

Robotic Prostatectomy with Pelvic Lymph Node Dissection

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Open on
phone

WHAT IS THIS PROCEDURE?

A **radical prostatectomy** removes a prostate that has cancer, along with the seminal vesicles and nearby pelvic lymph nodes.

Robotic: the surgeon works through several small ports in the abdomen using the robot. The abdomen is inflated with gas to make working room.

Reconnection: after the prostate is removed, the bladder is stitched back to the urethra (the anastomosis). A catheter stays in to let it heal.

KEY POINTS

- **General anesthesia with paralysis.** OG tube generally not necessary.
- **Low lithotomy in Yellofins**, bare back on the Pink Pad, arms tucked with the Pink Pad arm straps, Mayo stand over the head **before draping**.
- **AirSeal** for insufflation in all robotic surgery suites.
- **Two 20 Fr Foleys:** one on the field at the start, a second (10 cc balloon) after the anastomosis.
- Two specimens: prostate and seminal vesicles; bilateral pelvic lymph nodes.

PORTS

- **8 mm da Vinci ports ×4**
- **12 mm AirSeal port ×1**
- **5 mm threaded trocar ×1**
- **First (camera) port: blunt black reusable obturator** from the robot set. Remaining ports: bladeless obturators.
- 1% lidocaine plain for port sites.

ROBOTIC INSTRUMENTS

Open

- Monopolar scissors
- Fenestrated bipolar
- ProGrasp
- Large needle drivers ×2
- 0° robotic scope

Available in room, open only if asked

- 30° robotic scope

ASSISTANT (PA) INSTRUMENTS

Open

- Long suction irrigator
- Hunter laparoscopic bowel grasper
- Weck Hem-o-lok appliers, large, with large clips
- Laparoscopic scissors
- 10 mm laparoscopic spoon (Snowden Pencer)

Available in room, open only if asked

- Weck Hem-o-lok extra-large applier and clips
- EndoPaddle retractor

SUTURES, IN ORDER OF USE

1. 2-0 V-Loc 9 in, GS-21
2. 2-0 Vicryl SH, cut to 10 inches
3. 4-0 Vicryl RB-1, repair stitch (on call)
4. 3-0 Monocryl ×2 for the anastomosis

OTHER SUPPLIES

Open

- Second 20 Fr Foley, 10 cc balloon (after the anastomosis)
- 10 mm Inzii retrieval bag

Available in room, open only if asked

- 19 Blake drain with bulb, and 2-0 silk to secure it
- Surgicel 4×8 sheets and Surgicel powder

GLOVES: MD AND PA

MD

- Port placement: single 7.5 white.
- Closing: double glove, 7.5 blue under 7.5 white.

PA

- Aimee: 7 blue, 6.5 white
- Carras: 7 blue, 6.5 white
- Heather: 6.5 micro ×2
- John: 7.5 blue, 7 white
- Olivia: 7 blue, 6.5 white

ANESTHESIA

- General anesthesia with paralysis.
- Perioperative antibiotics: cefazolin (Ancef) 2 g IV, unless otherwise noted or allergy.
- OG tube generally not necessary.

POSITIONING

- Low lithotomy in Yellofin stirrups.
- Bare back directly on the Pink Pad (Xodus Medical pink foam pad), strapped to the bed with the "This side up" label up.
- Arms padded and tucked at the sides with the Pink Pad arm straps (no arm sleds).
- Mayo stand placed over the head before draping.

PREP AND DRAPE

- Shave the abdomen from the xiphoid to just above the pubic bone.
- ChloraPrep from nipples to pubis, including penis, scrotum and inner thighs.
- Drape with five blue towels secured with loban strips.

CATHETER AND INSUFFLATION

- 20 Fr Foley placed on the field; have lubricant and a catheter bag ready.
- 0 Vicryl UR-6 available to limit air leak.
- AirSeal for insufflation in all robotic surgery suites.

SPECIMENS

- 1) Prostate and seminal vesicles
- 2) Bilateral pelvic lymph nodes
- **The surgeon personally inspects the specimen before it goes to pathology.** Don't send it until then.
- Wound class: II (clean-contaminated).

UNDOCKING AND CLOSURE

- 12 mm assistant port: close with PMI and 0 Vicryl.
- Camera port: 0 Vicryl UR-6 (open 2, have 3 more on call).
- Skin: 4-0 Vicryl.