UZ LEUVEN

# Robot-assisted prostate removal

(radical robot-assisted prostatectomy)

patient information

# Introduction

You will be admitted to hospital for an operation during which the prostate and the seminal vesicles will be completely removed.

The information provided in this information brochure applies to patients who will undergo a robot-assisted operation. The surgeon will have explained the reasons for this operation to you.

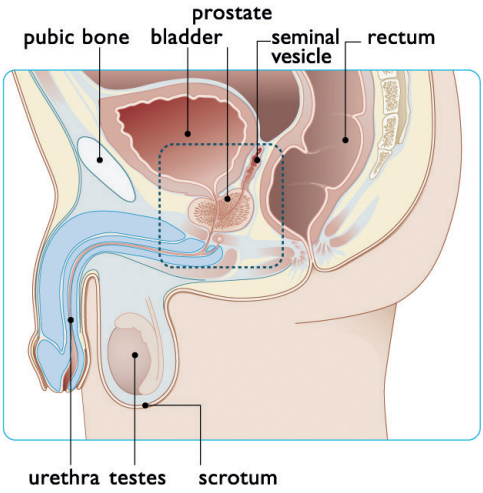
This brochure provides information on your stay in hospital, as well as instructions and information regarding the period following your discharge from hospital.

Should you have further questions, please do not hesitate to discuss them with a member of the care team, your doctor, the hospital doctors, (home) nurses, social worker, psychologist and/or physiotherapists at the urology department. They can also help you find solutions for specific problems.

We wish you a speedy recovery.

The medical and nursing team and other staff at the urology department

# NORMAL FUNCTIONING OF THE PROSTATE




Cross section of the bladder, prostate and penis

The prostate is a gland found only in men and plays a crucial role in reproduction. The gland is about the size and shape of a chestnut and is located deep in the pelvis, under the bladder and behind the pubic bone.

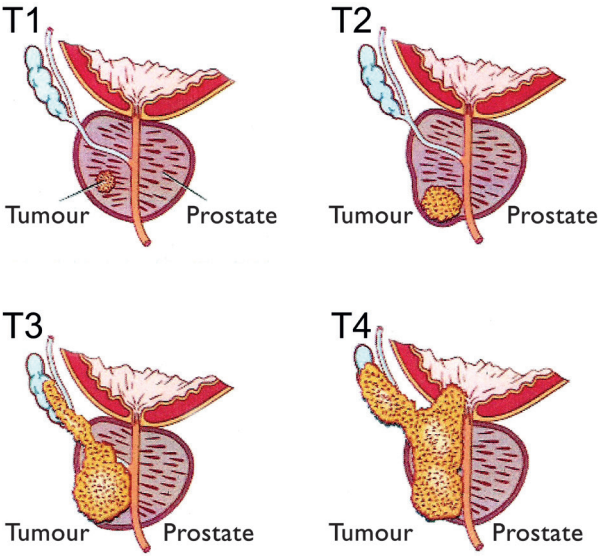
The prostate is located around the urethra, which starts at the bottom end of the bladder and ends at the top of the penis. Urine (from the bladder) and sperm (from the testes, seminal vesicles and prostate) both leave the body via the urethra.

The prostate consists of numerous glandular ducts surrounded by muscle and connective tissue. These glands produce prostatic fluid. Sperm is produced in the testes and reaches the urethra at the level of the prostate via the seminal duct. During ejaculation

the sperm and prostatic fluid are ejected. Prostatic fluid contains essential substances that safeguard the survival of the sperm. The prostate functions both as a gland that produces prostatic fluid and a valve which ensures that urine and sperm are kept separate and don't flow through the urethra simultaneously.

The prostate is affected by male sex hormones that are produced in the testes. These hormones regulate the growth of the prostate and production of prostatic fluid.

## PROSTATE CANCER




T=Tumour

The various prostate cancer stages

After the necessary examinations have been carried out, such as a rectal toucher examination, an ultrasound of the prostate, prostate biopsies and an MRI scan, the doctor will have a more accurate picture of the size and location of the tumour. Based on this, the stage of the condition can be determined and an appropriate treatment can be planned.

| | |
|---|---|
| **T1:** | Small tumour that cannot be felt. The tumour is entirely confined within the prostate. |
| **T2**: | The doctor can feel the tumour during a rectal toucher examination, but it has not yet grown through the prostate capsule. |
| **T3:** | The tumour has grown through the capsule (T3a: has not spread to the seminal vesicles – T3b: has spread to the seminal vesicles). |
| **T4:** | The tumour has spread to the surrounding tissues and organs such as the bladder. |

# ROBOT-ASSISTED PROSTATE REMOVAL

A robot-assisted radical prostatectomy is a complex surgical procedure during which the prostate, seminal vesicles and sometimes also the lymph nodes are removed from the pelvic area in patients with non-metastatic prostate cancer.

