

Prostatectomy

Second opinion for prostate cancer consultation:

We request that you bring the following to your first appointment:

- Consult history and physical notes from referring physician
- Pathology report from biopsy
- Ultrasound of prostate, need volume of prostate
- Copies of reports from all imaging studies if done, can include a Bone Scan, CT Scan of abdomen and pelvis, MRI
- History of PSA
- Copy of insurance card, front & back
- Name, Address, and Phone number of referring physician
- List of current medications
- EKG, Chest X-Ray, Stress Test, Echo, Pulmonary Function Test, etc.
(*only if scheduling surgery*)

PREOPERATIVE INSTRUCTIONS

1 month prior to surgery

- **Schedule** pre-operative testing. This testing should be completed *no sooner* than four weeks prior to the date of surgery to ensure the results are current. This testing will help to ensure that we have not overlooked any serious medical complications with surgery. Pre-operative testing generally consists of a chest X-ray, routine blood testing, and an ECG (electrocardio gram, an electrical map of your heart that can reveal and diagnose electrophysiological problems with your heart). These tests can be done by your primary care physician or we can help arrange them for you.
- **Initiate** a regular routine of male kegel exercises. These exercises strengthen the pelvic floor muscle group which are involved in stopping the flow of urine. By building them up now, you will speed up your return to continence after surgery. Also, strengthening the pelvic floor muscles improves orgasmic function, and thus will help you preserve and regain potency. In the interest of continence and potency, it is essential you begin a consistent regiment as soon as possible and continue to maintain it faithfully after surgery.
- **STOP** taking most *herbal supplements* believed to be detrimental to your pre-surgery health. This includes: *St. John's Wort*, Ma Huang, kava kava, ephedra, licorice, pennyroyal, germander, chaparral, borage, coltsfoot, comfrey, life root, sassafras, aristolochia fangchi.

- **STOP** taking supplements that act as blood thinners and *increase the chance of excessive bleeding* during surgery including: ginko biloba, garlic, gensing, dong quai, willow, red clover.
- **STOP** taking Vitamin E before surgery because it too can increase the risk of excess bleeding during surgery.

10 days prior to surgery

- **STOP** taking any aspirin products, they increase your chance of excess bleeding during surgery.
- **STOP** taking any Motrin (ibuprofen) or related non-steroidal anti-inflammatory drugs.
- **STOP** blood thinners like **Coumadin** or **Warfarin** 72 hours prior to surgery. You should ask the doctor who prescribed this medication, if it is okay to **STOP** taking this medication in light of your impending surgery. While it is generally beneficial to stop taking these 7 days prior surgery, in certain cases it is not advisable. If your doctor *does NOT allow* you to discontinue taking these medications, please contact us.
- **Absolutely NO Alcohol** or alcoholic beverages 48 hours prior to surgery and 48 hours after surgery. These can have disastrous consequences on the surgery as well as the anesthesia.

The Day before Surgery

- Follow a clear liquid diet with lots of water, NO milk products.
- Do a Fleet enema at 5PM to help clean yourself out.
- After **MIDNIGHT** before surgery do not eat or drink anything. If you are scheduled for an afternoon surgery, you may drink water up to 7 AM the day of surgery, but NO later.
- You **may** and probably *should* take any of these if they are currently prescribed to you:
 - Heart Medication
 - Blood Pressure Medication
 - Anti-Seizure Medication
 - Insulin (please only take HALF of your normal dose though)
- **DO NOT** take Water Pills, Diabetic Pills... in addition to anything you have previously stopped taking in preparation for surgery (remember this includes aspirin, motrin, coumadin, warfarin)
- **Bring all medications currently prescribed to you in their labeled containers with you to the hospital.**

- Leave non-essential valuables (such as watches, jewelry, cell phones) at home to reduce the chance of misplacing or losing them in the hospital.
- If you wear glasses, contact lenses, false teeth or related personal items remember to **bring** a case to store them in during surgery.

If you have any questions about these instructions, including what you should and should not be taking and any other questions, please contact us. We recommend that you print these instructions out and keep them handy during the time leading up to your surgery. These instructions are given in your best interest and should be followed as carefully and closely as possible.

POST OPERATIVE INSTRUCTIONS

While robotic prostatectomy is performed routinely, it is still a relatively major surgery that will take some time and effort to recover from. Life will be harder for at least a few weeks, if not months after surgery, however it is certainly preferable to the life-threatening hardships of letting the cancer progress unchecked. So stay positive, you can get through this.

- Patients can generally be discharged from the hospital about 24 hours after surgery.
- All patients will go home from the hospital with a urinary catheter in place. This catheter is known as a Foley catheter and is held in place by a balloon inside the bladder. It allows continuous drainage of the bladder into a small external collection bag which is emptied as needed. Absolutely, do not try to remove this catheter on your own. It must stay in place until you heal enough that it is no longer needed. Read further down in these instructions for more information.
- Since you will not be cleared to drive yourself, you will need someone to drive you home. You should not drive until the catheter is removed.

