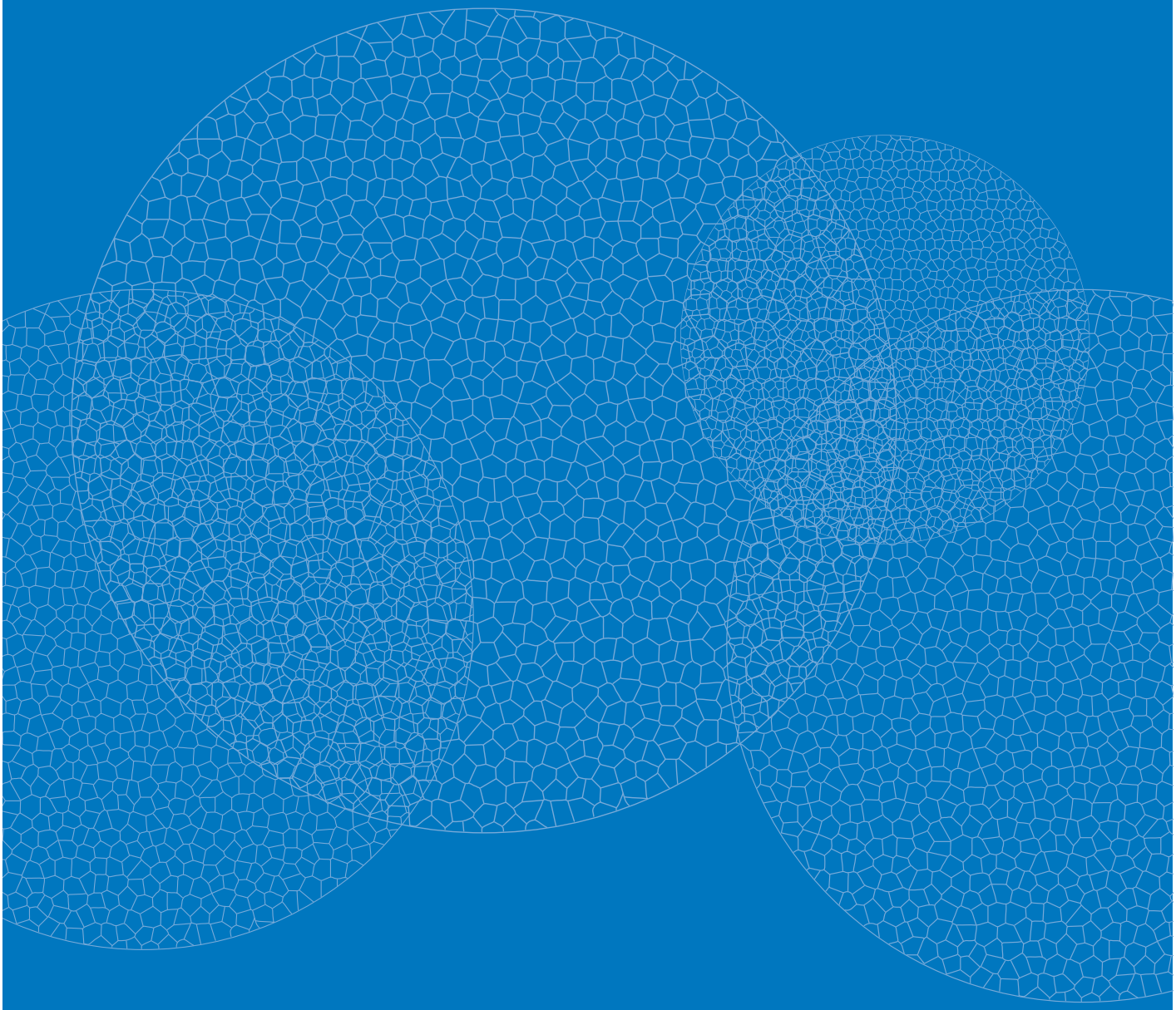
PCFA INFORMATION GUIDE

UNDERSTANDING SURGERY FOR PROSTATE CANCER



Prostate Cancer Foundation of Australia

Australian Government
Cancer Australia

NOTE TO READER

Because what is known about prostate cancer and its treatment is constantly changing and being updated, your treating health professionals will give you information that is specific to your unique needs and situation.

This booklet is written so it can be read as a stand-alone booklet. If you would like further information please contact PCFA (telephone: (02) 9438 7000 or freecall 1800 22 00 99 email: enquiries@pcfa.org.au, website: www.pcfa.org.au).

PCFA provides a range of resources to support men, partners and their families with prostate cancer. For further information, please see www.pcfa.org.au.

DISCLAIMER

PCFA develops materials based on the best available evidence and takes advice from recognised experts in the field in developing such resources; however, it cannot guarantee and assumes no legal responsibility for the currency or completeness of the information.

PERIODIC UPDATES

It is planned that PCFA will review this booklet after a period of, but not exceeding, four years.

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Introduction

This book is for men who have made a decision to have a specific treatment or have already received treatment for prostate cancer. It contains information to help you understand important issues about surgery as a treatment option following a prostate cancer diagnosis. It may also be helpful for your partner, family or friends to read this booklet.

Your cancer journey

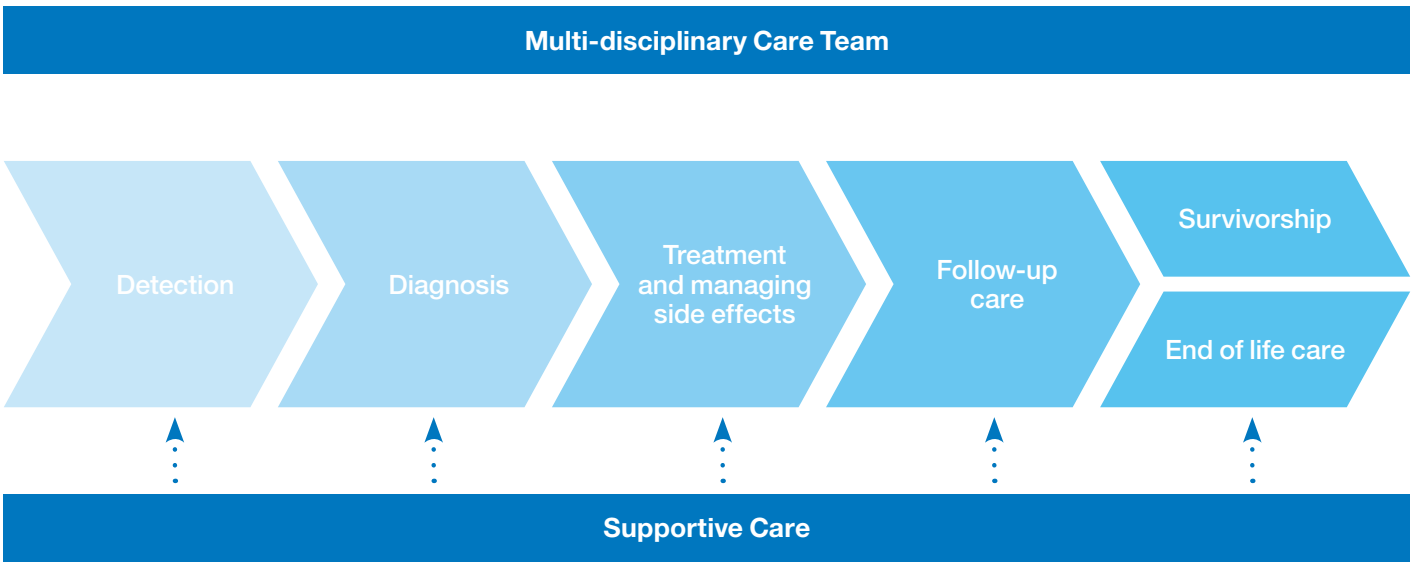
After being diagnosed with prostate cancer, it's common for you to see a number of health professionals with different expertise who work together as a team, called a **multidisciplinary** team (also known as a **healthcare** team). Best practice treatment and supportive care for people with cancer involves a team of different health professionals. Each team member brings different skills that are important in managing care and in making decisions around your individual needs. The team includes health professionals who are involved in diagnosing your cancer, treating your cancer, managing symptoms and side effects and assisting you with your feelings or concerns during your cancer experience.

The cancer journey is your personal experience of cancer. It's not the same for everybody, even with the same type of cancer. Depending on your stage of prostate cancer and other underlying conditions, your experience may be quite different to somebody else's.

As the diagram Your cancer journey shows, it can be useful to think of the journey in stages that may include detection, diagnosis, treatment, follow-up care and survivorship. For some, it may include end of life care. Take each stage as it comes so you can break down what feels like an overwhelming situation into smaller, more manageable steps.

For some men, the impact of diagnosis and treatment may be minimal or quickly resolved. For others, this impact can be more difficult, requiring further support and help. The aim of this booklet is to provide you with information that you can then use as a guide to further discussions with your doctor and healthcare team about your situation. Being informed enables you to participate in decisions about your care and leads to improved experiences and better care.