The prostate is in close contact with other important structures such as the urethral sphincter, rectum and the nerves that control an erection. During a radical prostatectomy the prostate and seminal vesicles are carefully separated from these structures to minimise any possible damage. Once the prostate has been removed the urinary tract is restored by re-attaching the urethra to the bladder neck.

The extent of the surgery depends on the level of malignancy, extent and location of the tumour. With smaller less aggressive tumours it is usually possible to cut very close to the prostate tissue to protect the erection nerves. With aggressive and more extensive tumours, more surrounding tissue around the prostate has to be cut away, including the erection nerves. The lymph nodes in the pelvis are also removed for microscopic examination of possible metastases. The more tissue is cut away the greater the impact on the functioning of the system after surgery.

Robot surgery is a type of keyhole surgery (laparoscopy or exploratory surgery). One or more incisions are made under general anaesthetic in the abdominal wall, through which a 3D camera and advanced robotic instruments are inserted into the abdomen whilst it is inflated with $CO_2$ gas.

The Da Vinci Xi-robot or Da Vinci SP, which is used in our centre, is not an independently operating machine. It is controlled entirely by the surgeon. The robot system gives the surgeon a three-dimensional, 10-times magnified, high-definition view of the operating site. The use of special robotic instruments facilitates highly accurate operations. These robot instruments are much more flexible and accurate than the instruments traditionally used for keyhole surgery.

The Da Vinci Xi operating robot and Da Vinci SP

This technique, a robot-assisted keyhole operation, has several advantages:

- Less pain after the operation
- Smaller scars
- Reduced blood loss
- Shorter stay in hospital
- Return to normal activities more quickly

# BEFORE THE OPERATION

## PROSTATE CANCER CARE TEAM

The prostate cancer care team will support you throughout the treatment and follow-up of your prostate cancer. This team is made up of nursing consultants, who work in close cooperation with specialists from other disciplines, including:

- ✔ physician-specialists (urologists, radiotherapists, anaesthetists)
- ✔ specialist physiotherapists
- ✔ psychologists
- ✔ sex therapists
- ✔ general practitioners
- ✔ home nurses

Before the procedure, you will meet with the nurse consultant for an intake appointment, during which you will receive information about the entire process. Once your intake has been scheduled, you can find informational videos in the 'documentation' section of the mynexuzhealth app. Watch them at your own pace before your intake and note down any questions you may have.

More information about the use of the mynexuzhealth app and the installation on your PC or smartphone is available on www.mynexuzhealth.com. The mynexuzhealth application is available from the Google Play Store and App Store.

Through mynexuzhealth, you will receive questionnaires that ask about your functioning before and after the operation. They cover topics such as incontinence, bladder problems, sexual functioning and quality of life. It is very important for the care team that you answer these questions as accurately as possible. The information in the questionnaires will be used for:

- monitoring your functional recovery
- evaluating the quality of our care
- improving predictive models for a better prediction of the effects of a procedure

The care team is always available to provide information and can be contacted via zorgteam.prostaatkanker@uzleuven.be or by telephone on 016 34 50 34.

They are the first point of contact in the event of problems or concerns at home. They can provide information, assess the seriousness of the problem and consult the doctor if necessary.

A number of examinations and preparations have to be completed before the operation to ensure that it can take place under ideal conditions. Your and your partner's concerns can also be addressed during this period.

## URINE SAMPLE

Have your doctor take a midstream urine culture one week before the procedure. If the culture shows a urinary tract infection, a targeted course of antibiotics must be started.
If the culture is sterile (no bacteria found), no further action is required.

## ANAESTHETIST

The anaesthetist manages your anaesthesia during the operation. The anaesthesia consultation covers the following:

- Screening for the hospital superbug
- Completion of a questionnaire concerning your medical prehistory, medication, allergies
- Discussion of the anaesthetic and post-operative pain therapy
- A heart examination: ECG (electrocardiogram)
- Lung X-rays if necessary
- A blood sample if necessary
- Additional examinations may take place depending on the specific progress of your condition

## HOME MEDICATION

If your home medication is changed after the consultation with the anaesthetist, please notify the nurse or doctor when you are admitted.