Activity

- After one week once the catheter is out, you can resume driving and most activities. Refrain from *vigorous activity* (running, golf, exercising, ***horseback riding, motorcycles, bicycling***) however, for *six* weeks after surgery to give yourself time to heal. After six weeks you may resume full activities
- You should attempt to walk and climb stairs as much as you can tolerate to help rehabilitate yourself.
- Avoid sitting still in one position for too long (more than 45 minutes).
- Avoid bathtubs, swimming pools, hot tubs or otherwise submerging yourself in water for four weeks. Showering is fine 48 hours after surgery.

- When you may return to work depends on your occupation and how fast you recover. Most patients return to work in 2-3 weeks. Use common sense.

Medication

- Most of our patients experience only minimal discomfort, and we recommend that you try ibuprofen or Tylenol (acetaminophen) for pain first, as they usually suffice. Stronger, prescription pain killers tend to be extremely constipating and so it is better to avoid them if possible. However, if you still have significant pain despite Motrin or Tylenol, contact your physician for a prescription for stronger pain medication, which will typically be hydrocodone or codeine.
- Upon discharge from the hospital, you will also be prescribed an oral antibiotic, which will most likely be Levaquin. You will take this daily with food until they are finished.
- You may resume any of the usual daily medications you may have been taking before surgery for other medical conditions, as soon as you are discharged. Coumadin can be restarted 3 days after surgery, unless otherwise instructed by your cardiologist or primary care physicians.
- At the time of discharge, you will be given a stool softener to be used for constipation. We recommend that in addition to the stool softener you also drink prune juice or milk of magnesia until you have your first bowel movement after surgery. You may continue taking the stool softener as needed to combat constipation.
- You may experience bladder spasms while the catheter is still inserted. Bladder spasms are typically associated with a sudden onset of lower-abdominal discomfort, a strong urge to urinate, or with sudden leakage of urine from around the catheter. We can provide you medications to ease these symptoms if the discomfort is severe. Do not take these medications however, within 24 hours of catheter removal, as it can prevent you from properly voiding.

Food

- To make it easier on you immediately out of the hospital, you may initially want to stick to a mostly liquid diet until you have your first bowel movement. Avoid carbonated beverages.
- Once you have had a bowel movement, you should move to a soft food diet and then work your way back to your normal diet as you feel comfortable.
- Try to spread out eating throughout the day with snacks and small meals, to avoid eating large meals at once for a few days after surgery.

Clothing

- Immediately after surgery, your abdomen will be slightly bloated so you may have trouble fitting into your regular clothes. For comfort, wear loose fitting clothing such as sweatpants or other loose fitting pants. You will probably need to do so initially anyway to accommodate the catheter and collection bag.

Wound Care

- *Two days after surgery*, remove the clear gauze covering your wound sites. You may shower after the second post-operative day. We encourage you to shower 1-2 times a day at home. For example, if your surgery was on Tuesday, you may remove the dressing and resume showering on Thursday. The collection bag may be removed during showering. Gently pull the colored catheter straight off of the clear plastic tubing from the bag and allow urine to run into the shower. After showering, gently pad the suture sites (do not rub or otherwise irritate them) with a towel.
- Application of antibiotic or other ointments (such as Neosporin) to incision sites is not recommended.
- Sutures were utilized which will dissolve on their own, there is no need to have them removed. A small amount of redness at the edges of the incision sites, as well as a small amount of clear or bloody leakage from the wound, is acceptable. Drainage of sufficient quantity to soak dressings, or redness greater than 1/2 inch from the incision should be reported to the physician.

Catheter Care

- As mentioned above, you will be discharged from the hospital with a Foley catheter in place which continuously drains urine from your bladder. It must stay in place while your anastomosis heals. Do not attempt to remove this on your own. If it should accidentally fall out, you **MUST IMMEDIATELY** notify your **urologist** to have it replaced. Do NOT allow a non-urologist (even if they are a nurse or a doctor) to replace it. The catheter was carefully placed by your urologist with specific regard to your prostatectomy and cannot be replaced by just anyone.
- You can use K-Y Jelly or antibiotic cream/ointment to lubricate the outside catheter where it enters the tip of your penis (the urethral meatus.) This ointment will reduce inflammation to the urethral meatus and reduce discomfort. Apply the ointment as needed.
- You will be provided with a strap around your thigh to hold the catheter tubing in place. Adjust this strap as necessary to prevent tension from being applied to the catheter. You may also purchase an ACE bandage to hold the catheter in place.
- You will be provided with two urine collection bags of different sizes, a smaller bag to be worn under your pants during the day(leg bag), and a larger bag to be used at night. The smaller bag usually lasts about 3-4 hours before needing to be emptied, but of course this varies with how much liquid you consume. The larger bag should last you all night, so you do not need to wake up to empty it. Remove, empty, and exchange these two bags as needed.

