

Surgery: radical prostatectomy

This fact sheet is for men who are thinking about having surgery to treat their prostate cancer. Partners and families of men with prostate cancer may also find this information useful.

It describes the operation to remove the prostate gland (radical prostatectomy), which can be done as open surgery or keyhole surgery.

Each treatment centre will do things slightly differently. Use this fact sheet as a general guide to what to expect and ask your specialist team for more details about treatment and help available to you.

In this fact sheet:

- How does radical prostatectomy treat prostate cancer?
- Who can have a radical prostatectomy?
- What are the advantages and disadvantages?
- What does treatment involve?
- What happens afterwards?
- What are the side effects?
- Where can I get support?
- When to call your specialist team
- Questions to ask your specialist team
- More information

How does radical prostatectomy treat prostate cancer?

The aim of a radical prostatectomy is to take out the prostate gland and the cancer contained within it. To increase the chance of removing all the cancer cells, the surgeon will also take out the seminal vesicles. These are two glands next to the prostate that make some of the fluid of semen.

Your surgeon may also remove the nearby lymph nodes if there is a high risk that the cancer has spread there. The lymph nodes are part of the immune system and help the body fight disease and infection. Surgeons do not routinely remove the lymph nodes when there is a low risk that the cancer has spread into them. Your surgeon should discuss this with you before your operation.

There are several ways of removing the prostate gland:

Open prostatectomy

This is the most common method. There are two types of open surgery:

- Retropubic prostatectomy
This is done through a cut in the abdomen. This is the most common type of open prostatectomy.
- Perineal prostatectomy
This is done through the area between the testicles and back passage. This method is less common than the retropubic operation.

Keyhole prostatectomy

This is also called a laparoscopic prostatectomy. This involves accessing the prostate gland through five or six small openings, rather than one large one. There are two ways of doing this type of operation:

- By hand
- With the help of a robot
The robot-assisted operation is relatively new and is only available in a small number of centres in the UK.

All of these methods appear to be equally good at treating prostate cancer. Your specialist team can tell you which types of operation are available in your area and give you their statistics on the outcomes of surgery. The table on the next page lists the advantages and disadvantages of each type of operation.

Who can have a radical prostatectomy?

Radical prostatectomy is a treatment option for men with cancer that is thought to be contained within the prostate gland (localised prostate cancer) and who are otherwise fit and healthy. It may not be suitable for you if you have other health problems, such as significant heart disease, as these increase the risks of surgery.

Overweight and obese men are more likely to have problems during and after all types of radical prostatectomy. For example, they experience greater blood loss and have an increased risk of wound infection and urinary problems. If you are overweight, your doctor may advise you to lose weight before your operation. You may find the information in our Tool Kit sheet, **Diet and prostate cancer**, helpful.

Alternative treatments for localised prostate cancer may include:

- Active surveillance
- External beam radiotherapy
- Brachytherapy
- Watchful waiting

Other treatment options include high intensity focused ultrasound (HIFU) and cryotherapy, which may be available as part of a clinical trial. HIFU and cryotherapy are relatively new treatments. We do not know as much about how effective they are in the long term or how they might affect quality of life. You can find out more about all of the treatments mentioned here by reading our other Tool Kit fact sheets or by calling our confidential Helpline on 0800 074 8383.

You should have an opportunity to discuss all of your treatment options with more than one specialist before making your final choice.

What are the advantages and disadvantages?

The advantages and disadvantages of all types of prostate surgery depend on your age, health and the stage of your cancer. Your surgeon should discuss your individual situation and options with you. The consent form that you need to sign before the operation will also list the risks and possible side effects. You can ask your specialist team to show you this form in advance.