Most home medication will have to be continued as before. Please bring this medication with you (in the original packaging) when you are admitted to hospital.

Please note! Some blood thinning medication may increase the risk of bleeding during the operation. You may well have to stop taking this medication a few days before the operation. Discuss this with the anaesthetist.

## PHYSIOTHERAPY

We recommend that, even before the operation, you contact a physiotherapist specialised in pelvic floor problems.

The physiotherapist will give you exercises to prevent or reduce urine loss after the operation. This treatment is referred to as pelvic re-education.

Even though these exercises are mostly important post-operation and once the indwelling catheter has been removed, we recommend that you visit the physiotherapist at least once before the operation. This allows you to get acquainted and gives you an idea of what to expect and which exercises you will be doing once the catheter has been removed. It will eliminate a lot of uncertainty. You will receive the physiotherapy prescription during your first appointment with the care team.

A list of specialised pelvic floor therapist in your area is available on the following websites

- www.bicap.be
- www.pelvired.be
- www.axxon.be

## PSYCHOLOGICAL IMPACT

You will probably suffer from stress and tension in the period before the operation. For some men the diagnosis may be sudden and unexpected, others will have been monitored for some time.

If you are suddenly confronted with the need for an operation, this may lead to a situation in which you no longer take your life and health for granted. You may feel unsure, tense, sad, powerless, angry, etc. in the period following a diagnosis. This may coincide with worry, insomnia and a lack of appetite.

Asking for information, support from other people, distraction, talking, relaxing activities can all help you through this difficult period. However, if these problems continue for a long time and start to affect your quality of life, it may be advisable to seek help. Talk to your doctor or nurse. You can contact a social worker or psychologist on the ward to ask for support. If necessary, they can also refer you for professional support.

# ADMISSION TO HOSPITAL

## ADMISSION DATE AND TIME

The date of your operation is set during the consultation with your attending doctor. Shortly before the operation (a few days beforehand or even one day before), the admission desk will contact you to inform you of the exact time and the location of your admission.

## FASTING

Because this is an operation under general anaesthetic, fasting is mandatory. The guidelines on fasting can be found at www.uzleuven.be/en/fasting. It is very important that you follow these instructions carefully to ensure that the operation can take place safely.

## REGISTRATION

Registration is via the day care hospital (entrance East). From there, you will be taken to the pre-operative area of the operating theatre.

> Please report to the check-in desk at the hospital before being admitted.

## HYGIENE

Pay attention to your personal hygiene: take a bath or shower the evening before or the morning of the operation.
Please remove the hair from the area to be operated the evening before the operation: from 10 cm below to 10 cm above the navel up to the sides of the abdomen. Preferably use a depilatory cream, a lady shave or clippers.

## PERSONAL BELONGINGS

Your personal belongings will be transported with you in a closed storage case to the operating theatre and then to the recovery room. Please bear in mind that space in the case is limited.

## THROMBOSIS PREVENTION

A potential complication associated with the operation is deep vein thrombosis. This is the formation of blood cloths in the veins of the lower limbs and pelvis. If lymph nodes are removed or if you have a history of embolism or thrombosis without lymph node removal, you will be prescribed subcutaneous injections (blood thinners Clexane®, Fraxiparine® or Innohep®) for 30 days after the operation.
If you're already taking a blood thinner on a regular basis, the doctor will decide when you may restart it.

In these situations, you will also need to wear anti-thrombosis stockings as a preventive measure. The stockings will be measured and applied in the pre-operative area. You must wear them day and night for as long as the catheter remains in place.

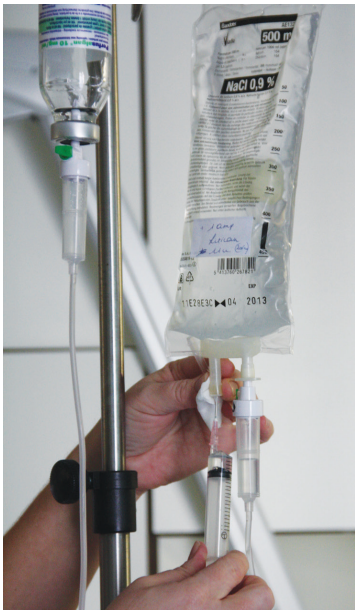
# PROCEDURE AFTER THE OPERATION

## GENERAL

Immediately after the operation you will remain in the recovery room for a few hours. You may temporarily suffer from pain in your abdomen or shoulder following keyhole surgery, as a result of the use of $CO_2$ gas during the operation. It is important to breathe in and out deeply several times per hour to properly ventilate the lungs in the first few days after the operation. You'll be able to eat and drink again the evening after the operation.

