What is the difference between laparoscopic and robotic surgery?
Robotic surgery is a type of laparoscopic surgery that involves operating through small “keyhole” incisions the size of a dime with robotic instruments that are directly controlled by your surgeon. Since the prostate gland is located in a small area within your body, the robot instruments help your surgeon perform a very detailed surgery with greater dexterity and precise movement—all within a very small space.

During robotic surgery, the abdomen is filled with gas to provide pressure on small blood vessels that might otherwise bleed. During open prostate surgery, these vessels bleed easily and are more difficult to control than during robotic surgery. With open surgery, bleeding vessels are either secured or bleeding is controlled with electricity. With robotic surgery, these vessels collapse with the gas pressure and form a clot to stop bleeding naturally. As a result, bleeding is controlled with less electricity—electricity that can damage nerves that are important to a man’s return of continence and potency. For the same reason, blood transfusions are very uncommon with robotic surgery. At NorthShore, we have never transfused a patient after robotic prostate surgery.

Who performs the surgery?
The attending robotic surgeon is the primary surgeon. Residents, physician assistants and other attending physicians also assist with retraction, suction and will suture the patient. Students or visiting urologists who are learning to perform this procedure may observe your surgery on a monitor.

When is the best time to have the surgery?
Inflammation caused by a biopsy makes surgery difficult. We wait six weeks after a biopsy to allow that inflammation to resolve. The chance that the cancer can spread or advance in two to three months is very low, making removing the prostate without the presence of inflammation the standard recommendation.

Can I have surgery after radiation or brachytherapy (seed therapy)?
Radiation, in the form of external beam or brachytherapy (seeds giving off radiation), causes an inflammatory reaction that makes removal of the prostate difficult. The prostate becomes fixed to adjacent structures, like the rectum, and this increases the risk of surgery. Post-operatively, patients also tend to have more problems with regaining continence. In addition, sparing the nerves important for potency is usually not possible.

How much pain is experienced after surgery?
During the first 24 to 48 hours, patients may have some pain in the areas of the small openings made in the abdomen to insert the robotic instruments. Most patients report taking a small amount of pain medication during the first few days after surgery.

How is the prostate removed?
The prostate is placed in a protective bag and removed intact through a dime-sized incision above the belly button.

How long does the surgery take?
Surgical time varies because each surgery and patient are unique. In general, the procedure takes approximately three hours but it can range from two to four hours.

How long is a typical hospital stay?
Approximately seventy percent of NorthShore patients return home within 24 hours after the surgery. The remaining percentage of patients may stay an extra day if they don’t have help at home or if they have a long distance to drive home.

When can I resume work?
We recommend that patients allow for four weeks off work; however, most patients return to work within two weeks. Although pain after one to two days is not an issue for most patients, fatigue is. The body is still healing and needs energy to recuperate. If you plan to return to work within two weeks, consider working shorter days.

When can I drive?
Patients who are not in pain or on pain medication may drive.

When can I resume exercise?
Patients can resume exercising five weeks after surgery. Cyclists should wait three months.

When can I resume sexual activity?
Patients should begin as soon as possible after surgery; however, recovery of full function can take up to twelve months.