Advantages

- If no cancer cells have escaped from the prostate gland, surgery will completely remove the cancer.
- The surgeon will remove your prostate gland and send it for testing so you will find out more about how aggressive the cancer is and how far it has spread.
- It will also treat a non-cancerous enlargement of the prostate called BPH (benign prostatic hyperplasia) and its symptoms.
- It is easy to measure the success of the surgery by monitoring the PSA level. If the surgery is successful, the PSA should drop to less than 0.1 ng/ml within four weeks of the operation.
- If your PSA starts to rise after surgery, you may be able to have further treatment with radiotherapy or hormone therapy. (If you choose to have radiotherapy as your first treatment, further treatment with surgery is not usually possible.)

Disadvantages

- Prostate surgery carries the same risks as any major operation such as:
 - bleeding and the need for a blood transfusion
 - injury to nearby tissues, nerves and organs such as the back passage (rectum)
 - blood clots in the lower leg that could travel to the lung
 - wound infection
- Treatment involves a stay in hospital and a period of recovery afterwards.

- If the cancer has broken out of the prostate gland, the surgeon may not be able to remove all of it and some cancer cells may be left behind. These can be treated at a later date with radiotherapy, hormone therapy or a combination of both if the PSA starts to rise.
- There is a risk of side effects such as erection and urinary problems – read page 8 for more details.

There are some specific advantages and disadvantages to the different types of surgery. These are described in the table below.

Advantages and disadvantages of different types of surgery		
Type of surgery	Advantages	Disadvantages
Open prostatectomy - retropubic	<ul style="list-style-type: none"> • Widely available across the UK • Lymph nodes can be removed if necessary 	<ul style="list-style-type: none"> • Can be more difficult to access the prostate gland than in the perineal operation • You are more likely to need a blood transfusion than in the other methods
Open prostatectomy - perineal	<ul style="list-style-type: none"> • Easier to access the prostate gland than in the retropubic method • You are less likely to need a blood transfusion than in the retropubic method 	<ul style="list-style-type: none"> • Less common than retropubic method • Not possible to remove the lymph nodes • Not suitable for removing large prostate glands
Keyhole (laparoscopic) prostatectomy by hand	<ul style="list-style-type: none"> • Less time spent in hospital and quicker recovery than open surgery • Appears to be as effective as open prostatectomy at treating prostate cancer but this needs to be confirmed with long term studies • Lymph nodes can be removed if necessary • You are less likely to need a blood transfusion and less likely to get a wound infection than in the retropubic method 	<ul style="list-style-type: none"> • Not yet widely available • Needs to be done by a specially trained surgeon • It is a new method so surgeons will need time to gain experience and improve their technique, although some surgeons have already gained a lot of experience
Keyhole (laparoscopic) prostatectomy - robot-assisted	<ul style="list-style-type: none"> • Same advantages as keyhole prostatectomy done by hand 	<ul style="list-style-type: none"> • Same disadvantages as keyhole prostatectomy done by hand • There are only a few robots in the UK

What does treatment involve?

Before the operation

You will get an appointment with your specialist team a few days or weeks before your operation. At this appointment you may have blood and urine tests, a heart tracing (ECG), chest X-ray and a physical examination to make sure you are fit for the anaesthetic. This is a good time to ask any remaining questions you have about the operation.

Some specialists advise men to practice pelvic floor exercises for a few weeks before the operation. This may help you recover from urinary problems caused by surgery more quickly. It is worth finding out how to do the exercises before your operation as you are likely to feel numb afterwards and may find it difficult to tell whether you are doing them correctly. The exercises are described in our Tool Kit sheet, **Urinary problems and prostate cancer**.

You will go in to the hospital ward on the day of your operation, or the day before. The nurses and doctors will introduce themselves and answer any questions you may have. The specialist who is responsible for your pain relief during and after the operation (anaesthetist) will explain how your pain relief will work. Your doctor or nurse will ask you to sign a consent form to state that you have been fully informed of all your treatment options, that you understand the advantages and disadvantages of surgery and that you wish to go ahead with the operation.

You will not be able to eat or drink for about six hours before the operation. If you need to take regular medication, ask the nursing or medical staff for advice. You may have some medicine to speed up your bowel movements (an enema or laxative) to make sure your bowels are empty before your surgery. If the hair in your pubic area needs to be shaved, this will be done in the operating theatre.