The presence of tubes and lines may be uncomfortable, but they are necessary for your recovery and are only temporary.

Below is a brief overview of some of the tubes and lines:




## VENOUS CATHETER

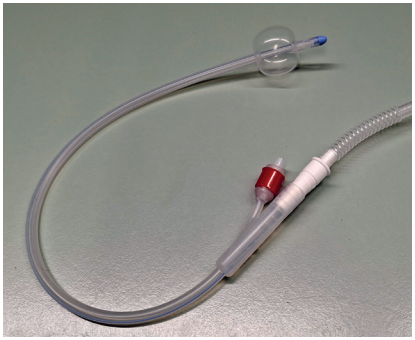
This is a line placed in a vein in the arm to administer fluids and medication. It is removed the day after the operation.

## BLAKE DRAIN

A drain is sometimes placed during the operation. Its purpose is to remove excess fluid from the abdomen. It's removed before you leave the hospital.

## TRANSURETHRAL CATHETER

During the operation, a catheter that goes via the urethra into the bladder is inserted. The catheter ensures proper drainage of urine and supports the healing of the new connection between the urethra and the bladder neck. As long as the catheter is in place, you should not try to urinate on your own. The catheter remains in place for at least one week, which means you will go home with it.



# GUIDELINES FOLLOWING DISCHARGE FROM HOSPITAL

If everything goes smoothly, you may leave the hospital the following day around 10 a.m. The transurethral catheter will be removed approximately one week later. In some cases, an examination with contrast dye is carried out beforehand to check how well the adhesion to the urethra has healed. The urinary catheter will be removed one week after the operation by a nurse of the care team. You will also visit the physiotherapist, who will explain how to use your pelvic floor muscles correctly.

Please observe the following guidelines to ensure that everything runs smoothly when you're at home.

## TRANSPORT HOME

We advise you not to drive a car yourself during the first three days after the operation because of the anaesthetic. Please arrange appropriate transport. Sitting down will be a problem temporarily. It is advisable to take a cushion for the drive home.

## WOUND CARE

The operation involves six small incisions, the subcutaneous stitches which (usually) 'dissolve' automatically after three to four weeks.

Transparent, waterproof dressings are applied to the small incisions after the operation. These remain in place until the trial-voiding consultation the following week. In general, no specific wound care is required.

You can take a shower with these bandages. Bathing or swimming is not recommended during the first 14 days.

## HYGIENE

As mentioned above, you can shower at home with the bladder catheter and bandages in place. Make sure to clean the foreskin and glans thoroughly. Don't be afraid to handle the catheter.

## CATHETER

During your stay in hospital, you'll receive instructions on the correct use of the catheter and urine collection bags.

This information is also available in the brochure 'Going home with a urethral catheter', which you can find online at www.uzleuven.be/en/brochure/700869.

It is recommended that you drink 1 to 1.5 litres per day (including drinks with meals) as this helps to flush the bladder and urinary tract.

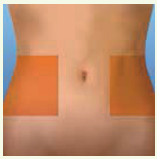
Should you have questions and/or problems concerning wound care, looking after the catheter and the purchase of incontinence material, you can always contact one of the nurses of the care team.

## MEDICATION

If lymph nodes were removed during the operation, or if you have a history of thrombosis or embolism without lymph node removal, you'll need to have a daily subcutaneous injection at home. You can learn how to inject yourself if you wish. The nursing staff on the ward can teach you how to do this (see page 22). If required, you will be given a prescription for home nursing care.

## Administering injections yourself

### Where?

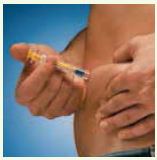


- The **recommended** injection **location is in the lower abdominal fat**.
- This means **at least five centimetres away from your navel** towards the outside and on either side.
- Choose a different place in the lower abdomen for each injection, alternating between the left and the right hand sides.

### Preparation

- Sit or lie down in a comfortable position and clean the selected injection area with an alcohol wipe.
- Take the syringe and remove the protective cover.
- There should be an air bubble at the top against the plunger. Do not remove this air bubble from the syringe.
- If there is a drop at the tip of the needle it can be removed by tapping the syringe, with the needle pointing downwards.

