted. You will then be examined by the urologist who will also take a blood sample. You will also speak with the anaesthetist in preparation for the operation. The entire process of admitting you to the clinic and providing you with information about the procedure will take approximately three to four hours.

OPERATION

You may eat up to 24 hours before the operation. You may drink water until 6 am on the day of the operation. The operation will take approx. 1.5 – 2 hours. The area to be operated on will be shaved just before your operation. Please do not shave this area yourself. The operation will take place under general anaesthetic. You will be given medication following the operation to manage any pain caused by the wound.

You will either have a classic, open radical prostatectomy which involves making an incision in your abdomen or a robotic-assisted laparoscopic radical prostatectomy, also know as the Da Vinci prostatectomy. The type of surgery you will receive will depend on our findings and your preferences. Your surgeon will give you a detailed explanation about the type of operation you will have. We will also take your wishes into account.

Open or retropubic prostatectomy involves making a small cut in your abdomen (10 cm) from the pubic bone to slightly below the navel. We use a microsurgical procedure for this operation. The surgical area is magnified by a laparoscope so that the surgeon may operate in a way that causes as little damage as possible to the surrounding nerves and blood vessels.

Robot-assisted laparoscopic radical prostatectomy involves making six cuts in your lower abdomen that are only a few millimetres in size. The surgical tools are attached to the arms of a robot. These arms are controlled by a surgeon who is operating a console and the console mimics the surgeon's hand movements exactly. The laparoscope also projects a magnified 3D image of the prostate onto a screen which allows the surgeon to identify important nerve fibres and blood vessels.

Sparing nerves: The neurovascular bundle is located close to the prostate. This is responsible for erectile function (potency). In some cases, we may be able to perform the operation without damaging the nerves and without needing to reduce the risks associated with tumour surgery. That is why it is important that you bring your completed questionnaires (IIEF-5, IPSS) with you to your first consultation so that we may record the initial findings. We recommend that you receive impotence treatment after undergoing nerve-sparing surgery to help you get an erection and prevent atrophy of the corpus cavernosum. It may also prove useful for patients to undergo injection treatments or use a vacuum pump.

Rapid histological examination: It may prove useful to examine tissue specimens during the operation in potency-preserving cases. We will confirm whether we would recommend that you have a rapid histological examination during your initial consultation.

Blood loss: The amount of blood lost during the operation is typically less than 300 ml. You will not need to donate your own blood before the operation. Only a small percentage our patients will need to donate blood (less than one percent).

Removing lymph nodes: Thanks to PSA testing, it is rare for the tumour growth to be so advanced that the lymph nodes in the pelvis are affected. It will therefore not be necessary to remove lymph nodes if our initial findings indicate that PSA levels are less than 10 ng/ml, Gleason 3+3.

AFTER THE OPERATION

We will keep you under observation in the recovery room for approximately one hour to monitor your circulation. The best time for your relatives to visit is usually after 5 pm.

If you give us your relatives' contact numbers before the operation, we will be able let them as soon as you have come out of theatre.
You may have a drink in the evening, and something small to eat if you feel hungry.

You will usually pass your first stool two days after your operation. You will be given a laxative to assist with this.

You may stand up on the day after your operation at the latest. We will provide you with help with this, of course. Rapid mobilisation will promote your recovery. You will therefore be encouraged to move around the ward as often as possible, and you will also receive support from physiotherapists.

Physical exercise also promotes normal bowel function and will help you to empty your bowels in a timely manner following your operation. The sutures used to close the wound are self-dissolving so these will not need to be removed. You will no longer need a wound dressing after the third day following your operation and you may shower. However, you will not be able to bathe for 3 weeks following the operation.

URETHRA SUTURES AND CATHETER

The urethra and the bladder will have been sutured together during the operation. We use a special suturing technique that allows this suture to heal very quickly and the catheter to be removed very quickly.

Nevertheless, the catheter will need to remain in place to support the sutures for seven days following the operation. We also insert a surgical drain during open surgery. The surgical drainage will be removed on the first day if less than 50 ml fluid needs to be drained every 24 hours. You will normally need to stay in hospital for three nights following your operation. You will be provided with a urine collection bag when you are discharged from the clinic.

It is completely normal for blood and wound secretions to be discharged around the bladder catheter in the first few days following the operation, and your urine may also still be bloody. Initially, your bladder will see the catheter as a foreign body and we will give you regular pain medication to make you feel more comfortable.

Please come back to the Main Reception on the 2nd Floor one week after your operation to have the catheter removed. Your urine needs to be running clear by the time the catheter is removed. If your urine is still bloody, this appointment will need to be postponed.
Tel.: (030) 2311-2243

CONVALESCENT TREATMENT

You can speak to social services about registering for outpatient or inpatient convalescent treatment (or rehabilitation) while you are being treated as an inpatient.