You will need to wear elasticated stockings during and after the operation. This is to reduce the chance of blood clots forming in your legs. You will keep these on until you are moving around normally again.

The operation

Open prostatectomy

The operation takes two to three hours. You will have a general anaesthetic so you will be asleep during the whole process and will not feel anything. You may need to be given blood (a blood transfusion) during the operation.

If you are having a retropubic prostatectomy, the surgeon will make a vertical or horizontal cut in your lower abdomen, below the belly button.

If you are having a perineal prostatectomy, the surgeon will make a cut in the area between your testicles and back passage (perineum). The type of operation you have will partly depend on your surgeon's preference. Speak to your specialist team about which operation they recommend.

Keyhole prostatectomy

This operation will normally take between two and three hours. You will have a general anaesthetic so you will be asleep during the whole operation. You may need to have a blood transfusion but this is less likely than with retropubic prostatectomy because there is usually less blood loss.

The surgeon will make five to six small cuts (less than 1cm or half an inch long) in your abdomen. They will insert a small camera through one of the cuts so they can see what they are doing. The surgeon uses the other cuts to insert the instruments to carry out the operation.

In rare cases (less than one per cent) the surgeon may need to switch to open surgery if the operation is taking longer than expected or if there is a lot of bleeding.

The robot-assisted operation uses the same technique as the operation done by hand but the surgeon uses two or three robotic arms to move the surgical instruments. The surgeon sits in the operating theatre, away from the operating table. He or she moves the surgical instruments by controlling the robotic arms through a computer.

Nerve-sparing surgery

The surgeon may do nerve-sparing surgery that avoids damaging the two bundles of nerves

that control your erections. These nerves are attached to the back of the prostate, which is the most likely place for cancer to grow if it has spread outside the prostate gland. If the cancer has spread too close to the nerves, the surgeon may need to remove one or both bundles of nerves. Your specialist team can tell you if nerve-sparing surgery may be suitable for you.

After the operation

You will be taken to the recovery room after the operation. When you are fully awake you will go back to the ward. You will have a number of tubes in place when you wake up:

- You may have a small tube running through your nose into your stomach to allow any extra fluid to be drained from your stomach while the anaesthetic is wearing off. This helps to prevent sickness. Not all men will have this but if you do, it will be the first tube to be removed after the operation.
- A drip, usually placed in your arm or hand, to give you fluid while you are not allowed to drink. This will be removed once you are eating and drinking normally.
- A small tube in your abdomen to drain away any fluid. This tube will be removed 24 to 48 hours after the operation and before you go home.
- A catheter to drain urine from your bladder, through your penis to a bag which hangs on the side of your bed, or which can be carried around with you. Most men go home with the catheter in place, attached to a bag that can be worn inside your trousers, strapped to your thigh. Some men may need to take a low dose of an antibiotic every day to prevent infection. You will go back to the hospital to have the catheter removed after one or two weeks.

Open prostatectomy

For the first 24 to 48 hours after the operation, you will be given a continuous supply of pain-relieving drugs either into the spine (epidural), or into a vein in your arm (intravenous). If the drugs go into a vein, you may have a patient controlled analgesia (PCA) pump so that you can top up your pain relief yourself if you need to. You will be shown how to use this.

You will then move onto pain-relieving tablets, which you can continue to take at home. Let your nurse know if you are in any pain so that they can find the right type and amount of pain relief for you. You may find that it hurts when you move around, cough or laugh. Some men find it helps to hold a folded towel or pillow over the wound at these times.

The nurses will encourage you to get out of bed and move around as soon as you are able to after the operation. The length of time you spend in hospital depends on your doctor's advice and your own recovery but is usually between four and six days.

Your stitches or clips will be removed after seven to 14 days, usually by a practice or district nurse, once you have gone home. You can safely shower the day after your operation. You may wish to wait a few days before having a bath. After washing, dry the wound by patting it gently with a towel as the skin may not have healed firmly at this stage.