### Injection



- Pinch a skin fold between your thumb and index finger.
- Insert the needle fully and level into the thickest part of the fold.
- Carefully push the plunger on the syringe; the injection should be done slowly.
- Keep hold of the skin fold until the injection has been completed.
- Do not massage or press on the skin after the injection.

Please do not hesitate to consult your doctor should you encounter problems during the treatment.

# POSSIBLE COMPLAINTS FOLLOWING DISCHARGE FROM HOSPITAL

The most common problems at home after dismissal are:

### ✔ Pain

During the first few weeks following the procedure you may suffer pain in your shoulders. This is caused by the $CO_2$ gas used to inflate the abdomen during the procedure. You may also feel discomfort or pain in the abdomen, the pelvic area and the scrotum.

### ✔ Redness, leakage, signs of infection or blistering

During the first few days after the drain has been removed, the wound may still produce some clear to slightly blood-tinged fluid.

### ✔ Haematuria (blood in urine)

Passing a small amount of blood (pink to light-red urine) is possible during the first weeks after the catheter has been removed. Sometimes urine can be clear for a few days and then contain a little blood again. It is advisable to take in extra fluids to properly flush out the bladder and urinary tract. If the bleeding is persistent and heavy (dark red with clots), contact the care team.

### ✔ Swelling of the penis and scrotum

After the operation, your scrotum and penis (only when lymph nodes have been removed) may be significantly swollen and may show red to purple discolouration due to contusion. We advise elevating the area (lifting towards the abdomen) and wearing supportive underwear. You can provide additional support for your scrotum with a rolled up towel whilst lying down.

### ✔ Dislodged catheter

If the catheter is dislodged you must immediately contact the nurse of the care team or the doctor on call.

### ✔ Problems with stools

If normal bowel movements have not been restored the next day you can take Movicol®. It is advisable to take this daily until no longer necessary (i.e. stools becoming loose).
You should always avoid applying pressure during bowel movements as this puts pressure on the internal wound area and can lead to blood in your urine. Start taking Movicol® or similar medication in good time. During the first two weeks after the procedure you should not use suppositories, Microlax®, a rectal cannula or a minor enema.

### ✔ Bladder cramps

Bladder cramps, painful contractions of the bladder, are usually caused by the catheter because the bladder wants to reject this foreign body. This may present itself as a continual sense of wanting to pass water, urine leakage alongside the catheter or sharp pains in the penis and glans. For urine leakage alongside the catheter, level-0 continence pads are sufficient. If the complaint is too severe you can take the prescribed medication until the day before the catheter is removed to relax your bladder.

Please note: you should no longer take bladder relaxing medication from 24 hours before the removal of the catheter to ensure that you can urinate properly the following day, once the bladder catheter has been removed.

### ✔ Fever

Notify your doctor or the care team, who will be able to tell whether the problem relates to the operation or another issue.

In the event of problems during the day please contact:

- The care team: zorgteam.prostaatkanker@uzleuven.be or tel. 016 34 50 34
- The urology consultation clinic (consultation 10): tel. 016 34 66 85

In the event of problems in the evening, at night and the weekend please call:

- The general UZ Leuven number 016 33 22 11. Always ask for the urologist on call.

# CATHETER REMOVAL

Usually the catheter is removed a week after the operation. In some cases, the surgeon will decide to leave the catheter in longer or less long. The catheter will be removed by an ambulant nurse of the care team.

Once the catheter has been removed you will have a consultation with our physiotherapist, who will teach you with appropriate exercises how to regain control over your bladder, resulting in a gradual reduction or disappearance of any urine loss. You will have to do these exercises daily. You may need incontinence material in the meantime to absorb any urine loss.

Before leaving the hospital, you'll need to have urinated or leaked urine at least once in the hospital.

## MEASUREMENT OF URINE VOLUME/URINE LOSS FOLLOWING REMOVAL OF THE CATHETER

You will need to record the amount of urine each time you urinate. To do this, you can urinate into an old measuring jug and read the amount of urine in millilitres (ml).

Urine loss in incontinence material is measured by weighing it before throwing it in the bin. This weight is then compared with the weight of dry incontinence material to establish exactly how much is lost during a day. Urine loss is expressed in grammes/24 hours.

Write down the results precisely in a bladder diary that the physiotherapist will provide.

## INCONTINENCE MATERIAL

A wide range of accessories is available to collect urine. You can purchase these incontinence products from pharmacies, home care shops or supermarkets. You may qualify for a discount through your health insurance's home care shop.