Our partner clinics are as follows:

///// Müritz-Klinik Klink, http://www.mueritz-klinik.de
///// Vivantes-Rehabilitation in Berlin-Friedenau, https://reha.vivantes.de/
///// ZAR Berlin Mitte, http://www.zar-berlin.de/

Social services will advise you on the types of services provided by rehabilitation clinics. Your cost carrier (pension insurance) will make a decision about whether you will receive convalescent treatment. This decision will be final, but we will support you with regard to your wishes. Of course, you do not need to have convalescent treatment. However, this will support you in the recovery of all your bodily functions.

GOING HOME

You will normally be discharged on the third day following your operation. You will be able to leave the clinic at around 11 am on the day that you are discharged. You should arrange to be collected where possible. Please do not drive your own car. We do not recommend that you drive until about the seventh day following your operation, when you no longer require pain medication. You will experience a delayed onset of pain as a result of the operation if you try to brake before these seven days have elapsed. You will receive an initial medical report when you are discharged. The prostate removed during the procedure will be sent to the Institute of Pathology which will examine the tissue specimens under a microscope. Your final results will be available after approx. 10 days. Your urologist will be sent a copy of the report and will discuss this with you. The final medical report with the histological findings and recommendations for follow-up care will be posted to you.

AFTER BEING DISCHARGED

After being discharged, you should see your urologist before starting any convalescent treatment. They will use this opportunity to examine the wound again and prescribe any necessary medication/prescription. We recommend a subcutaneous injection of Dalteparin ("Fragmin") to thin your blood which is to be administered from the day after the operation and for a period of four weeks thereafter. This treatment is designed to prevent thrombosis and embolisms. You will be shown how to administer the injection yourself while you are being treated as an inpatient. You should administer the injection above the wound (upper abdomen or upper arm). Consequently, there is no need for you to disinfect the area at home prior to administering the injection. You will be given a prescription for 20 injections when you are discharged.

Many patients will experience urinary incontinence shortly after the catheter has been removed. However, it is highly unlikely that you will need more than one urine collection bag per day – even a few weeks after the operation. Most patients will regain complete control over urinary continence in the first few weeks following the operation. This may take up to several months in exceptional cases. You may initially experience a frequent urge to pass urine, but your urologist can prescribe you medication to combat this. The surgical connection between the urethra and the bladder (called anastomosis) is sutured using late-dissolvable sutures. Some of these sutures are located inside the bladder. In rare cases, thread remnants may still be excreted in the urine months later. This is harmless and is part of the normal healing process.

WHAT ELSE SHOULD I BE AWARE OF?

You should avoid lifting and carrying anything heavy (> 5 kg) for exactly three weeks following your operation. You may resume all sporting activities, including cycling, after a period of three weeks, provided that you are not experiencing any symptoms and the wound appears to be healing well. The results of the tissue specimen examination (also known as histopathological findings) will determine whether you will need to undergo aftercare or further treatment.

///// The tissue specimens from the prostate which was removed during the procedure will be examined under a microscope. Your final results will be available after approx. 14 days. Your urologist will also be sent a copy of the report and can discuss the findings with you.

///// You will receive a final medical report with all important findings and recommendations for further treatment and aftercare.

///// Your urologist will perform a PSA test (PSA = prostate-specific antigen) approximately eight weeks after your operation; the value of which should fall below 0.1 ng/ml or be undetectable.

///// PSA tests performed by your urologist (initially every three months) will be sufficient in most cases. The PSA value should remain undetectable, in the so-called zero range, throughout life.

///// The patient will normally undergo no further treatment for prostate cancer following the operation.
///// However, the disease may return in some patients. Rises in the levels of PSA in your blood to above 0.2 ng/ml is normally a sign that your cancer is starting to return.
///// There is an increased risk of recurrent prostate cancer (also known as a relapse) if Pathology detects a stage “pT3a R1” or “pT3b R1” tumour. This means that the cancer cells have spread beyond the outer layer of the surgical specimen (R1) and have also broken through the prostate capsule ("pT3a") or spread to the seminal vesicles (stage "pT3b").
///// However, more recent studies show that neo-adjuvant radiotherapy will not benefit patients with these tumour stages. With few exceptions, radiotherapy is therefore only recommended to patients who have experienced a rise in the levels of PSA from the zero range (also known as adjuvant radiotherapy).
///// The disease is unlikely to recur in about half of high-risk patients in any case.

