

Radical Retropubic or Robotic Prostatectomy: A Guide to Your Surgery

The following information is to guide you through your prostatectomy. It describes the care needed before, during and after your hospital stay. Please review this booklet and bring it with you to the hospital when you come for surgery.

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Your surgery is scheduled for: _____ .

Preparing for Surgery

In preparing for your surgery, you will need certain tests. These tests, ordered by your urologist, may be done by your primary care doctor or the Pre-operative Assessment Clinic. You may schedule an appointment with the Pre-operative Assessment Clinic by calling 312-926-DOCS (3627).

If you schedule an appointment with the clinic, allow about 1 to 2 hours for the testing. Be sure to bring your insurance information. Come to the Olson Pavilion, 233 E. Superior Street. Parking is available for patients and visitors in the garage at 222 E. Huron, west of the Olson Pavilion. For discounted rates, please bring your parking ticket with you. Tickets can be validated at the Customer Services Desk. When you arrive, you will be directed to the waiting area until called by the nurse.

If your urologist recommends autologous blood donation, your doctor must complete the autologous blood donation form prior to donation. You may discuss this in more detail with the urologist's office staff. If you donate blood for yourself, you will need to bring the card or letter that includes the blood unit number to the hospital on the day of your surgery.

Exercises

For many patients, it is important to do your pelvic floor (Kegel) exercises as instructed both before and after your surgery. The nurse will tell you how to do these exercises. A brochure is also provided.

Medications

To avoid bleeding during surgery, stop taking any non-steroidal anti-inflammatory drugs (NSAID) and medications that contain aspirin for 2 weeks before your surgery. These medicines can increase your risk for bleeding.

A few common over-the-counter medications to avoid are:

Aspirin-Containing Medication

Excedrin®.
Anacin®.
Bufferin®.
Aspergum®.

Medications for Pain and Inflammation

Ibuprofen (Advil®, Nuprin®, etc.).
Ketoprofen (Orudis KT®).
Naproxen (Aleve®).

Please note: It is impossible to provide a complete list because of the large number of these medications. Always read the label of over-the-counter medications and supplements. Ask a pharmacist about whether or not they contain aspirin or if they are an NSAID. Check with your doctor or pharmacist before taking any cold product, vitamin, analgesic, laxative, antacid or pain medicine.

Important: Tell your urologist if you are taking medicine to “thin your blood” (i.e., Coumadin®, Fragmin®, heparin, Lovenox®, etc.).

Bowel Preparation

It may be necessary to clean out your large bowel before surgery. This can be done by changing what you eat, taking a laxative and/or an enema. Follow your urologist’s instructions about the need for a bowel prep.

The bowel prep is to begin on: _____.

If instructed, call your urologist’s office after 3:00 p.m. the afternoon before your surgery date (call Friday if your surgery is on a Monday) to check the time you should arrive at the hospital _____.

Night Before Surgery

Do not eat or drink anything after midnight the night before your surgery. Depending on the time of your surgery, these guidelines may change. Always follow your specific medical guidelines. Some patients may have water, black coffee or tea, or clear apple juice up to 4 hours before coming to the hospital for surgery.

Day of Surgery

You will be advised to arrive at the hospital 1½ to 2 hours before your surgery. Check in at the Same Day Surgery Unit on the 5th floor of the Galter Pavilion, located at 201 E. Huron Street. Inform the receptionist that you are having surgery.

After Surgery

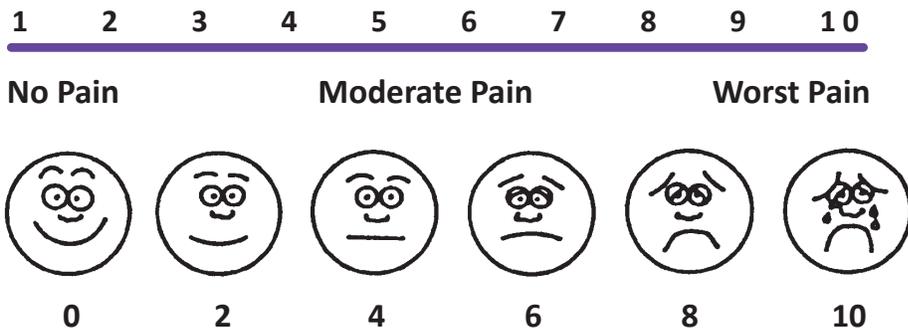
You may stay in the recovery room for 2 to 4 hours. Then, you will be moved to your hospital room. When you arrive in your room, you will be awake, but drowsy. Your family or friends are welcome to visit after you are settled in your room.

What to Expect

- A clear liquid diet.
- A dressing over your incision(s) on your abdomen.
- Jackson-Pratt (JP) drain (tube) in your abdomen drains secretions after surgery.
- A catheter (tube), held firmly in place, to drain your urine.
- An IV (into the vein) line for fluids and medications.
- Oral or IV medication to control pain.
- Elastic stockings and/or DVT (deep vein thrombosis) prevention boots on your legs to improve your circulation and prevent blood clots.
- Deep breathing exercises (your nurse will assist you to cough and turn every hour to help expand your lungs after surgery).
- Visits from your urologist and members of the Urology team.

What to Do

- Let your nurse know how your pain medicine is working.
- Rate your pain on a scale of 0 to 10, with 0 meaning no pain and 10, the worst pain you could imagine.