YOUR CANCER JOURNEY



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Useful information before your surgery

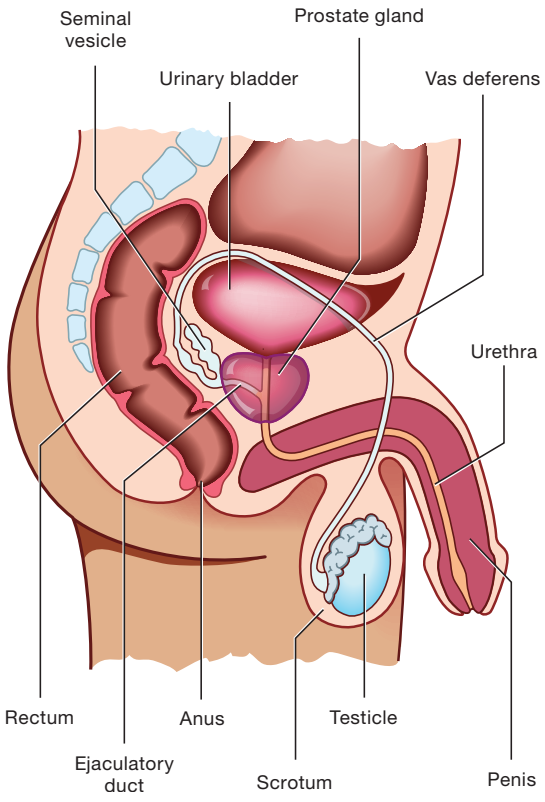
'My diagnosis was very quick. I had a very aggressive form of cancer and everything happened very quickly… quickly into surgery and then follow-up after that. But obviously the most critical time was after the initial diagnosis of my cancer. I wanted more information.'

WHAT IS THE PROSTATE?

The prostate is a small gland below the bladder and in front of the rectum in men. It surrounds the urethra, the passage in the penis through which urine and semen pass. The prostate is often described as the size of a walnut and it is normal for it to get bigger as men age.

The prostate is part of the male reproductive system (see diagram). It produces most of the fluid that makes up semen, which enriches and protects sperm. The prostate needs the male hormone testosterone to grow and develop. Testosterone is made by the testicles.

THE MALE REPRODUCTIVE SYSTEM
(where the prostate gland is)



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Useful information before your surgery

WHAT IS PROSTATE CANCER?

Prostate cancer occurs when abnormal cells develop in the prostate, forming a malignant tumour (cancerous growth). These cells have the potential to multiply in an uncontrolled way, and possibly spread outside the prostate into nearby or distant parts of the body.

Prostate cancer is generally a slow-growing disease, and the majority of men with prostate cancer live for many years or decades without painful symptoms, and without it spreading and becoming life-threatening.

STAGES OF PROSTATE CANCER

The stage of prostate cancer depends on whether the cancer has spread outside of the prostate or not.

When the cancer is found only in the prostate gland, this is known as *localised prostate cancer* or *early prostate cancer.*

For some men, their prostate cancer may grow slowly. But in other men, their prostate cancer may grow more quickly and may also spread to other parts of the body – this is called *advanced prostate cancer.*

There are different stages of advanced prostate cancer:

- Locally advanced prostate cancer: the cancer has extended beyond the prostate and may include seminal vesicles (the glands that produce semen) or other surrounding organs such as the bladder or rectum
- Metastatic prostate cancer: the cancer has spread to distant parts of the body such as lymph nodes and bone.

LEARN MORE

If you want to learn more about advanced prostate cancer, a series of free booklets on advanced prostate cancer is available through PCFA (www.pcfa.org.au).

DIAGRAM OF LOCALISED PROSTATE CANCER

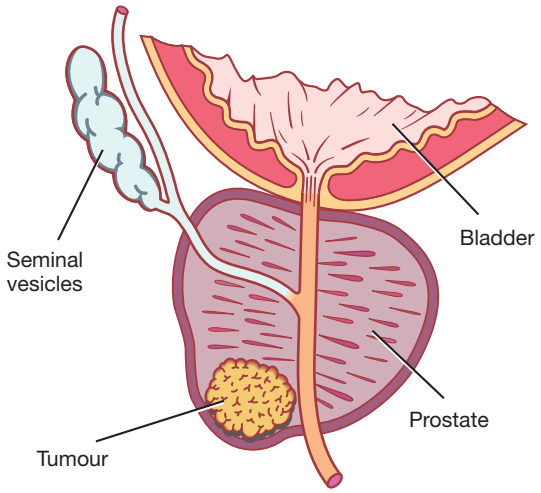
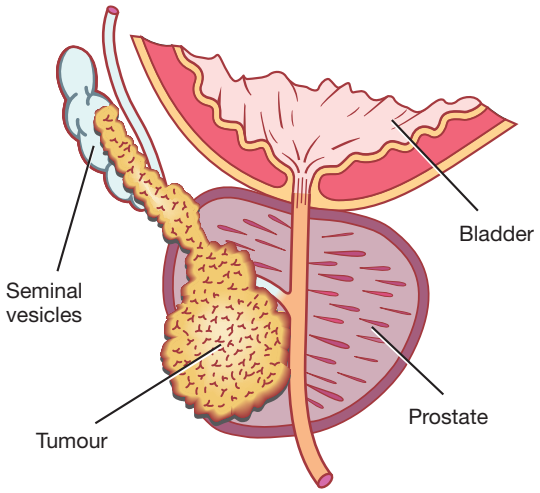


DIAGRAM OF LOCALLY ADVANCED PROSTATE CANCER



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Useful information before your surgery

WHO CAN HAVE PROSTATE CANCER SURGERY?

The decision about surgery for prostate cancer is made in consultation with your urologist and healthcare team. Surgery is generally used as a treatment option for men with localised prostate cancer. It may also be considered for locally advanced prostate cancer, depending on how far the cancer has spread outside the prostate gland.

Surgery can be considered a good option when:

- you are medically fit for surgery, for example, you do not have health conditions that may put you at significant risk during or after surgery
- you are expected to live for 10 years or longer
- you have not previously received radiotherapy treatment for your prostate cancer
- your prostate cancer is considered to be at risk of progressing to threaten your health.

? Listed below are some questions you may want to ask your urologist or members of your healthcare team about prostate cancer surgery.

- What does surgery involve?
- What are the benefits and how likely are they?
- What are the possible side effects and how likely are they to occur?
- How will surgery affect my quality of life?
- How will surgery affect my sexual function or sex life?
- Will surgery make me incontinent?
- What are the costs involved with surgery?
- How may surgery affect other health conditions I may have?
- If I want children, what are my options? Is there anything I need to do before surgery?
- What are my options if I don't have surgery?

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Prostate cancer surgery

WHAT IS A RADICAL PROSTATECTOMY?

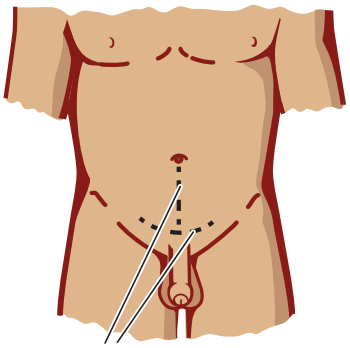
Surgery to remove the prostate gland and some of the surrounding tissue is called a **radical prostatectomy.** The aim of surgery is to remove all of the cancer.

Different approaches to radical prostatectomy

The way the urologist gains access to the area to be operated on is referred to as the *surgical approach.* There are three types of surgical approaches the urologist may take to remove your prostate – Open radical prostatectomy, Laparoscopic radical prostatectomy and Robotic-assisted radical prostatectomy.

— Open radical prostatectomy is an operation whereby an incision, approximately 10cm in length, is made in the lower abdomen (from below the belly button to the top of the pubic hair line or across the top of the pubic hair line)

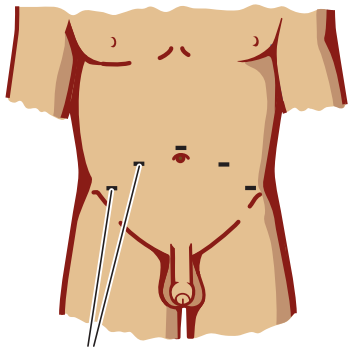
OPEN RADICAL PROSTATECTOMY



Incision sites for open radical prostatectomy

— Laparoscopic radical prostatectomy involves the urologist inserting a small camera and instruments (surgical tools) through several small incisions in your abdomen to look inside your body and perform the operation. Your abdomen is filled with carbon dioxide so the prostate and surrounding area can be clearly seen.

LAPAROSCOPIC RADICAL PROSTATECTOMY



Laparoscopic incision sites

— Robotic-assisted radical prostatectomy is laparoscopic surgery performed with the assistance of equipment that helps with dexterity and 3-D vision. The surgeon performs the operation by controlling the surgical tools remotely with the aid of the computer. Small incisions in your abdomen are required. Robotic surgery isn't available in all hospitals in Australia and currently can be financially costly.