The choice of product depends on the degree of urine leakage.

> More information on the correct use of incontinence products will be provided during the consultation when the catheter is removed. Be sure to ask whether your hospitalisation insurance covers the cost of these products.

### Types:

- Incontinence pads are used for light to moderate urine leakage. When combined with close-fitting underwear, a pad with an adhesive strip stays securely in place. Male incontinence pads (shell-shaped) are light and do not put pressure on the scrotum. More information about incontinence products will be provided during the consultation when the bladder catheter is removed.

  Absorbency is often expressed in drops, i.e. the higher the number of drops the greater the absorption capacity. Larger incontinence material consequently does not necessarily have a greater absorption capacity.

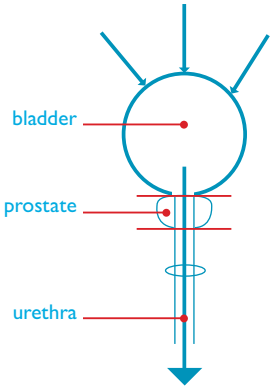
Pads


Condom catheter

- Condom catheter: a self-adhesive external catheter for men. Consists of a (silicone) sleeve that is slid over the penis and connected to a leg bag.

> The use of a condom catheter is only recommended following about a year of pelvic floor training without satisfactory results, in the event of very severe urine loss or for special events (e.g. you're going to attend a party and intend to drink more).

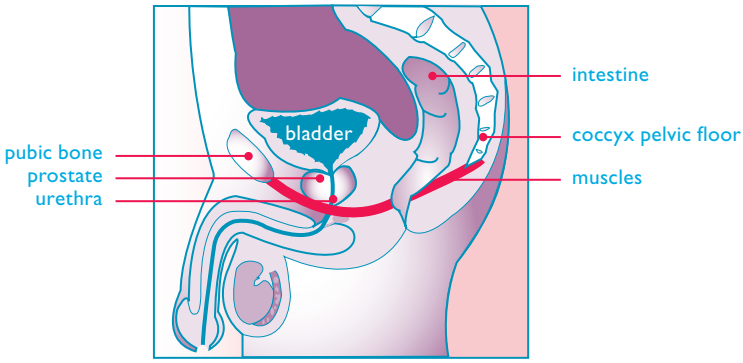
## PHYSIOTHERAPY




Nine out of ten men will temporarily have some urine leakage once the catheter has been removed. Most men will encounter this during activities that put pressure on the bladder, i.e. coughing, sneezing, getting up from a sitting position or out of bed and bending down.

The physiotherapist will show you how to do pelvic floor exercises to prevent or reduce urine leakage. It is advisable to stick with this physiotherapy treatment until you are no longer incontinent. Your physiotherapist can report on the progress of your therapy and urine leakage at each consultation with the urologist.

The pelvic floor muscles are a group of muscles that run from the pubic bone to the coccyx.



There are two basic exercises:

- contract for one second: strength training
- contract for 10 seconds: stamina training

The physiotherapist will check muscle strength and stamina as well as your drinking and urination habits. It's important to drink enough (approximately 1.5 litres per day). The bladder of an adult male should normally hold approximately 500 ml. Ideally a minimum of 150 ml should be released during urination. If your bladder is too small and the amount is therefore less than 150 ml, attempts will be made to enlarge the bladder by postponing urination.

You must also ensure that the bladder is fully emptied to prevent infection and loss of urine. Always try to properly relax your pelvic floor during urination, which is sometimes easier if you urinate sitting down.

Tip: already measure your urine volume before the procedure.

## Home exercises

The following is a summary of the exercises you should do at home. We recommend that you do about 20 exercises three times a day to ensure that you have done at least 60 exercises each day.

1. Strength exercises: (10 x)
- Contract quickly and intensively for 1 second and relax, rest at least 5 seconds in between.

2. Stamina exercises: (10 x)
- contract for 10 seconds and relax, rest at least 10 seconds in between

Also remember to always tighten your pelvic floor muscles first before coughing, sneezing, getting up from a sitting position, bending down, etc.

Your physiotherapist will continue to provide support with your recovery programme at home.

Subject to consultation with the urologist, no anal check-ups or biofeedback using an anal catheter must be carried out during the first two weeks following the removal of the catheter.

