# Robot-Assisted Laparoscopic Simple Prostatectomy (RASP)

## What is RASP?

It is an operation to surgically enucleate and remove the excessive centralized tissue that is causing urinary blockage through the prostate gland. The outside portion of the prostate gland remains intact. Access to the prostate is through the back wall of the bladder, which is repaired at the conclusion of the surgery. RASP employs a laparoscopic technique, whereby the abdominal cavity is filled with gas, and a camera and surgical instruments are passed through port sites in the lower abdominal wall.

The Davinci surgical robot is utilized by the surgeon to perform this operation, allowing for more precise movements, and enhanced visualization. This operation is performed in a hospital under anesthesia, and includes an overnight stay, sometimes a bit longer.

This operation is performed in men with urinary symptoms related to a very enlarged prostate gland, typically those not suitable for a transurethral surgery. Sometimes, the condition is associated with the presence of bladder stones. This surgery is not performed for prostate cancer.

Alternatives to this procedure include watchful waiting, medical therapies, traditional transurethral resection of the prostate (TURP), as well as other minimally invasive treatments, discussed in the office.

Anticipated benefits include easier urination with a fuller stream, and often a decrease in irritative urinary symptoms such as urgency, frequency, and night time waking for urination.

## What are the risks?

**Bleeding**. As with any operation there will be some bleeding. This may persist to some degree for up to 4 to 6 weeks, and is often fairly minimal. You should hydrate aggressively if bleeding becomes heavy. Transfusion rates for this operation are typically less than 1%.

**Infection.** A preventative antibiotic is given prior to the surgery at the hospital, and infection rates are usually less than 5%. The presence of an indwelling urinary catheter prior to surgery may slightly increase this risk.

**Dry orgasm**. This is the most common side effect, resulting in the absence of expelled semen during orgasm. Often, the semen may flow retrograde into the bladder, and this does not cause symptoms or harm. The orgasm itself is typically not affected, though in a small percentage of men it may be somewhat diminished or altered due to the absence of semen passage.

**Erectile dysfunction**. Rates of erection problems following this surgery are typically less than 1%.

**Scar tissue**. This may occur in the prostate itself or at the bladder neck, and require treatments in the future, though rates are quite low.

**Leakage of urine**. Rates for stress urinary incontinence are less than 2%, but there may be temporary urge incontinence related to the fact that you have an overactive bladder at baseline. Rarely would this be a lasting effect.

**Anesthetic and other risks**. Significant events such as heart attack, stroke, even death may occur as a result of any anesthetic, though such risks are extraordinarily low, especially if properly evaluated by your primary physician before surgery if indicated. Should you develop any pain or swelling of your lower legs and ankles following surgery, notify your doctor's office immediately, as this may indicate a blood clot in your leg (deep vein thrombosis or "DVT"). If a blood clot moves to the lung this could be immediately life-threatening, and usually presents with shortness of breath and/or painful breathing.

## What are preparations for surgery?

Please have nothing to eat or drink after midnight prior to your surgery. If you take blood thinners, your surgeon will have discussed stopping this medication prior to your surgery.

## What happens after the surgery?

A catheter is left in place following the surgery, and irrigant is circulated through the bladder overnight to enable proper healing in the first day or so. All patients will go home with a catheter, as the incision in the bladder is allowed to heal. Typically, the catheter is left in place for about 1 week. Often times, your doctor will order an x-ray to ensure proper healing has occurred prior to removing the catheter.

In the days following surgery, it is normal to feel some discomfort that is usually mild.

Once the catheter is removed, most men find their obstructing symptoms (slow urinary stream) improves very early on following surgery, but your bladder may be overactive for several weeks after, resulting in more irritative symptoms such as frequency and urgency, in rare cases urge leakage of urine. Your bladder function, however, can continue to improve for several months following this surgery.

## Resuming activities

You can go back to work when you feel able, usually within one to two weeks. Typically, we ask that you abstain from any heavy physical activity for three weeks.

You may drive when you feel able and are not under the influence of any medications.

Sexual activity may begin after one week, but be prepared for an initially altered orgasm and/or absent or bloody ejaculate.

## Follow-up

Your doctor will arrange a follow up visit, usually within four to six weeks following surgery, to ensure you are progressing appropriately.

For any concerns related to excessive bleeding (such as blood clots preventing passage of urine), fever or possible infection, inability to urinate, or any other concern, do not hesitate to call our office for advice or instruction.