You may have swelling and bruising in your scrotum and penis but this should go down after a few days. You may find underpants, which have a tighter fit, more supportive and comfortable than boxer shorts.

Keyhole prostatectomy

You may need to take pain-relieving drugs for several days after the operation. Your nurse will find the right type and amount of pain relief to suit you, so it is important to tell them if you are in any pain.

You will be encouraged to get out of bed as soon as you can after the operation and start to move around. You will be able to go home one to three days after the operation, depending on your recovery and your doctor's advice.

You will have plasters or a type of glue to cover the cuts from the operation. These will be removed after a couple of days. You will have stitches, which will either dissolve or will be removed by a practice or district nurse once you have gone home. You should be able to have a shower the day after the operation. Dry the wounds by patting gently with a towel.

What happens afterwards?

Care of your catheter

Before you leave hospital, the nurse will show you how to look after your catheter. You may have a smaller bag than you had in hospital, which can be strapped to your leg so you can move around easily. Make sure that the catheter is not pulled too tight as this could delay healing. The urine must be able to drain freely into the bag and the catheter should not be closed off with a tap or valve. If urine is allowed to build up in the bladder, it can put pressure on the wound and the stitches.

Once you are home, a community nurse will keep an eye on how your wound is healing and help you to look after your catheter. Tell the nurse if you notice any urine leaking from the outside of the catheter.

Try to keep the tip of your penis clean to prevent irritation, infection and redness. Use plain mild soap and water to remove any crusting and if you have a foreskin, make sure you move it forward again after cleaning. You may notice some bloody fluid seeping out around the catheter when you open your bowels or pass wind. This is normal, but if there is a lot of bleeding you should contact your surgical team at the hospital or your GP.

To help prevent infection, drink at least eight glasses of non-alcoholic fluid each day until your catheter is removed.

In the unlikely event that the catheter gets blocked or falls out once you are home, you should let the hospital ward know immediately, and they will contact the surgical team.

A personal experience

'When I went to bed at night, I put the night bag, which was attached to the leg bag, in a bowl on the floor. Any leaks were caught in the bowl and it was easier to get comfortable.'

Before you go home, your specialist team will give you details of where and when your catheter will be removed. This is usually at an outpatient appointment one or two weeks after

the operation. Your appointment may last for several hours. The medical staff will make sure you can pass urine without any problems and will offer you any support you may need.

Having the catheter removed can be uncomfortable but it should not be painful. The catheter is held inside the bladder with a small balloon, which is deflated so that the catheter can slide out easily. Afterwards, you may find that you leak some urine, so you may want to take some continence pads and a spare pair of underpants to the appointment. Loose fitting trousers may be more comfortable.

Ask your specialist team before the operation about the availability of continence pads. Some hospitals will provide these but you may need to get some more from the chemist or your GP. It can take a few weeks for the pads to arrive so order them before your operation if you can. You can get pads that are designed specially for men.

You may continue to leak urine for several months after surgery. Practising pelvic floor exercises before and after the operation may help you to regain control of your bladder more quickly. See page 9 for more information about urinary problems, pelvic floor exercises and sources of further help.

A personal experience

'In terms of getting back control of my bladder, some days were better than others. I found pelvic floor exercises really helpful as part of the process.'

Your wound

The scars from the operation will shrink and fade over time. The muscle and tissue inside your body also has to heal and this may take several months. A healthy diet will give your body the vitamins and minerals it needs to heal the wound. Our Tool Kit fact sheet, **Diet and prostate cancer**, describes what a healthy balanced diet looks like.

For the first couple of weeks after the operation, gentle indoor activities will help you to recover. After this time, light exercise such as taking

a daily short walk is fine but avoid climbing too many stairs, lifting heavy objects or doing manual work for eight weeks after the operation.

Constipation

You may have no bowel movements for several days after surgery, but if this carries on you may need a laxative. In some men, bowel habits may take a few weeks to return to normal. Ask your specialist team or GP for advice. To prevent constipation eat high fibre foods such as bran, prunes or apples.