# GUIDELINES FOLLOWING DISCHARGE FROM HOSPITAL

## PRESCRIPTIONS AND CERTIFICATES

We will provide you with any necessary medication, care and insurance certificates when you are finally discharged. If any certificates need to be completed, please hand them in at the appropriate moment (during admission or at your consultation).

### Do you need a certificate or prescription at a later time?

You should first contact your doctor. If this is not possible, please complete the form on the UZ Leuven website (this section is only available in Dutch): www.uzleuven.be/urologie (go to 'Voorschriften en attesten' and click on 'Request your certificate or prescription').

If you want a doctor to complete this document, please fill in your personal details yourself. A blank certificate will not be processed by our doctors. When you submit an online request using the form, you'll receive the prescription electronically. You can then collect the medication from your pharmacy using your identity card. Processing your request may take some time, so please submit it in good time. For issuing prescriptions and certificates outside of a consultation, a fee is charged in accordance with the applicable nomenclature (€4.64).

# DAILY ROUTINE

## NUTRITION AND BOWEL HABITS

The operation in itself has no influence on your eating habits. Make sure you have a healthy diet with enough variety. You should take into account that your bowel movements may be affected following the operation, with constipation being the most common complaint. These problems will disappear in time and your digestive system will quite quickly return to normal. If necessary, you can take Movicol® maximum 6/day).
During the first few weeks after the operation you should not use suppositories, Microlax®, a rectal cannula or a minor enema.

If your bowel movements continue to be problematic, please contact the nurse from the care team or your doctor.

## PSYCHOLOGICAL IMPACT

You will need some time to recover after a prostate operation and this will often require a considerable adjustment, both physically and psychologically.

After all, you will be confronted with a significant sense of loss in terms of your health and perception of your body. Some people try to continue as before, but then the consequences of the operation take their toll later on. It is normal, however, that you should take your time to come to terms with the operation and disease.

Temporary, or even permanent, incontinence can be difficult to cope with psychologically. Sometimes people tend to focus solely on the problems associated with urination or become isolated because of a fear of urine loss or that others might notice or perceive an unpleasant odour or they might become depressed, etc. It is important, therefore, that you should try to venture out.

Seek support from your partner, good friends and family members. If you feel you cannot cope, psychological support may offer a solution. Ask your doctor, physician or nurse for assistance. In the hospital you can seek help from a social worker and/or an onco-psychologist. You are entitled to financial assistance towards consultations with an onco-psychologist in your area via the Belgische Stichting Tegen Kanker (Belgian Foundation Against Cancer) (www.kanker.be). You can also contact a Centrum voor Geestelijke Gezondheidzorg (Psychological Healthcare Centre) in your area.

## SEX

You and your partner will need time and understanding to adapt to the new situation.

Erectile dysfunction can be a temporary or permanent result of the procedure. Try to talk openly about it with your partner. The risk of erectile dysfunction is determined by age, the quality of erections before the operation and the progress of the intervention.

The neural pathways (responsible for an erection) will be damaged to a lesser or larger degree during the operation. If it is not possible to save these pathways during the operation, you will no longer be

able to have spontaneous erections afterwards. If they can be saved, erectile function may be restored during the first year after the operation. Remember though, surgery that tries to save these neural pathways does not offer a guarantee that erectile function will return. Many men will suffer permanent erectile dysfunction, despite the neural pathways being successfully saved during the operation.

There are various treatment options for patients with temporary or permanent erectile dysfunction:

- Medication, so-called 'erection pills' (only for men who had surgery during which the neural pathways were saved)
- A vacuum pump
- Intracavernous injections (into the base of the penis)
- A penile prosthesis

These options will be discussed with you during the follow-up talk with the doctor. More information is available in the brochure 'Erectile dysfunction after prostate and/or bladder removal' (www.uzleuven.be/brochure/701372) (only available in Dutch).

Ejaculation problems. The prostate removal and seminal vesicles will result in seminal fluid no longer being discharged. This affects all men who undergo this type of operation.

Orgasm problems may also occur after the operation. Nevertheless, even men who can no longer have an erection can develop an orgasm following sexual stimulation, without it coinciding with ejaculation. This is known as a dry orgasm.

Sexual experience can also be affected by a number of psychological factors. You may well have to come to terms with a profound sense of loss during the period following the operation. Moreover, people often feel as though they have been physically scarred and are sexually less attractive ('feeling less of a man'). With serious diseases such as cancer, survival becomes paramount, as a result of which sexuality sometimes becomes (temporarily) less important. Furthermore, the erogenous zone may well be associated with less stimulating aspects such as wound care and pain. Fear of rejection by the partner or fear of pain, may also reduce sexual desire. All these factors may lead to a reduced interest in sex.

