MINIMAL ACCESS RADICAL PROSTATECTOMY

(including robotic-assisted procedures)

EVENT	ACTION	ADDITIONAL COMMENTS
Primary Care	Two-week referral rule	patient made aware of potential cancer
	Optimise chronic conditions	diagnosis
	Support for alcohol & smoking cessation	e.g. hypertension, diabetes, anaemia
	Weight loss & optimise cardiovascular fitness	
Outpatients	Treatment options discussed	MDT guided
	Written information given	procedure & disease-specific with enhanced recovery information
	Introduction to Specialist Nurse	
	Expectation setting & discharge planning	
Pre-Admission	Surgical/anaesthetic pre-assessment	
	Manage outstanding medical issues	including guidance on medications
	Nutritional assessment	supply supplements & carbohydrate loading
	Expectation setting, identify social issues & confirm discharge planning	
	Pre-operative investigations	may include FBC, U&E, G&S, ECG, CPEX
Admission	Day of surgery admission	
	No mechanical bowel preparation	
	Consent & documentation	WHO checklist, correct-site surgery, VTE prophylaxis
	Fasting	no solids for 6hr, clear fluids up to 2hr pre-operatively
	Carbohydrate loading	up to 2hr pre-op
	Pre-operative analgesia	
Surgery	Antibiotic prophylaxis	single dose at induction (e.g. gentamicin/flucloxacillin)
	VTE prophylaxis	TED stockings, calf compression, low molecular weight (MW) heparin
	Positioning & pressure area protection	with external warming
	Minimally-invasive access	
	No routine pelvic drain	provided anastomosis is watertight
	Routine urethral catheter	additional leg-strap applied in Theatres
	Analgesia	local anaesthetic & wound/regional blocks
Post-Operative	Analgesia	regular oral analgesia; avoid PCAS, spinal & epidural
	Anti-emetics	optimise anti-emesis
	Diet & oral fluids	free oral fluids (from day 0) & chewing gum
	Early mobilisation	15 minutes every 2 hours from day 0
	Teach catheter care	starting on day 0
	Remove drain by 09.00hr on day 1	if inserted (e.g. for non-watertight anastomosis)
	Prepare discharge medication	oral analgesia & laxatives
	Discharge	when catheter competent
Follow-Up	Emergency contact	supply telephone numbers & instructions
	Specialist Nurse telephone contact	within 48 hours
	Trial without catheter	at 1 week
	Consultant outpatient review	at 6 weeks with histology & PSA
	VTE prophylaxis	continue low MW heparin for 28 days

MEDICATIONS FOR PATIENTS ON THE ENHANCED RECOVERY PATHWAY

Minimal Access Radical Prostatectomy

(including robotic-assisted procedures)

TIME	CLASS OF DRUG	DRUG NAME(S)	SPECIFIC ADVICE
PREOPERATIVE	**Analgesics**	Paracetamol 1g PO Ibuprofen 400mg PO Gabapentin 300mg PO	 avoid if >65 years
	Antacids	Ranitidine 150mg PO or Proton pump inhibitor PO Metoclopramide 10mg PO	 risk of *C difficile* infection
	Antiemetics	Dexamethasone 4-8mg IV Ondansetron 4-8mg IV	at induction
	Laxatives	None required	
	Antibiotics (prophylactic)	Cefuroxime 1.5g IV Amoxicillin 1g IV or Augmentin 1.2g IV Trimethoprim 200mg PO or Gentamicin IV	at induction only check for penicillin allergy check for penicillin allergy if allergic to penicillin age/weight-related dose
	VTE prophylaxis	TED stockings Pneumatic calf compression	pre-operative intra-operative
POSTOPERATIVE	**Analgesics**	Paracetamol 1g PO QDS Ibuprofen 400mg PO QDS Gabapentin 300mg PO BD	 discretionary (see above)
	Antacids	Omeprazole 20mg PO OD	if using NSAIDs
	Antiemetics	Metoclopramide 10mg PO TDS	
	Laxatives	Magnesium hydroxide 20ml PO BD or	
	VTE prophylaxis	TED stockings Low molecular weight heparin SC ON	until mobility is normal
	As required	Codeine phosphate 30-60mg PO QDS or Tramadol 50-100mg PO QDS Oromorph 10-20mg PO 2-4 hourly Cyclizine 50mg PO TDS (or IV) Ondanestron 4-8mg IV BD	
DISCHARGE	**Analgesics**	Paracetamol 1g PO QDS Ibuprofen 400mg PO QDS Codeine phosphate 30-60mg PO QDS or Tramadol 50-100mg PO QDS	for 14 days for 5 days (if GFR is normal) then stop
	Antacids	Omeprazole 20mg PO OD	if using NSAIDs
	Laxatives	Magnesium hydroxide 20ml PO BD	
	VTE prophylaxis	Low molecular weight heparin SC ON	continue for 28 days