Your follow-up appointment

You will have a follow-up appointment around four to 12 weeks after your operation. This is an opportunity for you to discuss any problems you are having, such as leaking urine or problems getting an erection.

You should get the results of the surgery at this appointment, if your doctor has not already given them to you. If the surgery has been successful the PSA level will drop to the lowest possible reading (usually less than 0.1 ng/ml).

If your results show that the cancer has spread outside the prostate gland, you may be offered further treatment with radiotherapy or hormone therapy. You can find out more about these treatments by reading our other Tool Kit fact sheets.

You will have regular appointments every three to six months to monitor your PSA level and any side effects. If your PSA level rises to more than 0.2 ng/ml and continues to rise, you may be offered further treatment such as radiotherapy or hormone therapy. You may also wish to consider taking part in a clinical trial. You can find out more about this by reading our Tool Kit fact sheet, **A guide to prostate cancer clinical trials**.

Waiting for PSA test results can be stressful and you may need the support of friends and family. Our specialist nurses can also offer support and information. To contact them, call our confidential Helpline on 0800 074 8383.

Going back to work

The amount of time you take off work will depend on your recovery and how much physical effort your work involves.

Most men return to work within six to eight weeks if they have had open surgery and two to six weeks if they have had keyhole surgery but you may need longer. If you work, ask your doctor for advice on how much time you will need to take off.

Driving

You will be able to sit in a car as a passenger while your catheter is still in. You may wish to avoid long journeys for the first two weeks after the catheter is removed until you are more used to dealing with any continence problems.

You will be able to drive a car when you feel you can do an emergency stop comfortably. There are no official guidelines for how long you should wait before driving. Advice given by specialist teams varies from two to six weeks after surgery. Check with your insurance company how soon after surgery you are insured to drive and whether you can drive while you are taking pain-relieving tablets.

Sexual activity

At your follow-up appointment your surgeon may recommend tablets, called PDE5 inhibitors, to help you regain erections. Even if you are not ready to start any sexual activity yet, starting these tablets soon after surgery, and taking them regularly, can improve your chances of getting erections later on. You may wish to ask your specialist team before your operation about this and other possible treatments for erection problems.

When you are ready, regular sexual activity may help to improve your erections over time. You may not be able to get an erection while you are recovering from the operation. You should still be able to orgasm but this will be dry, as no fluid is produced. You can read more about the likelihood of erection problems and ways of managing them on page 8.

For more information about regaining sexual function and the possible effects on your relationships you can read our Tool Kit fact sheet, **Sex and prostate cancer**. Your specialist team can also give you support and answer any questions you may have before or after the surgery.

that using a vacuum pump, either alone or together with a PDE5 inhibitor, may help to prevent shortening and improve erections.

Relationships

Changes to your sex life can sometimes put pressure on your relationship with your partner, if you have one. For example, you may not be able to act on the spur of the moment any more as some treatments for erection problems involve some planning. Some couples find it difficult to talk about how these changes make them feel. There is help available from organisations such as Relate, who offer sex therapy and relationship counselling, and the Sexual Advice Association. Their contact details are listed at the end of this fact sheet.

Infertility

The prostate gland and seminal vesicles, which produce and store some of the fluid in semen, are removed during the operation. You may still be able to experience orgasm (climax), even without an erection, but you will not ejaculate any semen. This is called a 'dry' orgasm and means that you will be infertile after the operation. If you are planning to have children, you may be able to store your sperm before the operation for use in fertility treatment. If this is important to you, ask your surgeon if this option is available locally.

Urinary problems

Radical prostatectomy may weaken some of the muscles that help to keep urine in the bladder. This can cause you to leak urine. You may leak a few drops when you exercise, cough or sneeze (stress incontinence) or you may need to wear pads to cope with larger amounts of urine leakage.