If, as a result of sickness or an operation, you have not had sex for a long time, you should take into account that more time for preparation will be required. It is not dissimilar to the beginning of a new relationship when partners often need to discover each other step by step and get to know what they do and don't like. Some couples tend to focus more on other kinds of intimacy. However, these changes in sexual behaviour can sometimes lead to tension and misunderstanding. Open communication about what you think and feel, what you are afraid of, etc. is essential to avoid misunderstandings in a relationship. Take time to talk to each other and don't hesitate to explain to your partner what you feel ready to try and what not.

If you and/or your partner want to discuss relationship or sexual issues with a carer you can contact a nurse of the care team at any time. They can provide information concerning your physical problems and, where necessary, refer you to a psychologist, sex therapist or andrologist.

## WORK

If you were working before the operation, there is no reason why you should not return to work afterwards. It is advisable not to lift any heavy weights, or engage in prolonged lifting activities, during the first six weeks.

If you, your employer or your insurer doubt whether you'll be able to continue working, you should discuss this with your doctor or social worker. Together with other care providers, if necessary, they will help find an acceptable solution for all parties concerned.

Contact with a social worker can offer support for you and/or your next of kin in coming to terms with a disease and treatment. It can also make any changes in your partner relationship or family life a subject for discussion.

If you have questions concerning practical arrangements for treatment, incontinence material, transport, social services, finance (e.g. a hospital invoice repayment plan), your return home or a stay in a rehabilitation unit, work situation, interpreters, peer contact, etc. you can contact the social worker on the ward at any time.

The social worker can also refer you to various external services such as health insurance funds and the OCMW (Public Centre for Social Welfare).

## LEISURE TIME

1. Sports
   You may start walking as soon as you return home. You may swim after 14 days, start jogging after one month and resume cycling only after six weeks.

2. Travel
   You can travel without any problems. For long car journeys or flights, we recommend wearing your compression stockings and stretching your legs regularly.

3. Housework and gardening
   You may carry out light household tasks and gentle gardening. During the first four weeks, we advise you not to lift more than 10 kg.

# FOLLOW-UP AND PSA CHECK-UP

Around six weeks after your procedure, you will have a follow-up appointment with the care team. At that visit, the doctor will also discuss the results of the pathological examination with you. You will receive the date of this appointment on the day you are discharged from hospital. In the week before your consultation, have your PSA level checked by your doctor.

Further check-ups are planned as follows:

**Year 1 and year 2**

- After five to six weeks with the urologist and the nurse of the care team
- After three to four months with the nurse of the care team
- Then every six months with the nurse of the care team

**Year 3**

- Further follow-up with the nurse of the care team or your GP. This is agreed individually.
- If the PSA exceeds 0.2 ng/ml, you will need to be referred back to the urology department.

# CONTACT

- Nurse of the care team: tel. 016 34 50 34
  or zorgteam.prostaatkanker@uzleuven.be
- Urology consultation (consultation 10): tel. 016 34 66 85

# SUPPORT

If you need support you can contact:

- **Inloophuizen (support centres)**
  A warm, welcoming place for people with cancer and their loved ones where you can share questions, worries and experiences with others
  Tel: 016 19 07 07
  Website: inloophuisleuven.be

- **Kom op tegen kanker (Stand up to cancer)**
  Website: www.komoptegenkanker.be
  For a listening ear, advice or information: the Kankerlijn
  Tel. 0800 35 445
  Website: kankerlijn.be
  Email: kankerlijn@komoptegenkanker.be

- **VZW 'Wij ook' (NPO 'Us too')**
  Contact for, and with, prostate (cancer) patients
  Tel. 03 338 91 54
  Email: wij_ook@hotmail.com
  Website: www.wijook.be

- **Think Blue Vlaanderen**
  Patient organisation of, and for, men with prostate cancer and their partners
  Tel. 0474 65 56 77
  Website: think-blue-flanders.webnode.nl
  Email: think-blue-vlaanderen1.webnode.nl

If you would like to connect with others who have had similar experiences, please ask for our flyer.

# NOTES

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Duplication of this text and these illustrations shall always be subject to prior approval of the UZ Leuven Communications Department.

Design and Production
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This brochure is also available at www.uzleuven.be/en/brochure/700516.

Comments or suggestions pertaining to this brochure can be submitted via communicatie@uzleuven.be.

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