Recovery time may be quicker with laparoscopic or robotic prostate surgery, compared to open surgery, but all three forms of radical prostatectomy have similar rates of side effects. The choice of surgery is largely dependent on the particular technique your urologist has expertise in. At this time, there is no high level evidence that one technique is better than the other.

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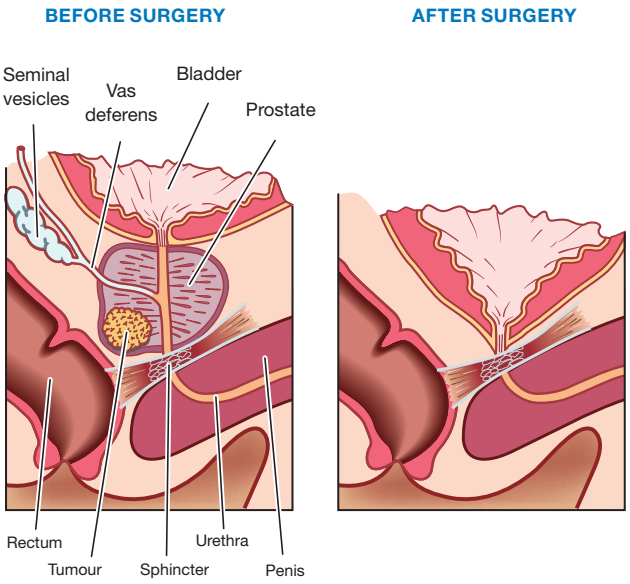
Prostate cancer surgery

WHAT HAPPENS DURING YOUR SURGERY?

You will require a general anaesthetic, which means you will be fully asleep during the surgery. The surgery can take 2-4 hours depending on the approach.

In some cases, the urologist may remove a small amount of tissue near your prostate that contains *lymph nodes*. This will provide information on whether the cancer has spread. One of the first places prostate cancer may spread to is the lymph nodes. Your urologist will discuss this with you before surgery.



The prostate gland is then removed along with the seminal vesicles (glands that produce some of the fluid in semen) and vas deferens (a duct which carries semen). The urethra is then reconnected to the bladder.

The prostate gland, surrounding tissues and lymph nodes (if removed) will then be sent to a pathologist who will examine them and provide information on the stage and grade of the cancer. Your urologist will inform you about the results of this.

TIMEFRAMES

Timeframes on pathology results can vary. Discuss with your healthcare team about when you can expect these results.

NERVE-SPARING SURGERY

There are nerve bundles that run either side of the prostate that affect your ability to have an erection. Depending on the extent of your cancer, these nerves will either be left intact or removed. Sometimes the urologist is able to leave the nerves on one side of the prostate only.

'They did tell me that I'd possibly have a problem with erections after the operation, depending on whether they were able to spare the nerves or not.'

MORE INFORMATION

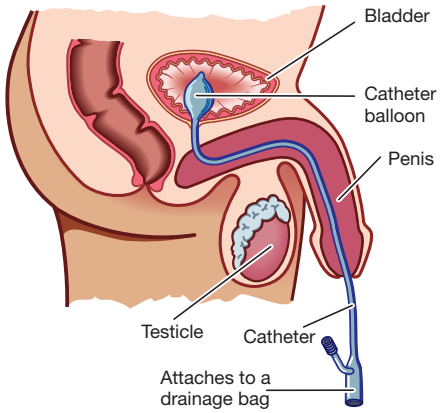
For more information on erections following surgery, please see the section on 'Possible sexual function related side effects'.

URINARY CATHETER AFTER SURGERY

The urethra is the thin tube that travels from the bladder through the penis, and carries urine and semen out of the body. The urethra runs through the middle of the prostate gland so it needs to be cut above and below the prostate. The urethra is then reattached to the bladder later in the operation – this reattachment is called an *anastamosis.*

To help this area to heal, a urinary catheter is used. A urinary catheter is a thin tube which runs from your bladder through your penis and drains urine into a bag on the outside of your body. The catheter is held in place by a balloon inflated inside your bladder. Generally a catheter is left in place for 1 to 2 weeks following your surgery. This may vary depending on your individual situation.

CATHETER IN PLACE



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Prostate cancer surgery

ADVANTAGES AND DISADVANTAGES OF SURGERY

The advantages and disadvantages of all types of surgery can depend on the stage of your cancer, your age, and your overall general health.

Advantages

- The aim is to remove all the cancer.
- Surgery provides detailed knowledge about the pathology of the cancer, for example, whether it has spread or if it has been contained within the prostate gland.
- Surgery is psychologically beneficial to some men, who take comfort knowing that the cancer has been removed.
- Treatment is completed in a shorter time period compared to other treatment options such as radiotherapy.
- It results in an immediate, rapid fall in prostate-specific antigen (PSA).
- It is associated with less chance of bowel problems compared to radiotherapy.

Disadvantages

- There is a risk of temporary or long term erectile dysfunction (impotence).
- After surgery there will be no ejaculation at orgasm (dry orgasm).
- Surgery will result in infertility.
- Surgery is associated with a risk of temporary or long term urinary incontinence.
- Penile shortening may occur after surgery.
- There is a small risk of bowel injury.
- Some men may need further treatment.

Possible complications

Even though your hospital stay may be short, you should be aware that this operation is still considered major surgery. As with all major operations, there is a risk of side effects or complications. Your urologist and anaesthetist will discuss possible complications with you before your surgery.

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Your surgical journey

It is often helpful to break the surgical journey into smaller steps or stages. This strategy can also be helpful as you approach your surgery. It will help you cope with one thing at a time, from preparing for surgery through to your recovery at home. The following pages contain useful information on what to expect at each step of your surgical journey. You can use this information as a guide to further discussions with your doctor and healthcare team about your situation.

BEFORE SURGERY

Your physical wellbeing

There are a variety of ways that you can prepare yourself before your surgery:

- Consult with your general practitioner (GP), urologist and anaesthetist about any health issues that should be managed prior to your surgery. Further tests or examinations may be needed to assess your health before surgery.
- Visit your hospital's cancer care nurse, urology nurse, continence advisor or physiotherapist for further information, advice and support.
- There are certain medications that you may need to stop taking temporarily before surgery, for example, anti-coagulants (blood thinning medications) and anti-inflammatories. Discuss this with your healthcare team.
- Lose weight if required. Consult with your GP or a dietitian if a specific diet is required. Obesity is a risk factor for surgery complications.
- Quit smoking. Smoking can reduce the amount of oxygen being delivered to the tissues of your body and slow the healing process. Quitting may help with recovery and reduce the chance of developing chest and circulatory problems after your surgery. There are benefits in stopping smoking even 24 hours before your surgery. If you need help to quit smoking, talk with your GP or a member of your healthcare team.
- Constipation can be a problem after surgery as a result of reduced activity, medications that you may receive for pain, and a change in your food and fluid intake. It may be recommended that you have regular bowel movements, and your motions are soft prior to surgery. A good bowel movement prior to your surgery may assist in the prevention of constipation following surgery. Your urologist may advise you to take medication to ensure regular bowel motions before surgery.
- Discuss with your urologist about the need for a blood transfusion during surgery. You may be able to donate your own blood in the weeks before surgery to be used if required. However, it is quite rare to need a blood transfusion.
- Talk with your healthcare team about pelvic floor exercises and start strengthening your pelvic floor before surgery. For more information on pelvic floor exercise, please see the section on 'Possible side effects of surgery'.

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Your surgical journey

— Talk with your urologist about sexual function side effects. Discuss penile rehabilitation programs if erectile function is important to you. For further information on sexual function, please see the section on 'Possible sexual function related side effects'.

— Infertility will occur after surgery. If you are planning to have children or more children following treatment, discuss this with your healthcare team. There may be options available to you, such as storage of semen in a sperm bank.

Your personal wellbeing

Practical tips:

— You will need time off work, usually 4 to 8 weeks. Discuss with your urologist when you can expect to return to work.

— Expect to be in hospital for 1 to 6 nights. This may vary based on your individual situation and the type of surgery you had. Members of your healthcare team will discuss with you about what to expect.

— Ensure that you have arranged transport to and from the hospital as you will be unable to drive for a period of time following your surgery. Ask your urologist about when you can expect to return to driving.

— If you are from a country area, consider accommodation requirements close to the hospital. You may have to return to hospital 1 to 2 weeks later for your catheter to be removed and therefore may need to make accommodation arrangements for this, or you may choose to remain close to your treatment centre until your catheter is removed.

— You may be informed by members of your healthcare team as to what you need to bring with you to the hospital. For example, personal belongings and medications.

— Consider support or assistance you may need when you first come home from hospital. You may wish to organise meals or house cleaning. For example, stock up on pre-cooked or frozen meals. If you do not have a support person to assist with cleaning, you may wish to organise a cleaning service for a short period. Social workers can give you information on community services such as cleaning services, meal services and financial assistance. They can also assist you with accommodation advice and arrangements. Social workers are members of most hospitals' healthcare team. If your treating hospital does not have a social worker, discuss with your GP or your healthcare team.