The number of men reported to have urinary problems varies depending on the age of the men being studied, how long ago they had their surgery and the experience of the surgeon. Out of every 20 men, between one (five per cent) and 13 (67 per cent) report some problems controlling their bladder after surgery.

Symptoms should improve with time and most men will notice an improvement three to six months after surgery. A small number

of men (less than five per cent) may still have no control over when they pass urine five years after surgery.

Up to a third of men (between 0.4 and 32 per cent) have problems passing urine after surgery because of scar tissue building up around the neck of the bladder. You may need to have a short operation to stretch or release the scar tissue. Contact your specialist team if you need to pass urine more often, you need to go more urgently, the flow of urine is not as strong as usual or you are not able to empty your bladder fully.

The risk of urinary problems is similar for both open (retropubic and perineal) and keyhole (by hand and robot-assisted) surgery. The risk also depends on your overall health, the stage of your cancer and your surgeon's skill and experience.

If you have urinary problems, try to avoid alcohol and drinks containing caffeine, such as tea, coffee and cola, as these can irritate the bladder. Also try to avoid drinking large amounts of fluid (more than eight glasses a day).

Pelvic floor exercises may help you regain control of your bladder more quickly after radical prostatectomy. You can start the exercises shortly after the operation. You may need to practise the exercises for up to three months after your operation before you see an improvement in your symptoms. Some specialists also recommend that you practise these exercises for a few weeks before the operation. Your specialist team can refer you to a continence advisor or specialist physiotherapist for help with the exercises or for further treatment.

For information on how to do pelvic floor exercises, as well as details of other treatments for urinary problems, read our Tool Kit fact sheet, **Urinary problems and prostate cancer**. You can also call our confidential Helpline on 0800 074 8383.

Some men find their urinary problems difficult to cope with at times, both physically and emotionally. The Bladder and Bowel Foundation have helpful information on how to deal with continence problems and the way they make you feel. Their contact details are at the end of this fact sheet.

Where can I get support?

There is support available to help you, your partner and your family cope with the impact of your cancer treatment. It can sometimes be difficult to talk to people close to you because you do not want to upset them, or you may find it hard to show your emotions. However, talking to a partner, friend or relative about how you are feeling can help them to support you. If you would rather speak to a professional counsellor, you can ask your GP if there is one available on the NHS or you can get a list of private counsellors from The British Association of Counselling and Psychotherapy or the UK Council for Psychotherapy (contact details are at the end of this fact sheet).

Your doctor or specialist nurse can answer any questions you have about your treatment. Some suggested questions are listed on the next page.

You can speak to a Prostate Cancer Charity specialist nurse by calling our confidential Helpline on 0800 074 8383. The Helpline can also put you in touch with the Charity's one-to-one support service. This gives you and your family the opportunity to speak to someone who has personal experience of radical prostatectomy. Our group of support volunteers includes men with prostate cancer, wives, partners, family members and friends. They have all been trained to listen and offer support.

If you have access to the internet, you can use our online message boards to share your views and experiences with others affected by prostate cancer. You can also find details of local support groups where you can meet others face to face. Our website address is www.prostate-cancer.org.uk

A personal experience

'My local support group meet every week. We regularly have new prostate cancer patients dropping in. It is a great opportunity to meet other men in the same situation and to attend lectures given by local medical experts.'

When to call your specialist team

You should contact your specialist team as soon as possible if you experience any of the following. They may ask you to come into the department or they may advise you to visit the Accident & Emergency (A&E) department at your hospital.

- Urine stops draining out of the catheter and your bladder feels full
- Your urine contains blood clots or turns red
- Your urine smells offensive or it burns when you pass urine
- Your catheter falls out
- Your wound edges become red, swollen or painful. This can be a sign of infection
- You get pain or swelling in your legs
- You have a temperature of more than 38°C or 101°F
- You feel sick (nauseous) or vomit
- You get cramps in your stomach that will not go away

Questions to ask your specialist team

What type of surgery do you recommend – retropubic, perineal, laparoscopic or robotic?