- Alert the surgeon if the catheter does not drain well, or if you have any other serious problems with it. Don't watch the catheter drain urine. Urine drains inconsistently. If your urine is very yellow, you will need to increase your fluid intake to make your urine more dilute.
- This catheter will stay in place for 5-7 days while you heal, and can generally be removed by your urologist at the end of this time. Sometimes it may have to stay in place longer if you are not sufficiently healed, perhaps two weeks instead of one. You should have already scheduled a follow-up appointment for this purpose. Remember as stated above, to continue to take your antibiotics.
- Do not do any Kegel exercises while this catheter is in place. However, once the catheter has been removed, resume doing male kegel exercises.

MALE KEGEL EXERCISES

- Hopefully you were doing kegel exercises regularly before surgery, and should already be familiar with them. If not, now is the time to learn. You should *not* attempt kegel exercises while the Foley catheter is in place, but as soon as it is removed you should either resume or start for the first time (usually about one week after surgery.) By strengthening your pelvic floor muscles you can speed your recovery to continence and potency.

LONG TERM RECOVERY

Regaining Urinary Control

- Most men have difficulty with urinary control after catheter removal. **You should bring an adult urinary pad (such as Depend Guards) with you the day your catheter is removed.** You should be prepared to wear these pads for a while because normal urinary control may not be regained for 2 months from the time of your surgery. Remember, everyone is different. Some men regain control in a week, some take six months. Don't be discouraged! Also, remember you will typically leak more standing, moving, and straining, and less when lying down and sleeping.
- Remember to do your kegel exercises regularly. The operation removed your prostate and affected your secondary urinary control mechanisms. Your external sphincter muscle must now take over all responsibility for control. It will take time and effort to strengthen this mechanism.
- Some men may continue to have mild incontinence with straining even several years after surgery. You can avoid a problem in these situations by wearing a small pad. Rarely, urinary control will be unsatisfactory even after a year. If so, something can still be done. Though rarely needed, there are techniques for restoring control such as placement of an artificial urinary sphincter.

REGAINING SEXUAL FUNCTION

- The operation will affect sexual function in several ways, but it should not prevent you from having a fulfilling sex life when you recover. There are three components to sexual function in men: sexual drive, sensation, erection and climax (orgasm). Although these normally occur together, they actually are separate functions. Losing one does not necessarily mean you will lose the others.
- Erections occur due to a complex sequence of events involving stimulation of the cavernosal nerves and engorgement of the penis with blood. The cavernosal nerves run alongside the prostate, only millimeters away from where cancer often occurs. Prostate cancer also tends to spread along these nerves. For these reasons, although it may have been technically possible to spare the nerves, it may not have been done.
- Since the primary goal of the surgery was to rid you of cancer, one or both of these nerves may have been resected. There is a chance of recovering erections, but recovery may be slow. Nerves can heal, but very slowly. The average time to recovery for erections adequate for sexual intercourse is 6-18 months, but in some men can be even longer. While you are waiting for erections to return, a number of approaches are available for achieving erections. Ask about these in our office.
- Climax will not be affected by the surgery, but ejaculation (the release of fluid during orgasm) will no longer occur. You will still have the same sensations of pleasure, but no fluid will be discharged and you will have a dry ejaculation. This is because the seminal vesicles, which store fluid for ejaculation, and the vas deferens, the tubes that carry sperm to the prostate, are removed and cut during the operation. This means that you will be infertile and no longer able to father children.

SOME COMMON COMPLAINTS AFTER SURGERY

- **Abdominal Distention, Constipation or Bloating:** This is typical after anesthesia. Make sure you are taking your stool softener as directed, and drinking prune juice or milk of magnesia. If you still haven't had a bowel movement 24 hours after surgery, you may take an over the counter suppository.
- **Bladder Spasms:** Bladder spasms are typically associated with a sudden onset of lower-abdominal discomfort, a strong urge to urinate, or with sudden leakage of urine from around the catheter. Take the Detrol LA (a prescription can be given to you if you are very symptomatic). If they still persist despite the medication, contact your physician.
- **Bloody drainage around the Foley catheter or in the urine:** It is not uncommon to have a little bloody drain in or around your catheter under stress, such as during physical activity or bowel movement. This should improve if you cease activity and rest for a short while. If it does not, or if you see clots in your urine, or have no urine output for two hours, contact your physician.

- **Bruising around the port sites:** This is not uncommon, and should not worry you. They will go away as you heal.
- **Lower legs/ankle swelling:** This is not abnormal and is not cause for serious concern. The swelling should go away in a week or two. Elevating your legs while sitting will help. If one leg is significantly more swollen than the other, please contact our office.
- **Perineal Discomfort** (pain between your rectum and scrotum): This may last for several weeks after surgery, but it should resolve on its own. If you are suffering significant pain despite pain medication, contact your physician. You might also try elevating your feet on a small stool when you have a bowel movement, applying hemorrhoid ointment, and increasing the fiber and water intake in your diet.
- **Scrotal/Penile Swelling and Bruising:** This is not abnormal and is not cause for serious concern. You might notice scrotal/penile swelling anywhere from immediately after surgery to 5 days later. It should go away on its own in a week or two. You might try elevating your scrotum on a small rolled up towel when you are sitting or lying down to reduce swelling. Also, wearing supportive underwear (briefs, not boxer shorts) is advisable.