Your emotional wellbeing

You may find yourself dealing with a range of feelings and emotions following your diagnosis and preparation for your surgery. Feelings such as anger, fear and frustration are common and can occur at any time. These feeling are normal reactions to what is a highly stressful situation.

You may not realise it, but you probably already have your own ways of coping with difficult situations or decisions. For some men, talking through problems with their partner helps them to cope, for others distracting themselves from an unpleasant thought or situation can be beneficial. Understanding the ways in which you usually cope or have coped in the past can help you deal with the challenges of a cancer diagnosis.

Sometimes your usual coping strategies may not provide all the ways you need to cope with the challenges of cancer. If you feel that your usual coping strategies are not helping, talk to your GP or another member of your healthcare team. They can provide support and information and refer you to other healthcare team members where required.

It is important to remember you are not alone; there are established prostate cancer support groups all around Australia. Support and advice can be received from men who have been in the same position as you. This support can provide a powerful way of coping.

YOUR HOSPITAL STAY

The following information is a guide only as to what you may expect. Your treating hospital and healthcare team will provide you with information specific to your individual situation.

Before admission to hospital

Your healthcare team and treating hospital will inform you about important details regarding your hospital stay.

Hospital admission:

— You may be required to attend a pre-admission clinic.

— You may receive a phone call to discuss your health history.

— You may be required to complete your health history online.

— You may be admitted the night prior, or the day of your surgery.

— Admission to hospital (date and time) will be given to you.

— The hospital will inform you what personal belongings to bring with you.

Preparing for surgery:

The hospital will provide you with details of:

— fasting time (when to stop eating and drinking before your surgery)

— medication, X-rays, scans that you are required to bring with you

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Your surgical journey

— medications you should stop temporarily before surgery, for example, anti-coagulants, anti-inflammatories, herbal or complementary supplements. If in doubt, discuss with your healthcare team

— appointment time with your anaesthetist either before your hospital stay or on the day of your surgery.

Admission to hospital

You may be admitted directly to a hospital ward or to a pre-surgery area. Following your preparation (see below) you will be taken to the operating theatre for your surgery.

The following lists what preparation for your surgery may include:

— Hospital admission paperwork will be completed with nursing staff.

— It may be necessary for the nurse to clip or shave the hair from you abdominal and genital area.

— You may be fitted with anti-embolic (compression) stockings that assist with blood circulation and help prevent the formation of blood clots in your legs.

— You will be asked to shower and change into the attire for your surgery, for example, a surgical gown.

— You may be given medication to help you relax, if prescribed by your anaesthetist.

— Your anaesthetist will visit and discuss your anaesthetic and the type of pain relief you will receive following your surgery.

WHAT TO EXPECT FOLLOWING SURGERY

'After the surgery we didn't get told a lot because it was all such a rush.'

Information and understanding about what to expect in your pathway to recovery following surgery can help you feel less anxious and more in control.

Pain relief following surgery

Due to tissue injury in the body, pain is often a consequence of surgery. A good level of pain relief is important for your comfort and wellbeing and will help your recovery. To prevent complications, within the first day following surgery you will be required to perform activities such as deep breathing and coughing. These activities can cause discomfort and you will need pain relief so you can perform them effectively.

The level of pain following radical prostatectomy is different for every man. You are the expert on how much pain you feel. It is important to talk with the nursing staff and your healthcare team about your level of pain to allow them to adjust your pain relief medication to your needs. Commonly, you may be asked to score your level of pain using pain score tools. For example, a number scale may be used where you rate your pain from 0 to 10, 0 being no pain and 10 being the worst pain imaginable. The healthcare team at your treating hospital will discuss their pain tool with you.

The type of pain relief and possible side effects will be discussed with you by your anaesthetist and members of the healthcare team.

Pain relief can be given in a variety of forms:

— tablets

— injections

— epidural infusion: pain medication is continuously delivered into the space near your spinal cord in your back. Sometimes this can be patient controlled, whereby you press a button to deliver the medication as you require it.

— PCA (Patient Controlled Analgesia): pain medication is delivered from a pump into a needle in your vein, whereby you press a button to deliver the medication as you require it.

Generally you will need more pain relief in the first 24 hours following your surgery, and will gradually require less and milder forms of pain relief in the following days.

You may need a tablet form of pain relief for the first few weeks at home following surgery. Discuss your pain relief at home and any possible side effects with your healthcare team.

Medical equipment, what to expect

Some men are quite alarmed at the amount of equipment in place when they wake up from surgery. The following is a guide to the equipment you can expect to find. Not all of this will be relevant to you and your individual situation.

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Your surgical journey

Equipment	Reason	Length of time required
Oxygen (O2) (Mask over your mouth and nose or plastic prongs into your nose) 	— To assist in breathing following the effects of the anaesthetic and pain medication.	— As prescribed by your healthcare team. — Time required is variable.
Intravenous (IV) line (a needle into a vein in your arm, with plastic tubing attached) 	— Fluid replacement. — Medications for pain relief, nausea, antibiotics or a blood transfusion can be given through this line.	— Until you are drinking normally. — Until your vital signs (blood pressure, pulse, respirations) are stable. — As prescribed by your healthcare team.
Pain relief (given in the form of PCA, epidural, injections or tablets)	— For pain relief following surgery, including irritation from your urinary catheter.	— As prescribed by your healthcare team, based on your individual needs. — Time required is variable. For more information, please see the section on ‘What to expect following surgery’.
Urinary catheter (thin tube that travels from your bladder out through your penis, drains urine into a plastic drainage bag. Held inside your bladder with a small balloon, secured on the outside to your leg) 	— Drains urine from your bladder, allows the joint between the bladder and urethra to heal. — Catheter secured to your leg with either a special securing device or tape to prevent pulling or dragging of the catheter. — Large drainage bag immediately following your surgery, usually changed to a small bag attached to your leg in preparation for going home.	— Usually from 1 to 2 weeks. — As prescribed by your urologist.

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Your surgical journey

Equipment	Reason	Length of time required
Wound drains (Plastic tubes from the inside of your abdomen, attached to a plastic drainage bottle on the outside of your body) 	— Placed during surgery in or around the surgical area, and exiting through the abdomen. — For drainage of excess fluid from the surgical area. — A wound drain is not always necessary.	— Length of time may vary from 24 to 72 hours depending on amount of drainage. — As prescribed by your urologist.
Intravenous (IV) line (a needle into a vein in your arm, with plastic tubing attached) 	— Provide a barrier to protect incision and drain sites from germs. — Absorb any leakage (blood or fluid from surgical wounds or drain sites). — Reduce pain and allow ease of movement.	— Nursing staff will monitor and change as required. — You may go home with wound dressings in place. For more information on care at home, please see the section on ‘Managing at home’
— Anti-embolic (compression) stockings **— Below knee or above knee** 	— Assist in promoting blood circulation by graduated pressure on the lower legs. — Preventative measure in reducing the formation of blood clots in the deep veins of the legs.	— Worn throughout your hospital stay. — At home until you are fully recovered. — As prescribed by your urologist.
Sequential leg pumps 	— Assist in promoting blood circulation by a series of pulsating compressions to the lower legs. — Preventative measure in reducing the formation of blood clots in the deep veins of the legs.	— Usually in place for 24 to 48 hours. — As prescribed by your urologist.

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Your surgical journey

PREVENTING COMPLICATIONS AFTER YOUR SURGERY

Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)

Following any surgery, your risk of having a blood clot in your leg (DVT) or lung (PE) is higher than usual. You are more at risk if you have had a clot previously.

A blood clot that forms in a deep vein of the leg is called a deep vein thrombosis (DVT). A clot can partly or totally block blood flow. Most blood clots form in the calf muscle of your leg. Time spent lying in bed following surgery can prevent healthy blood flow and can increase your risk of developing blood clots in your legs.

A clot in your lung is called a pulmonary embolism (PE) and is generally the result of a clot that has formed in the leg (DVT). A clot can break away and travel through your blood stream to your lungs.

Preventative strategies for DVT or PE will be discussed with you by your healthcare team, taking into account your individual needs. Some strategies that may be used include:

- Your urologist may prescribe medication called an anti-coagulant (prevents clot formation), which is generally given as an injection following your surgery.
- You may be given anti-embolic (compression) stockings to wear just before and after surgery.
- You may be asked to walk short distances every hour (except when sleeping).
- You may be asked to perform leg exercises while resting in bed or a chair, as advised by your healthcare team.

DVT and PE – Signs and Symptoms

DVT signs and symptoms: occur in the affected leg if a clot obstructs or blocks the blood flow. You may experience redness, heat, pain or swelling in your leg.

PE sign and symptoms: You may experience difficulty breathing or feeling short of breath, faintness, coughing up blood, pain in your lungs or chest and a feeling of anxiety.

Inform your urologist or a member of your healthcare team immediately if you experience any of these signs or symptoms. They can occur at any stage following your surgery, and you can remain at a high risk of developing a DVT or PE up to **3 months after your surgery.**

Preventing constipation

Constipation is the inability to pass or difficulty in passing a bowel motion because it is dry or hardened.

