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Robotic Assisted Radical Prostatectomy (RARP):

A RARP is the most common form of surgical removal of the entire prostate for the treatment of prostate cancer.
It will have been recommended if you:

1. Have a clinically significant prostate cancer which warrants treatment rather than surveillance
2. Have localised prostate cancer – i.e. no spread outside of the prostate on imaging
3. Are in good general health, with a life expectancy typically greater than 7 years (for most men <75yo)

- You will be asked to have some blood tests and a urine test 2 weeks prior to surgery.
- You will be referred to a dedicated pelvic floor physiotherapist to teach you pelvic floor exercises to strengthen your pelvic floor muscles prior to surgery. This will help minimise the risk of incontinence (urine leakage) after the surgery.

The surgery will be performed at Epworth Hospital Richmond, where they have the latest Da Vinci robot systems. Although the surgery is described a "robotic assisted", it is essentially a keyhole surgery operation conducted by Dr Steiner. The "robot" will be attached to the keyhole ports which are inserted through the skin. The instruments/robot is then controlled via a console located in the operating room. An assistant bed side surgeon will be required for the procedure.

The operation will be performed under a general anaesthetic. You will be positioned in a relatively steep head down position, so it is normal to have some swelling of the face for the first 1-2 days after the surgery.
A telescope/camera will be inserted just above the belly button (this is where the prostate will be removed). 4 keyhole ports will be inserted across the lower abdomen which allow for robotic instruments to be passed. The robot will then be "docked" attached to the ports.

The operation involves entering the abdomen and then creating a space in front of the bladder to access the prostate. The bladder neck where prostate joins the bladder will be divided. The seminal vesicles (sperm storage sacks) are removed attached to the prostate. The blood vessels to the prostate will be controlled with plastic vessel clips.
In many cases, it will be safe to perform "nerve sparing " surgery. This involves dissecting very close to the prostate to minimise damage to the erection nerves. This will be

determined by a number of factors including the cancer location and your sexual function prior to the surgery.
The urethra (urine tube) will be divided. The prostate is removed via a small zip lock type bag device.
The bladder is then joined to the urethra over a catheter by a continuous suture. A drain tube will be inserted via one of the port sites.
Dissolving sutures will be used to close the incisions

You will typically spend 2 nights in hospital and can be discharged once you are passing wind, tolerating diet and independent with the catheter.

The catheter will be removed either back in hospital or in Dr Steiner's rooms between 10-14 days after the surgery.

Although the robotic approach has reduced side effects and complications of the surgery, there are still some side effects of removing the prostate.

The 2 main side effects/complications of a RARP are

1. Urine incontinence – leakage of urine. It is normal to have a degree of urine leakage for a few weeks or even months after a RARP. The physios will work with you in the post operative period to minimise this. The vast majority of men will be either fully continent or have very small leakage with heavy lifting or coughing.
   The chance of permanent bothersome leakage is 2-4%.
   If you do have permanent incontinence after 12 months, there are surgical procedures available to fix this
2. Erectile dysfunction – the nerves to the penis run very close to the prostate and are nearly always injured to some degree during the surgery. Nerve sparing surgery may be appropriate in many cases to reduce this risk and will be determined by the location of your cancer and your sexual activity. The nerve sparing plan will be discussed with you prior to the surgery to give you an individualised plan and likelihood of regaining erections after the surgery. You will not, however have an ejaculation fluid after the surgery as that is the function of the prostate.

The general complications of a RARP are:

- Bleeding (<1% chance requiring blood transfusion)
- Infection – antibiotics will be given at the time of surgery and for the first 24 hours to reduce risk
- DVT/PE (blood clots) – you will be given Clexane injections whilst in hospital to reduce this risk
- Rectal injury (<1%) – This is a rare but serious complication. If this occurs, a bowel surgeon may be involved and there is a very small chance you may require a stoma (temporary bowel bag) whilst the injury heals. This is very rare, however.