Further treatment using medication may only be necessary if there are signs that the cancer has spread to lymph nodes or other organs.
///// If the patient’s levels of PSA do not fall into the zero range following the operation, but rise again, this may be sign that the cancer has spread.
///// It may be necessary for the patient to undergo hormone therapy in such cases. In some cases, radiation therapy or a combination of both types of treatment can also be useful.
///// Your urologist may request that you undergo further examinations so as to better plan your treatment.
///// He or she will inform you about your individual situation and explain the types of treatment available to you.

You can also contact us if you have any questions!

IIEF-5 QUESTIONNAIRE

Erections

Please tick!

Patient data

1. How would you rate your confidence in getting and maintaining an erection?

(1)	(2)	(3)	(4)	(5)
Very low or non-existent	Low	Average	High	Very high

2. If you have experienced erections when sexually aroused, how often were your erections hard enough for penetration?

(0)	(1)	(2)	(3)	(4)	(5)
No sexual arousal	Almost never or never	Rarely (much less than half the time)	Sometimes (about half the time)	Most of the time (more than half the time)	Almost always or always

3. During sexual intercourse, how often were you able to maintain your erection when penetrating your partner?

(0)	(1)	(2)	(3)	(4)	(5)
I have not tried to have sexual inter-course	Almost never or never	Rarely (much less than half the time)	Sometimes (about half the time)	Most of the time (more than half the time)	Almost always or always

4. During sexual intercourse, how difficult was it to maintain your erection until the end of intercourse?

(0)	(1)	(2)	(3)	(4)	(5)
I have not tried to have sexual intercourse	Extremely difficult	Very difficult	Difficult	A little difficult	Not difficult

5. If you tried to have sexual intercourse, how often has it been pleasurable?

(0)	(1)	(2)	(3)	(4)	(5)
I have not tried to have sexual intercourse	Almost never or never	Rarely (much less than half the time)	Sometimes (about half the time)	Most of the time (more than half the time)	Almost always or always

Score:

Scores of 21 points or less are indicative of erectile dysfunction.

Please speak with your doctor.

IPSS QUESTIONNAIRE

Micturition

Please tick! The data refer to the last 4 weeks.

Patient data

1. How often have you felt like your bladder was not completely empty after passing urine?

(0)	(1)	(2)	(3)	(4)	(5)
Never	In less than one in five cases	In less than half of all cases	In about half of all cases	In more than half of all cases	Almost always

2. How often have you needed to pass urine a second time within the space of 2 hours?

(0) (1) (2) (3) (4) (5)

3. How often have you needed to stop and start the flow of urine when passing urine?

(0) (1) (2) (3) (4) (5)

4. How often have you had difficulty holding in urine?

(0) (1) (2) (3) (4) (5)

5. How often have you had a weak stream when passing urine?

(0) (1) (2) (3) (4) (5)

6. How often have you needed to push or strain to start passing urine?

(0) (1) (2) (3) (4) (5)

7. On average, how often have you needed to get out of bed at night to pass urine?

(0) (1) (2) (3) (4) (5)

Total OPSS score:

The quality of the patient's life has been impaired as a result of urinary tract symptoms

How would you feel if the urinary symptoms you are currently experiencing were to stay the same for the rest of your life?

(0)	(1)	(2)	(3)	(4)	(5)	(6)
Very happy	Happy	Mostly happy	Mixed, somewhat happy, somewhat unhappy	Mostly unhappy	Unhappy	Very unhappy

Quality of Life Index L:

ICIQ QUESTIONNAIRE

Continence

Please tick!

Patient data

1. How often do you experience involuntary urine leakage?

(0) Never

(1) Once a week or less

(2) Two to three times a week

(3) Once a day

(4) Several times a day

(5) Constantly

2. How much urine leakage have you experienced?

(0) No urine leakage

(2) A small amount

(4) A medium amount

(6) A large amount

3. How much does urine leakage impact your life?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10

It has no impact at all — severely impacted

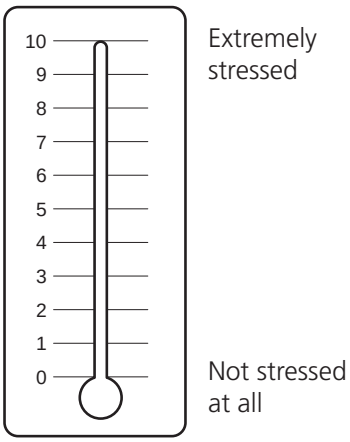
ICIQ total score (1+2+3):

Maximum score	21
No incontinence	0
Mild incontinence	1 – 5
Moderate incontinence	6 – 10
Severe incontinence	>10

THERMOMETER FOR MEASURING PSYCHOLOGICAL STRESS

Patient data

FIRST: Please circle the number (0-10) on the thermometer that best describes how stressed you have felt in the last week, including today.