Following surgery, you are more likely to experience constipation due to the effect of the surgery on your bowel, side effects of pain relief medications, a change in your usual diet and fluid intake, or a reduction in your usual activity levels such as walking.

If you experience constipation you are more likely to strain or bear down when attempting to have a bowel motion. It is important to avoid this straining as it can affect the surgical sites, including the joint between the bladder and urethra. The pressure from straining can cause urine to leak through this join and may delay the healing process. Urine can also flow out around the catheter and cause leakage from the urethra when straining.

The following tips will help prevent constipation and achieve regular soft bowel motions.

- Eat a well-balanced diet including adequate amounts of fruit, vegetables and high fibre foods.
- Drink at least 1-2 litres of fluid per day, mainly water.
- Maintain regular activity as per your hospital healthcare team's advice.
- You may be prescribed laxative medications by your urologist to maintain regular soft bowel actions in the short term following your surgery.
- Ask your healthcare team before going home from hospital for information on what to do if constipation occurs.

Eat a well-balanced diet including adequate amounts of fruit, vegetables and high fibre foods.

4

Your surgical journey

YOUR RECOVERY FOLLOWING SURGERY

Recovery

- After your surgery, you will be moved to a recovery area for short period of monitoring.
- Your vital signs will be monitored (e.g. blood pressure, oxygen levels, temperature).
- Your pain level will be checked and if needed, you will be given pain relief medications.
- The urinary catheter, wound drain, wound dressings and nausea will be monitored.
- Once stable, you will be moved from the recovery area to a hospital ward for ongoing care.

Ward

- Your nursing staff and healthcare team will continue managing your care and recovery until you are discharged home. Your time in hospital can vary from 1-6 days; before surgery you will be advised what to expect.
- Nursing staff will manage and remove the medical equipment in consultation with your urologist, hospital surgical team and anaesthetist.
- Nursing staff, and in some cases physiotherapists, will guide you with coughing, deep breathing and leg exercises following surgery. The aim of these is to prevent chest and circulation complications and should be continued as advised by your healthcare team. You will be assisted to walk short distances and sit out of bed within the first day of your surgery.
- You will need to take regular rest periods between exercise and activities.
- Nursing staff will assist with your hygiene needs immediately after surgery, and will guide you from there on.
- Based on your individual situation, your healthcare team will advise when it is safe for you to eat and drink after surgery.

Going Home

- Planning for your discharge home will start within the first day of your surgery.
- Nursing staff will show you how to manage at home, including how to care for your catheter.
- The hospital will have specific information for you in preparation for your discharge (e.g. details of who to contact if you have any problems following your discharge).

4

Your surgical journey

MANAGING AT HOME

Your treating hospital and healthcare team will provide you with specific information to follow upon your discharge from hospital until you visit your urologist for a follow up appointment.

WHAT TO EXPECT

Activity levels:

- A gradual return to normal activity is recommended.
- Short periods of activity such as gentle walking each day.
- Rest between activities. If you feel tired increase your rest periods.
- No heavy lifting, no activities that involve straining, no driving or physical exercise as advised by your urologist and healthcare team.

Eating and drinking:

- Continue with a healthy, nutritious diet.
- Fluids, particularly water, are important to help with clearing your catheter and preventing constipation. (For more information, please see the next section on 'Managing your urinary catheter at home'.)

Pain relief:

- Follow instructions from your hospital healthcare team; ask questions about your pain relief medication if you are unsure.
- As you recover you will find you can reduce the amount of pain relief tablets you require. It is important however to have an adequate amount of pain relief to allow you to perform normal daily activities comfortably such as showering yourself, dressing yourself, taking gentle walks.

Wound care:

- Nursing staff from your treating hospital will explain how to care for your wound. Ensure you have been given these instructions and understand them. Ask questions if you are unsure.
- You may either have dressings still in place or have no dressings when you go home. Usually wound dressings will be completely removed within 1 week following your discharge from hospital.
- Expect to have swelling and bruising of your scrotal area, which will resolve in the weeks following surgery. Wearing supportive underwear can assist with comfort.
- Look at your wound or the area around your wound dressing for signs of a wound infection. These can include redness of the surrounding skin, the area may be hot to touch or swollen, the wound may have a smelly odour, or there may be leakage of pus or fluid from the wound. Contact your healthcare team immediately if you have any signs of wound infection.

MANAGING YOUR URINARY CATHETER AT HOME

You will go home with a urinary catheter for a short period of time, usually between 1 to 2 weeks. If you are from a regional area, you may wish to consider staying close to your treatment centre until you have had your catheter removed.

Information and education on how to manage your urinary catheter at home will be given by members of your healthcare team, who may include a continence advisor, urology nurse or ward nurse. This advice will include:

- catheter bag care, including care of a leg bag and how to attach a night bag, how to remove and clean a night bag, how to change a bag if required, your hygiene needs with a catheter, how your catheter should be secured to prevent pulling
- what to do if catheter problems occur (further tips below)
- who to contact and what to do if an emergency occurs with your catheter (further tips below)
- where and when your catheter is due for removal
- information and advice on what to expect when your catheter is removed.

Tips to assist in your catheter care

- Drink: Preferably water. You should aim to drink enough fluids to keep your urine a pale yellow colour to prevent infection and possible blockage of the catheter.

If you have a medical condition that restricts the amount of fluid you can drink, speak with your urologist about your fluid intake.

- Regular bowel motions: Aim for regular bowel motions [for more information on constipation, please see the section on 'Preventing complications after your surgery']. Straining while having a bowel motion can cause problems such as urinary bleeding. Prevent straining by maintaining regular soft bowel motions.
- Hygiene: Wash your hands with soap and water before and after any catheter care. Continue to shower as usual, wash around the head of the penis and under your foreskin (if uncircumcised) in a downward action at least daily.
- Check equipment: Ensure there are no kinks in the catheter or drainage bag. Keep the drainage bag below the level of your bladder to allow for correct drainage of urine and to prevent backwards pressure into the bladder.
- Prevent pulling of catheter: Ensure your catheter is strapped or taped to your leg, as advised by your healthcare team. This prevents pulling of the catheter, which can cause pressure to the internal surgical area. Empty your catheter bag when half to three quarters full to prevent dragging on the catheter.

4

Your surgical journey

Tips on managing catheter problems

— Bleeding around the catheter: It is normal to experience small amounts of bleeding around the catheter (from the tip of the penis). This can commonly occur if you have strained, for example, when having a bowel action or when heavy lifting. If you are concerned with the amount of bleeding, contact your healthcare team.

— Discharge around your catheter: It is normal to experience small amounts of discharge (secretions) from around the catheter (from the tip of the penis). The discharge can be clear/milky and becomes brown when dry. Remove this discharge from around the catheter when showering. If you are concerned with the amount of discharge, contact your healthcare team.

— Bladder spasms: You may experience occasional spasms in your bladder, which can feel like you need to urinate. This is not uncommon. They can cause leakage of urine around the catheter - rather than urine coming out through the catheter, it bypasses the catheter. If this leakage becomes a problem for you, it can be managed by wearing a small continence pad. If you are experiencing discomfort or pain with the bladder spasms, talk with your urologist about medications to assist.

— Leaking of urine: Occasional leaking of urine around the catheter can occur. It can occur due to bladder spasms (see above), as a result of the healing process, if you have strained with a bowel action, or with strenuous activity. If the leakage becomes a problem it can be managed by wearing a small continence pad in your underwear. If you are concerned with the leakage, talk with a member of your healthcare team.

— Blocked catheter: If you are experiencing pain in the bladder area or your catheter stops draining urine, check that there are no kinks in the catheter or catheter bag tubing. Ensure the leg bag is well positioned on your leg and not pulling or dragging. Keep drinking water and walk around. If urine is still not draining, or if you are experiencing pain, contact your healthcare team immediately for further advice.

A blocked catheter requires urgent medical attention.

— Your catheter falls out: If your catheter falls out, contact your urologist, a member of your healthcare team or your treating hospital immediately.

A catheter that has fallen out requires urgent medical attention.

— Urinary infection: A urinary catheter puts you at risk of developing a urinary infection. To prevent this, ensure you drink enough water to keep your urine a pale yellow colour (unless you have been advised otherwise by your healthcare team), and keep the area where the catheter goes into your penis clean. Signs of a urinary infection include: cloudy, coloured or smelly urine, you have a temperature, you feel unwell, you are experiencing pain in the bladder, urethra or kidney area (lower back or flank area). Contact your urologist or healthcare team for further advice.

A urinary infection requires urgent medical attention.

WHAT TO EXPECT WHEN YOUR URINARY CATHETER IS REMOVED

You need an appointment either with your urologist or at the hospital to have your catheter removed. Make sure you have the date and time for this before you are discharged from hospital.

Sometimes you are required to have a small procedure called a cystogram prior to your catheter removal. A cystogram is an X-ray procedure that uses dye to show the bladder and surrounding area. This can be used to check if the area where your bladder and urethra have been joined is healing.