How many of these operations have you done and how many do you do a year?

(Individual surgeons should do more than five radical prostatectomies each year and each treatment centre should do more than 50 radical operations for bladder or prostate cancer in a year)

How long should I expect to be in hospital?

What pain relief will I get after the operation?

How soon will we know whether the operation has been a success?

How often will my PSA level be checked?

How many of your patients develop urinary or erection problems?

Will you try to do nerve-sparing surgery if possible?

What treatment will I have to help me get erections and when will I have it?

If I have urinary or erectile problems after surgery, who should I contact for help?

More information

The Prostate Cancer Charity

This fact sheet is part of the Tool Kit. Call our Helpline on 0800 074 8383 or visit our website at www.prostate-cancer.org.uk for more Tool Kit fact sheets, including an **A-Z of medical words**, which explains some of the words and phrases used in this sheet.

Bladder and Bowel Foundation

www.bladderandbowelfoundation.org
 Continence nurse helpline 0845 345 0165
 SATRA Innovation Park, Rockingham Road,
 Kettering, Northants, NN16 9JH
 For information and support for all types of bladder and bowel related problems.

British Association for Counselling and Psychotherapy (BACP)

www.bacp.co.uk
 Telephone 01455 883 300
 15 St Johns Business Park, Lutterworth,
 Leicestershire LE17 4HB
 Gives information on what to expect from therapy and how to find a qualified counsellor.

Maggie's Cancer Caring Centres

www.maggiescentres.org
 Provide information and support to anyone affected by cancer. Their website holds a list of centres across the UK and has an online support group.

The Prostate Cancer Charity makes every effort to make sure that its services provide up-to-date, unbiased and accurate facts about prostate cancer. We hope that these will add to the medical advice you have had and will help you to make any decisions you may face. Please contact your doctor if you are worried about any medical issues.

The Prostate Cancer Charity funds research into the causes of, and treatments for, prostate cancer. We also provide support and information to anyone concerned about prostate cancer. We rely on charitable donations to continue this work. If you would like to make a donation, please call us on 020 8222 7666.

The Prostate Cancer Charity
First Floor, Cambridge House,
100 Cambridge Grove, London W6 0LE
Email: info@prostate-cancer.org.uk
Telephone: 020 8222 7622

The Prostate Cancer Charity Scotland
Unit F22-24 Festival Business Centre,
150 Brand Street, Glasgow G51 1DH
Email: scotland@prostate-cancer.org.uk
Telephone: 0141 314 0050

Website: www.prostate-cancer.org.uk



Free and confidential Helpline
0800 074 8383*
Mon - Fri 10am - 4pm, Wed 7pm - 9pm

Email: helpline@prostate-cancer.org.uk

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* Calls are free of charge from UK landlines. Mobile phone charges may vary. Calls may be monitored for training purposes. Confidentiality is maintained between callers and The Prostate Cancer Charity.

A charity registered in England and Wales(1005541) and in Scotland (SCO39332)

National Institute for Health & Clinical Excellence (NICE)

www.nice.org.uk

Produces information leaflets on laparoscopic radical prostatectomy and lower urinary tract symptoms (LUTS). To order copies, call 0845 003 7783 and quote reference number N1137 for laparoscopic prostatectomy and N2142 for LUTS.

Relate

www.relate.org.uk

Telephone 0300 100 1234

Relationship counselling and sex therapy for individuals and couples.

Sexual Advice Association

www.sda.uk.net

Helpline 020 7486 7262 (Mon, Wed & Fri 9am - 5pm)
Suite 301, Emblem House, London Bridge Hospital,
27 Tooley Street, London SE1 2PR

For support and information on erectile dysfunction.

UK Council for Psychotherapy

www.psychotherapy.org.uk

020 7014 9955

2nd Floor, Edward House, 2 Wakley Street,
London EC1V 7LT

Holds a national register of psychotherapists and counsellors and gives information to help you choose a therapist.

References to sources of information used in the production of this fact sheet are available on our website.

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