SECOND: Please indicate if you have had problems in any of the following areas in the last week, including today. Tick YES or NO for each area.

Yes	No		
		Practical problems	
☐	☐	Living arrangements	
☐	☐	Insurance	
☐	☐	Work/School	
☐	☐	Transportation (Transport)	
☐	☐	Childcare	
		Familial problems	
		When dealing with your partner	
		When dealing with your children	
		Emotional problems	
☐	☐	Concerns	
☐	☐	Fears	
☐	☐	Sadness	
☐	☐	Depression	
☐	☐	Anxiety	
☐	☐	Loss of interest in	
☐	☐	daily activities	

Third: Would you like to receive psycho-oncological support?

Yes No

Other problems:

_____

_____

Yes	No	
		Physical issues:
☐	☐	Pain
☐	☐	Nausea
☐	☐	Fatigue
☐	☐	Sleep
☐	☐	Movement/Mobility
☐	☐	Washing and getting dressed
☐	☐	Appearance
☐	☐	Breathing
☐	☐	Inflammation around the mouth
☐	☐	Food/Nutrition
☐	☐	Indigestion
☐	☐	Constipation
☐	☐	Diarrhoea
☐	☐	Changes when passing urine
☐	☐	Fever
☐	☐	Dry/itchy skin
☐	☐	Dry/blocked nose
☐	☐	Tingling sensation in hands/feet
☐	☐	Feeling swollen / bloated
☐	☐	Memory/Concentration
☐	☐	Sexual problems

PELVIC FLOOR EXERCISES FOR MEN

The pelvic floor is a group of muscles that supports our pelvis from the bottom starting from the pubic bone at the front and the tail bone at the back, located between the left and right ischial tuberosities.

In men, the pelvic floor contains two openings: The urethra and the anus. These muscles have the important task of supporting the pelvic organs. It is subjected to stress when you sneeze, cough, laugh, jump, lift and do heavy physical work.

Part of the continence pathway in men is lost as a result of prostate surgery. It is really important that your pelvic floor is strong following surgery.

We advise that you seek the help of a specialised physiotherapist. You will able to speak with a physiotherapist as part of your convalescent treatment. Here are some easy exercises that you can do before you meet with your physiotherapist:

The trampoline

Pretend your pelvic floor is stretched out like a trampoline inside the pelvis. Now pretend that an imaginary person is bouncing on your "trampoline", projecting themselves into the air with some momentum when you tighten your pelvic floor muscles, but then gliding back down slowly when you release them.
Repeat this exercise 10 times where possible, throwing this "person" a little higher each time.

The torch

There are torches where you can adjust the beam of light to appear either narrow or wide. What if you could do the same thing with your pelvic floor?

Narrow beam	= You are tightening your pelvic floor muscles - maybe you can manage to make the beam of light "really narrow"?
Wide beam	= Your pelvic floor is completely relaxed

The lift

Lifts stop on several floors. Now imagine your pelvic floor is a lift:

Ground floor	= relaxed, no tension
4th Floor, right at the top	= your pelvic floor muscles are tight and contracted

Try to find Floors 1, 2, and 3. Now you can practice your "lift" at your leisure.

Strengthen your pelvic floor	=by "going" to the 4th Floor
Boost your pelvic floor	=by "staying" on the 4th Floor

Count the seconds. Maybe you can count to 15, 20 or 30 seconds? It would be fantastic if you could do this 10 times in a row.

All these exercises can be done while you are sitting, lying down or standing. It is important for you to think about them often. When talking on the phone, cooking, shopping, at the bus stop, at work...
You need to consciously apply tension when doing activities that put pressure on the pelvic floor, especially if your pelvic floor is still weak. So start by tightening your pelvic floor muscles, then laughing, lifting etc.
Don't give up too quickly. Muscles can be trained, and the same goes for your pelvic floor.
You just have to "stick at it". And having a firm pelvic floor is very important for all men (no matter their age)....

GOOD LUCK!

For your notes

Your contact person

Prof. Dr. Steffen Weikert
Senior consultant

Dr. Christian Klopf
Senior consultant

Register for a consultation

Online: www.alexianer-berlin-hedwigkliniken.de/urologie

Tel.: (030) 23 11 - 26 33
E-Mail: urologie-shk@alexianer.de

TRAVEL INFORMATION

///// S-Bahn: Hackescher Markt and Oranienburger Straße
///// U-Bahn: Weinmeister Straße and Oranienburger Tor
///// Regional trains: Alexanderplatz, Friedrichstraße, Gesundbrunnen
///// Tram/Tramway: Hackescher Markt and Rosenthaler Platz

///// Car park: Access via Krausnickstrasse

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