Your treating hospital and urologist will advise you what is required on the day when your catheter is removed.

It is common to experience urinary problems and urinary incontinence such as leakage of urine or accidental leaking of urine at this early stage (for more information, please see the following section on ‘Possible side effects from surgery’). How you urinate will be assessed and monitored after the catheter is removed.

Be prepared for urinary incontinence on the day when your catheter is removed. It is important to have continence pads with you on the day. If you have not been given continence pads by your treating hospital, they can be purchased from a supermarket or chemist. A men’s shield pad is recommended at this stage.

Sometimes urinary incontinence can be significant in the early weeks after the catheter has been removed, with some men experiencing leakage all the time early after the catheter is removed.

? Listed below are some questions you may want to ask members of your healthcare team about what to expect.

— When can I commence pelvic floor exercises?

— What urinary problems or urinary incontinence can I expect?

— How long can these problems be expected to continue?

— How can I manage the problems or incontinence?

5

Possible side effects of surgery

All prostate cancer treatments, including surgery, come with some side effects. Generally, the type of side effects can be predicted but how severe they are can be different between men. The important thing is for you to find out as much as you can about your treatment and the side effects *before* you start, so that you can be better prepared.

WHAT IS A SIDE EFFECT?

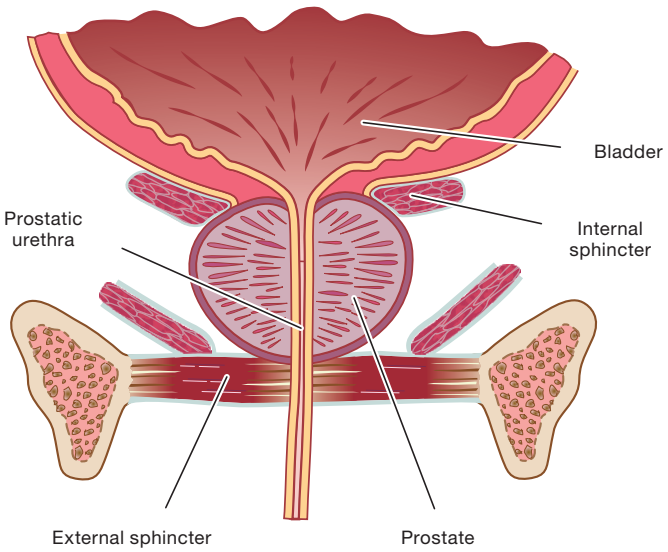
It is important to not confuse side effects with cancer symptoms. Side effects are unwanted and unpleasant symptoms or reactions caused by the treatment, not by the disease itself.

Side effects can be managed through additional treatments (e.g. medications or psychological interventions). Because people can react differently to the same treatment, their experiences of side effects can also be different.

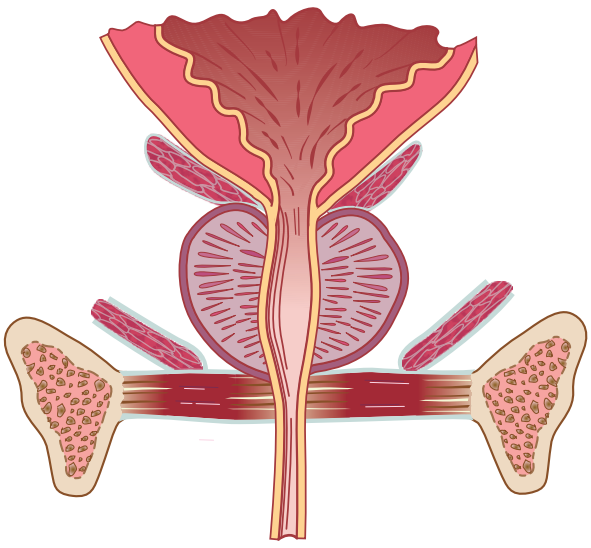
- Some side effects are minor and can be managed, while others may be more difficult.
- Some side effects can be uncomfortable.
- Some side effects can be serious health conditions that require more medical treatments.
- Most side effects are reversible when treatments stop, but some are permanent.
- Some people don't experience any side effects from treatments, while some people experience many.
- Always talk to your healthcare team about side effects because there may be ways of managing them.

INTERNAL AND EXTERNAL URINARY SPHINCTERS

A) Full bladder



B) Emptying bladder



POSSIBLE URINARY SIDE EFFECTS

Urinary side effects are problems that can be caused by prostate cancer surgery. Following surgery, some men don't experience urinary problems or they are quickly resolved. For other men, the urinary problem can be more difficult, requiring further support and help from their urologist and healthcare team members who specialise in prostate cancer and urinary problems.

To understand possible urinary problems following surgery, it is important to know how the prostate and bladder are connected, and how your prostate cancer surgery affects them both.

How is urine function controlled?

- Urination is controlled by two urinary sphincters, which are muscles acting like valves. The internal sphincter is located where the bladder and urethra join, called the bladder neck. The external sphincter sits below the prostate near the pelvic floor.
- These two sphincter muscles act together, and control urine by opening and closing around the bladder neck and urethra. When they get permission from the brain, the sphincters relax to allow the bladder to empty. At the same time, the bladder muscles contract and squeeze urine out of the bladder. When you have finished urinating, the sphincter muscles contract and close while the bladder relaxes.

The **pelvic floor muscles** also play a part in bladder control. The floor of the pelvis is made up of muscle layers and tissues. The layers stretch like a hammock from the tailbone at the back to the pubic bone in front. Your pelvic floor muscles support your bladder and bowel. The urethra (urine tube) and rectum (anus) pass through the pelvic floor muscles.

5

Possible side effects of surgery

When your prostate gland is removed entirely during surgery, two things occur that can cause urinary problems:

— A gap is created between the bladder and urethra, which is then surgically reattached. The bladder neck (where the bladder and urethra join) can be affected and this can cause urinary problems.

— Also, the external sphincter may be weakened, or very rarely, damaged during surgery, and this can cause urinary problems as well. This is why pelvic floor exercises (which can strengthen the external sphincter) before your surgery, and after removal of your catheter, can help with managing possible urinary problems after surgery.

Urinary problems you may experience following surgery

Stress urinary incontinence is the most common urinary problem following prostate cancer surgery. Stress urinary incontinence is loss or leakage of urine when there is an increase in abdominal pressure such as when you cough, laugh, sneeze, change position or are physically active (e.g. exercising or lifting).

For some men, urinary problems start improving soon after the catheter is removed, while for others it can take 6 to 12 months after surgery for normal bladder function to return and urinary problems to be resolved. A small percentage of men will experience permanent incontinence. There are treatment options available for permanent incontinence. Discuss your situation with your healthcare team.

Many factors can affect continence following surgery such as your weight, the stage of your cancer, the surgical technique required for your individual situation, or if you were experiencing any urinary problems before your surgery. For older men (over 70 years old), it may be slower initially for them to regain their continence, but there is some evidence that by 3-6 months, there is no difference between younger and older men in terms of urine control after surgery.

Very rarely, the bladder neck can develop a narrowing known as bladder neck *stenosis*.

Urinary problems caused by a stenosis may include:

— a weak urinary stream

— hesitancy

— a feeling of incomplete emptying of your bladder

— spraying of urine when urinating

— urinary retention.

Some other urinary problems you may experience after surgery include:

— incomplete emptying (a feeling of not fully emptying your bladder)

— hesitancy (difficulty beginning your urinary stream)

— intermittency (a stop/start urinary stream)

— dribbling (slight urinary leakage after urinating is completed)

— weak urinary stream (slow flow with minimal force)

— straining (having to push or strain to begin your urinary stream)

— frequency (needing to urinate every two hours or less)

— urgency (strong sudden urge to urinate and inability to delay it)

— nocturia (need to urinate overnight)

— pain (any discomfort, such as burning, stinging or pain while urinating).

Pelvic floor exercises

'The message to me was try and keep your pelvic floor firm so you can control urine.'

Pelvic floor exercises are designed to strengthen the pelvic floor muscles with the aim of improving bladder and bowel control.

Performing pelvic floor exercises before and after prostate cancer surgery is vital to your recovery as these muscles play a major role in bladder control. A consultation before your surgery with a continence physiotherapist, continence or urology nurse who can teach you the correct technique with these exercises is recommended.

Discuss with members of your healthcare team (e.g. continence nurse advisor, continence physiotherapist) who can give you information about pelvic floor exercises. Do not perform pelvic floor exercises while the catheter is in place.

POSSIBLE SEXUAL FUNCTION SIDE EFFECTS

When your prostate gland is removed, it can have side effects on your sexual function.

How does surgery affect sexual function?

— Your entire prostate gland is removed along with the seminal vesicles.

What to expect: The prostate and seminal vesicles make most of the fluid (semen) that accompanies sperm when you ejaculate. Therefore following surgery, orgasm can occur but it will be dry because there will be no ejaculation of semen. Men report different experiences with dry orgasm; some describe a more intense orgasm while others feel orgasm is not as pleasurable. Pain may be experienced in the short term but this generally improves as healing to the area occurs.

