

ROBOT assisted LAPAROSCOPIC RADICAL PROSTATECTOMY - RaLRP

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DISCLAIMER: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to voluntarily help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make your journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing your prostate cancer care.

If you are planning for Robot assisted Laparoscopic Radical Prostatectomy (RLRP), the information here <http://tinyurl.com/cunbmrc> will familiarize you with the procedure and you can click on a video to see the procedure live or you can click on this url to watch the surgical removal of the prostate while preserving neurovascular bundles and the pudendal nerve (if squeamish, you may not want to watch): <https://youtu.be/6At3zIwwk7Q>

I would recommend you discuss secure suturing of the urethra back to the bladder neck following removal of the gland, and suturing of any deep muscle layers that may have been accessed when inserting the trocars (robotic arms).

I would also recommend that in view of your opting for surgical removal of your prostate gland, to begin NOW with kegel exercises to strengthen your urinary sphincter muscles for an earlier recovery of continence following surgery, since incontinence is a side effect that accompanies both surgery and radiation. Within this paper regarding dealing with incontinence following treatment for prostate cancer <http://tinyurl.com/7gy7fld> (since I believe you should also read this paper) is a URL you can click on explaining how to perform this exercise.

I would also suggest you take the time to read the information here <http://tinyurl.com/3oz7u8l> regarding Erectile Dysfunction (ED). ED is another side effect that accompanies either surgery or radiation. Take particular note of the importance NOW of beginning taking a PDE5 inhibitor (Viagra, Levitra, Cialis) on a daily or at least every other day basis. This is not to assist in getting an erection for intercourse, but rather to provide arterial blood and oxygenation to the penis, since it is particularly important to penile rehabilitation. And, should you not experience a natural erection within four weeks following surgery (and if you do, NO intercourse for at least six weeks post-op), then it would be prudent to begin penile injections with either bimix or trimix. Your urologist can help you with explaining this procedure as well as providing the first injection in his/her offices so you understand how it is done. The information in the foregoing URL regarding Erectile Dysfunction will also explain this procedure to you as well as enable you to access a paper that more fully describes the procedure.

Here is an explanation of the steps taken in RaLRP:

<http://www.towerurology.com/steps-involved-robotic-prostatectomy/>

Take the time NOW to fully read these papers. They will hopefully help your return to both continence and erectile function in a shorter time than if you did not practice these procedures.

Please review the following video and remarks by Prostate Cancer Survivor Alan Frier regarding his experience with RaLRP: <url.com/c35bol5>

Wishing you smooth treatment and recovery.

