

## WHAT TO EXPECT POST PROCEDURE

- Expect to leave hospital in just one to three days and return to normal activities within a week or two.
- Expect to return to work between 1 and 4 weeks but this depends on how your recovery is going and type of work.
- Although the pain is minimised with Robotic Procedure, you will still get strange pains / bruising / swelling around the wound sites or the scrotum, penis or the perineum.
- You will have calf compression stockings on, which should only be taken off when showering. These should also be worn for 2 weeks after the operation even if you are at home. You will also have blood-thinning injections usually beginning the first evening after your operation. It is important to begin walking and moving your feet around in the bed ASAP.
- A catheter is placed at the time of the operation. It allows the bladder to join appropriately the urethra. It is generally present for 8 days and is removed back in the Urology ward.
- It is normal to get some spasms / cramps from the catheter which can cause urine and/or blood clots to come out around the catheter. Do not remove the catheter under any circumstances without speaking to Dr Elmes rooms first.
- You can expect to have some wound discomfort that may require narcotic pain medication for a few days after discharge.
- You may have adhesive strips/or glue across your incisions. They will either fall off on their own or can be removed in approximately 2 weeks.
- Dr Elmes rooms will arrange your follow-up appointment in our rooms which is usually 3 weeks post operatively.



**DR MARTIN ELMES**  
HIGH QUALITY,  
PERSONALISED AND  
PATIENT-FOCUSED  
UROLOGICAL CARE

With over 15 years of expertise in the field of Urology, Dr Elmes provides a full range of high quality Urological services for patients with the use of advanced techniques and cutting edge equipment to perform procedures. Dr Elmes is highly qualified in the field of Urology having completed extensive surgical training throughout Melbourne and Sydney.

**His main interests in the field include:**

**PSA Surveillance & Management**

**Minimally invasive Robotic Prostate & Kidney surgery**

**Advanced BPH treatments**

Laser prostate enucleation (HoLEP)  
Rezum water vapour steam therapy  
UroLift (Internal Sutures)

**Kidney Stones**

**Penile Prosthesis Post Robotic Prostatectomy**

**Rehabilitation**  
(no-touch technique)

Visit our website or call us on (07) 5575 7922 for more information about our urological services.

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## A PATIENT GUIDE TO ROBOTIC ASSISTED RADICAL PROSTATECTOMY



**GOLD COAST UROLOGIST**  
**DR MARTIN ELMES**  
MBBS (MELB), FRACS (UROL, SYD)  
ROBOTIC & LAPAROSCOPIC UROLOGICAL SURGEON

## ROBOTIC ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY (RALP)

Robotic Radical Prostatectomy is the newest and most advanced surgical option for the treatment of patients with localised prostate cancer. Typically a patient who has undergone a radical prostatectomy using the da Vinci Surgical System Xi can expect to leave hospital in just one to three days and return to normal activities within a week or two. Depending on your occupation you can expect to return to work between 1 and 4 weeks.

Dependant on the cancer position within the prostate as determined by MRI and biopsy results, either one or both groups of erectile nerves are spared by Dr Elmes.

### THE DA VINCI ROBOT

The da Vinci system enables Dr Elmes to operate the robotic instruments in a full range of motions, transforming hand movements into corresponding movements of the surgical instruments within the patient. The da Vinci robot comprises the surgeon's console and surgical cart.

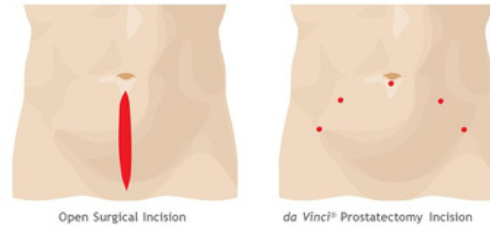


The surgical cart utilises one robotic arm to control the endoscopic camera which provides 3D vision, and three robotic arms to control surgical instruments. It is located next to the patient and allows the ability to rotate the instruments with unrivalled precision and control, using only a few small incisions.

The robot only requires incisions of less than 1cm with one slightly larger to allow removal of the prostate, compared with an incision of up to 25cm for a traditional radical prostatectomy.

### BENEFITS OF THE DA VINCI ROBOT

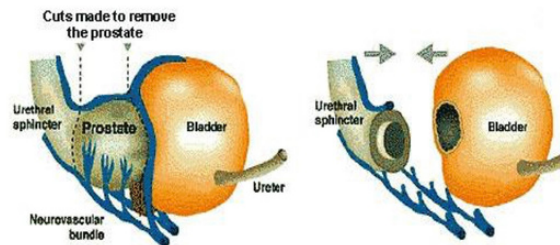
- Significantly less pain
- Less blood loss
- A shorter hospital stay
- A faster return to normal daily activities
- Quicker return to work
- Improved erectile nerve sparing



### THE ROBOTIC PROSTATECTOMY PROCEDURE

The procedure initially involves Dr Elmes operating by the patient's side to place the operating ports in the appropriate positions and dock the surgical cart of the da Vinci robot. Once the ports are placed and surgical cart docked Dr Elmes then sits at the robotic console and performs the operation, with a highly experienced assistant surgeon at the patient's side.

All up the procedure may take a few hours and consists of removal of the prostate, seminal vesicles, pelvic lymph node sampling, erection nerve sparing, joining of the urethra to the bladder (the anastomosis) and then closing the small incisions.



A catheter is placed through the urethra into the bladder and a drain is placed through one of the operating ports to the abdominal cavity to drain any blood or fluid that may accumulate after the procedure.

### PATIENT PREPARATION FOR SURGERY

#### Pre operative:

##### 1. Pelvic floor exercises

After your prostate is removed your continence relies predominately on your pelvic floor, thus it is very important to strengthen this both before and after your operation. Your pelvic floor muscles are the muscles that you use to stop your urinary stream midway. Learn this pre-operatively. You should perform 3 holds of 5 secs each, 3 times a day.

##### 2. Medications, blood thinners and fasting

Dr Elmes rooms will call you a week before your procedure and confirm all details regarding fasting instructions and medications to be ceased pre-operatively, admission times and important information you must follow prior to your procedure.

### ERECTILE NERVE SPARE

A nerve-sparing radical prostatectomy is ultimately designed to preserve a man's sexual function. The success rate in preserving sexual potency is dependent on a few factors - a man's age, the quality of his erection prior to the surgery, and the surgeon's skill and experience in protecting and preserving the nerves during the Prostate nerve-sparing operation.

Dr Elmes' fellowship in one of Sydney's largest teaching hospitals was the first in NSW with robotic training. He has furthered his robotic training in both prostate and kidney surgery in Hong Kong and under the tutelage of some of the Australia's most advanced and technically adept robotic surgeons.

Dr Elmes' goal is returning a man to the way he was before the operation, cancer free, continent and potent. Experience is a key factor in the success of nerve sparing and Dr Elmes offers this specialised option for patients with confidence delivering successful outcomes for his patients.