5

Possible side effects of surgery

Note: Infertility occurs in all men after radical prostatectomy. If you plan to have children following treatment, discuss this with your healthcare team. There may be options available to you such as storage of semen in a sperm bank.

— Change in penis size

'A side effect, if you have a radical prostatectomy, is the size of your penis [can] shrink and that's not a side effect that anybody talks about.'

What to expect: Many men report penile shortening and shrinkage following surgery. It is thought there are a number of factors that may contribute to this, including scar tissue formation, reconnecting of the urethra to the bladder, and damage or interruption to the blood supply of the nerves. The reasons for penile shortening and shrinkage are not yet fully understood.

— Whether your surgery is nerve sparing or non-nerve sparing may depend on the extent of your cancer. The nerves that control erections run alongside the prostate and urethra. **Nerve sparing** surgery is when the nerves can be preserved or left on either one (unilateral) or both (bilateral) sides. **Non-nerve sparing** is when the nerves are removed.

What to expect: Erectile dysfunction (ED) can be a possible temporary or permanent side effect of surgery for prostate cancer. Erectile dysfunction is the medical word for erection problems and is described as the inability to achieve or maintain an erection firm enough for sexual activity or penetration.

It should be expected that you will lose the ability to have an erection in the short term after surgery. However, over a period of time there can be improvement in your erectile function. The timeframe and likelihood you will return to having erections depend on your individual situation. Discuss with your urologist about what to expect after your surgery.

Penile rehabilitation

'I think that for men of my age, erectile dysfunction probably hits them a bit harder than men in their sixties or seventies… and I think that perhaps they underestimate the psychological impact.'

There is emerging evidence that a program called *penile rehabilitation* following radical prostatectomy can improve the speed with which erectile function is regained.

The purpose of a penile rehabilitation program is to encourage blood flow to the spongy cylinders (*corpus cavernosum* in the diagram) that run either side of the penis, and improve oxygen supply to the tissues of the penis. The aim is to prevent permanent damage to the tissues, and possibly help with an earlier return of erectile function following treatment.

Programs for penile rehabilitation can include:

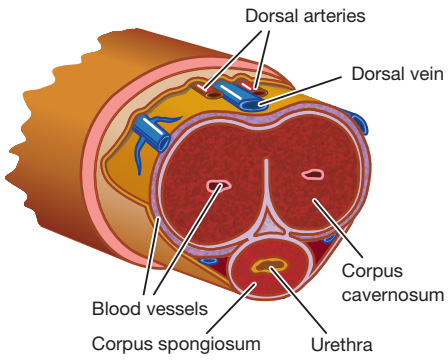
— the use of tablet medications (PDE5 inhibitors) either before or after treatment

— penile injection medication

— vacuum erection devices

— different combinations of the above.

INSIDE VIEW OF A PENIS



The program will consist of a plan to achieve a certain number of artificial erections per week. Recent research suggests improved results are achieved if a rehabilitation program is undertaken in the early stages following surgery.

Like all treatment plans, a penile rehabilitation program will be based on you and your partner's individual needs and situation. Discuss with your partner and healthcare team before treatment about whether a penile rehabilitation program is an option for you. A referral to a specialist in this area can be arranged for you through your healthcare team.

6

Your Journey to recovery

Within the first 6 weeks following surgery, you should be returning to more of your usual activities.

FOLLOW-UP APPOINTMENTS

As part of your ongoing care, follow-up appointments will be offered to make sure you are recovering or have recovered from surgery.

You may have a follow up appointment with your urologist within the first 4 to 6 weeks following surgery.

Discussions with your urologist may include:

- how you are recovering from the surgery
- what urinary problems you may be experiencing
- erectile function and ongoing management based on your individual situation
- pathology information from the operation and a recent PSA level.

After the surgery, the prostate gland and surrounding tissue will have been sent to a pathologist. The pathologist examines the prostate gland and tissue and provides information on the grade and stage of the cancer and if the cancer had spread to the edges of the prostate.

Your urologist will use this information along with your PSA level to decide on your ongoing care.

Your PSA should drop to an undetectable level and will be checked at regular intervals following your surgery. Your healthcare team will provide advice and support about your ongoing follow-up care.

7

Where can I go to get support and information?

Managing the cost of treatment

The Australian Government subsidises the cost of listed prescription medicine to all residents and eligible overseas visitors through the Pharmaceutical Benefits Scheme (www.pbs.gov.au/info/about-the-pbs). Not everything relating to your cancer treatment may be covered by the scheme so check with your doctor when they prescribe a medication or refer you to a service. If you have private health insurance, check what your policy will cover so that you are prepared for any possible financial outlays.

Talk to a member of your healthcare team (e.g. social worker) about what financial and practical support services are available. Talk to your local Medicare office about the 'Pharmaceutical Benefits Scheme Safety Net' and the 'Medicare Safety Net' on costs of medications and medical bills (www.humanservices.gov.au/customer/services/medicare/pbs-safety-net and www.humanservices.gov.au/customer/services/medicare/medicare-safety-net).

Organisations and services

Listed below are some of the leading organisations and services that can provide you with accurate information and support about issues following prostate cancer treatment.

- Prostate Cancer Foundation of Australia (PCFA):
  Tel: (02) 9438 7000/1800 220 099 (freecall)
  Email: *enquiries@pcfa.org.au*
  www.pcfa.org.au *(PCFA state offices are listed on the website)*
- Cancer Australia: providing national leadership in cancer control and improving outcomes for Australians affected by cancer – www.canceraustralia.gov.au
- Andrology Australia: providing information about prostate cancer and male reproductive health – Tel: 1300 303 878
  Email: info@andrologyaustralia.org
  www.andrologyaustralia.org
- Continence Foundation of Australia: providing information about bladder and bowel health and accessing support – Tel: (03) 9347 2522 or 1800 330 066 (free helpline staffed by continence nurse advisors) Email: info@continence.org.au
  www.continence.org.au
- Impotence Australia: providing information about impotence, treatments and accessing support –
  Tel: (02) 9280 0084/1800 800 614 (freecall)
  E: admin@impotenceaustralia.com.au
  www.impotenceaustralia.com.au
- Cancer Council Helpline: a free, confidential telephone information and support service run by Cancer Councils in each State and Territory – Tel: 13 11 20
- Lifeline Australia: providing all Australians experiencing a personal crisis with access to 24 hour crisis support and suicide prevention services Tel: 13 11 14 (24 hour service)

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Where can I go to get support and information?

- beyondblue: The National Depression Initiative – providing information about and support for anxiety and depression
  Tel: 1300 224 636
  www.beyondblue.org.au
- Black Dog Institute: providing treatment and support for mood disorders such as depression – Tel: (02) 9382 4523
  Email: blackdog@blackdog.org.au
  www.blackdoginstitute.org.au
- Relationships Australia: providing relationship support services for individuals, families and communities
  Tel: 1300 364 277
  www.relationships.org.au
- Cancer Council Australia: reducing the impact of cancer in Australia through advocacy, research, education and support – www.cancer.org.au
- Cancer Councils: providing practical and emotional support, financial and legal assistance, information services and more.

Cancer Councils:

Cancer Council ACT
Tel: (02) 6257 9999
Email: reception@actcancer.org
www.actcancer.org

Cancer Council Northern Territory
Tel: (08) 8927 4888
Email: admin@cancernt.org.au
www.cancercouncilnt.com.au

Cancer Council NSW
Tel: (02) 9334 1900
Email: feedback@nswcc.org.au
www.cancercouncil.com.au

Cancer Council Queensland
Tel: (07) 3634 5100
Email: info@cancerqld.org.au
www.cancerqld.org.au

Cancer Council South Australia
Tel: (08) 8291 4111
Email: tcc@cancersa.org.au
www.cancersa.org.au

Cancer Council Tasmania
Tel: (03) 6212 5700
Email: infotas@cancertas.org.au
www.cancertas.org.au

Cancer Council Victoria
Tel: (03) 9514 6100
Email: enquiries@cancervic.org.au
www.cancervic.org.au

Cancer Council Western Australia
Tel: (08) 9212 4333
Email: inquiries@cancerwa.asn.au
www.cancerwa.asn.au

7

Where can I go to get support and information?

— Talk It Over: Men's Line Australia – providing professional telephone and online support, information and referral service, helping men to deal with relationship problems in a practical and effective way – Tel: 1300 789 978
www.menslineaus.org.au

— Fertility Society of Australia: providing information about fertility issues and accessing services – Tel: (03) 3645 6359
www.fertilitysociety.com.au

FURTHER READING

— Localised prostate cancer information pack: Prostate Cancer Foundation of Australia. (2013). (You can get a free copy of this pack by contacting PCFA – Tel: (02) 9438 7000/1800 220 099 (freecall) Email: enquiries@pcfa.org.au
www.pcfa.org.au

— Advanced prostate cancer information pack: Prostate Cancer Foundation of Australia. (2014). (You can get a free copy of this pack by contacting PCFA – Tel: (02) 9438 7000/1800 220 099 (freecall) Email: enquiries@pcfa.org.au
www.pcfa.org.au

— Facing the tiger: a guide for men with prostate cancer and the people who love them, Chambers, S. (2013). Toowong: Australian Academic Press.

— After prostate cancer: a what-comes-next guide to a safe and informed recovery, Melman, A. & Newnham, R. (2011). New York: Oxford University Press.

Other resources
For more information about prostate cancer and symptom management, PCFA has a number of resources.
Please visit PCFA website www.pcfa.org.au
or call: (02) 9438 7000/1800 220 099 (freecall).

Please note: If calling from overseas, the country code for Australia is +61

8

Glossary

Abdomen	The part of the body that includes the stomach, intestine, liver, bladder and kidneys. The abdomen is located between the ribs and hips.
Adjuvant therapy or adjuvant treatment	Treatment given after the primary treatment to increase the chances of a cure. In cancer, adjuvant treatment often refers to chemotherapy, hormonal therapy or radiotherapy after surgery, which is aimed at killing any remaining cancer cells.
Advanced prostate cancer	Prostate cancer that has spread to surrounding tissue or has spread to other parts of the body.
Alternative therapy	Therapy used instead of standard medical treatment. Most alternative therapies have not been scientifically tested, so there is little proof that they work and their side effects are not always known.
Anaesthetic	A drug that stops a person feeling pain during a medical procedure. A local anaesthetic numbs only a part of the body; a general anaesthetic puts a person to sleep for a period of time.
Bladder	A sac with an elastic wall of muscle; found in the lower part of the abdomen. The bladder stores urine until it is passed from the body.
Brachytherapy	A type of radiotherapy treatment that implants radioactive material sealed in needles or seeds into or near the tumour.
Cancer	A term for diseases in which abnormal cells divide without control.
Carer	A person who helps someone through an illness or disability such as cancer.
Catheter	A hollow, flexible tube through which fluids can be passed into the body or drained from it.
Cells	The building blocks of the body. A human is made of millions of cells, which are adapted for different functions. Cells can reproduce themselves exactly, unless they are abnormal or damaged, as are cancer cells.
Chemotherapy	The use of drugs, which kill or slow cell growth, to treat cancer. These are called cytotoxic drugs.
Clear Margin	When a malignant tumour is surgically removed some surrounding tissue will be removed with it. If this surrounding tissue does not contain any cancer cells it is said to be a clear margin.
Clinical trial	Research conducted with the person's permission, which usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain a better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.
Complementary therapy	Therapy used together with standard medical treatment. Examples include counselling, relaxation therapy, massage, acupuncture, yoga and meditation, aromatherapy, and art and music therapy.
Constipation	Inability to have regular bowel movements.
Cultural engagement	Actively involve people with respect to their cultural needs.
Diagnosis	The identification and naming of a person's disease.
Diarrhoea	Opening the bowels very frequently. Motions may be watery.
Dietitian	A health professional who specialises in human nutrition.

8

Glossary

Erectile dysfunction	Inability to achieve or maintain an erection firm enough for penetration.
Erection	When the penis becomes enlarged and rigid.
External beam radiotherapy (EBRT)	Uses x-rays directed from an external machine to destroy cancer cells.
Fertility	Ability to have children.
General Practitioner (GP)	General practitioners diagnose, refer and treat the health problems of individuals and families in the community. Also commonly referred to as family doctors.
Grade	A score that describes how quickly the tumour is likely to grow.
Hormone	A substance that affects how your body works. Some hormones control growth, others control reproduction. They are distributed around the body through the bloodstream
Hormone therapy/treatment	Treatment with drugs that minimises the effect of testosterone in the body. This is also known as androgen deprivation therapy (ADT).
Incision	A cut into a body tissue or organ.
Impotence	See erectile dysfunction.
Incontinence	Inability to hold or control the loss of urine or faeces.
Intravenous	Into a vein. An intravenous drip gives drugs directly into a vein.
Localised prostate cancer	Prostate cancer that is at an early stage and is still contained within the prostate gland.
Locally advanced prostate cancer	Cancer which has spread beyond the prostate capsule and may include the seminal vesicles but still confined to the prostate region.
Lymph nodes	Also called lymph glands. Small, bean-shaped collections of lymph cells scattered across the lymphatic system. They get rid of bacteria and other harmful things. There are lymph nodes in the neck, armpit, groin and abdomen.
Malignant	Cancerous. Malignant cells can spread and can eventually cause death if they cannot be treated.
Metastatic prostate cancer	Small groups of cells have spread from the primary tumour site and started to grow in other parts of the body – such as bones.
Multidisciplinary team	A team approach to cancer treatment and planning.
Non-nerve-sparing radical prostatectomy	Nerve bundles on both sides of the prostate are removed during surgery to remove the prostate.
Palliative care	An approach that improves the quality of life of the person and their families facing problems associated with a life-threatening illness. Prevention and relief of suffering is provided through early identification and assessment and treatment of pain and other problems such as physical, psychosocial and spiritual.
Pathologist	A person who studies diseases to understand their nature and cause. Pathologists examine biopsies under a microscope to diagnose cancer and other diseases.
PBS	Pharmaceutical Benefits Scheme
Pelvic	The area located below the waist and surrounded by the hips and pubic bone.

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Pelvic floor muscles	The floor of the pelvis is made up of muscle layers and tissues. The layers stretch like a hammock from the tailbone at the back to the pubic bone in front. The pelvic floor muscles support the bladder and bowel. The urethra (urine tube) and rectum (back passage) pass through the pelvic floor muscles.
Perineal (Perineum)	The area between the anus and the scrotum.
Penis	The male reproductive organ consists of a body or shaft which starts deep inside the body and extends externally to the end of the penis at the glans (head).
Primary care	Primary Care is a sub-component of the broader primary health care system. Primary care is provided by a health care professional who is a client's first point of entry into the health system (for example: a general practitioner, practice nurse, community nurse, or community based allied health worker). Primary care is practised widely in nursing and allied health, but predominately in general practice.
Prognosis	The likely outcome of a person's disease.
Prostate cancer	Cancer of the prostate, the male organ that sits next to the urinary bladder and contributes to semen (sperm fluid) production.
Prostate gland	The prostate gland is normally the size of a walnut. It is located between the bladder and the penis and sits in front of the rectum. It produces fluid that forms part of semen.
Prostate specific antigen (PSA)	A protein produced by cells in the prostate gland, which is usually found in the blood in larger than normal amounts when prostate cancer is present.
Psychosocial	Treatment that is intended to address psychological, social and some spiritual needs.
Quality of life	An individual's overall appraisal of their situation and wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships, and occupational functioning.
Radical prostatectomy	A surgical operation that removes the prostate.
Radiotherapy or radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells or injure them so they cannot grow or multiply.
Self-management	An awareness and active participation by people with cancer in their recovery, recuperation, and rehabilitation, to minimise the consequences of treatment, promote survival, health and wellbeing.
Shared decision making	Integration of a patient's values, goals and concerns with the best available evidence about benefits, risks and uncertainties of treatment, in order to achieve appropriate health care decisions. It involves clinicians and patients making decisions about the patient's management together.
Side effect	Unintended effects of a drug or treatment.
Stage	The extent of a cancer and whether the disease has spread from an original site to other parts of the body.
Standard treatment	The best proven treatment, based on results of past research.
Support group	People on whom an individual can rely for the provision of emotional caring and concern, and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.

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Supportive care	Improving quality of life for people with cancer from different perspectives, including physical, social, emotional, financial and spiritual.
Surgeon	A doctor who performs surgery to remove cancerous tissue.
Surgery	Treatment that involves an operation. This may involve removal of tissue, change in the organisation of the anatomy or placement of prostheses.
Survivorship	In cancer, survivorship focuses on the health and life of a person with cancer beyond the diagnosis and treatment phases. Survivorship includes issues related to follow-up care, late effects of treatment, second cancers, and quality of life.
Testosterone	The major male hormone which is produced by the testicles.
Unilateral nerve-sparing radical prostatectomy	Nerve bundles on one side of the prostate are left intact during surgery to remove the prostate.
Therapy	Another word for treatment, and includes chemotherapy, radiotherapy, hormone therapy and surgery.
Urethra	The tube that carries urine from the bladder, and semen, out through the penis and to the outside of the body.
Urologist	Urologists are surgeons who treat men, women and children with problems involving the kidney, bladder, prostate and male reproductive organs. These conditions include cancer, stones, infection, incontinence, sexual dysfunction and pelvic floor problems.

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PCFA is a broad-based community organisation and the peak national body for prostate cancer in Australia. We are dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.

We do this by:

— Promoting and funding world leading, innovative research in prostate cancer

— Implementing awareness campaigns and education programs for the Australian community, health professionals and Government

— Supporting men and their families affected by prostate cancer, through evidence-based information and resources, support groups and Prostate Cancer Specialist Nurses.

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