- Use your incentive spirometer 10 times every hour while you are awake.
- Take deep breaths and cough every hour while you are awake. Use a pillow to splint your incision.
- Walk in the hall with the nurse's help this evening.

M T W TH F SA SU

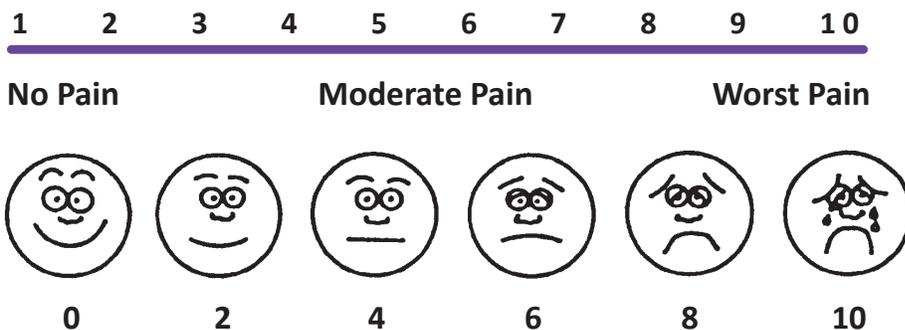
Date _____ Day 2 or Postoperative Day 1

What to Expect

- Most robotic laparoscopic patients go home today.
- Solid foods if you can tolerate clear liquids.
- Blood drawn to check your blood count.
- Pain medicine and regular medications, including an IV antibiotic and a stool softener to help prevent constipation.
- JP drain may be removed.
- Elastic stockings and/or DVT prevention boots on your legs.
- Instruction on how to care for your catheter, leg and night drainage bags (you and your family).
- A visit from members of the Urology team.
- Instructions for going home. (If you have home care needs, the Case Management and nursing staff will assist you in meeting these needs.)

What to Do

- Let your nurse know how your pain medicine is working.
- Rate your pain on a scale of 0 to 10, with 0 meaning no pain and 10, the worst pain you could imagine.



- Walk in the hall at least 8 times today.
- Use your incentive spirometer 10 times every hour while awake. Take deep breaths and cough 10 times every hour while you are awake. Use a pillow to splint your incision.
- Watch the video, *Catheter Care for Men after Urologic Surgery*, available through the On-Demand Patient Television system. The video title number is "272." Use your bedside phone to dial 6-2585 and follow the instructions. Your nurse also can assist you.
- Review the *Urinary Indwelling Catheter* guide.

M T W TH F SA SU

Date _____ Day 3 or Postoperative Day 2

What to Expect

- You should be feeling much better today. Most open prostatectomy patients go home today.
- You will resume your regular diet.
- You may be given antibiotics, stool softener and regular medicines.
- The dressing will be removed and your incision(s) left uncovered or open to air.
- Your elastic stockings are to be worn all day and at night. The DVT prevention boots also may be used at night (if ordered by your urologist).
- All supplies for going home will be placed in your room.
- Prescriptions will be given and reviewed with you. These include pain medicine and an antibiotic. Start the antibiotic the evening before your catheter is to be removed by your urologist.

What to Do

If you are being discharged from the hospital, please review the *Going Home Checklist* (below) with your nurse.

If you are staying in the hospital:

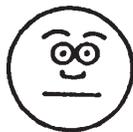
- Walk in the halls at least 8 to 9 times. Sit for only short periods of time. Vary your activities.
- Use your incentive spirometer 10 times every hour while awake. Take deep breaths and cough 10 times every hour while you are awake. Use a pillow to splint your incision.
- Perform your catheter care with the help of your nurse, if needed.
- Show your nurse that you or a family member can care for your catheter; apply the leg and night bags.
- Review the instructions for going home.
- If you were taking aspirin, Coumadin® or other medicines to “thin your blood” prior to surgery, ask the doctors when you should resume your medicine.
- Let your nurse know how your pain medicine is working. Rate your pain on a scale of 0 to 10, with 0 meaning no pain and 10, the worst pain you could imagine.

1 2 3 4 5 6 7 8 9 10

No Pain

Moderate Pain

Worst Pain



0

2

4

6

8

10

Going Home Checklist

Prior to your discharge, you will:

- Know how to care for your catheter.
- Show the nurse how to change and care for the urine collection bags.
- Understand the prostatectomy going home instructions.
- If needed, arrange for a home health nurse visit.

Your nurse will answer any questions you may have. You also will receive:

- Prescriptions for an antibiotic and pain medicine.
- Supplies to care for your catheter, including leg and night/sleep drainage bags.
- Written instructions for your follow-up appointment (usually occurs 2 weeks after surgery).
- Guidelines on caring for your JP tube (if you have one).

We ask that you leave by 11:00 a.m. to limit delays to new patients and your cooperation is appreciated. A wheelchair will be offered to you. If you prefer to walk, you may do so. Please ask your family or friends to pick you up by arriving at the driveway between the Feinberg and Galter pavilions. The driveway passes between Huron and Erie streets.

Taking Care After Surgery

Diet and Fluids

There are no diet restrictions. Resume your regular diet. Drink enough water every day to keep your urine light pink or yellow in color.

Continue taking a stool softener to help prevent constipation and straining with bowel movements. It also is helpful to increase the amounts of fruits, vegetables, whole grains and prune juice in your diet.

Activity

During the day, it is important to vary your activities. Rest when you get tired but do not lie down for long periods of time. You may sit for short periods, less than an hour. Sitting in a recliner may be more comfortable.

Get up and walk every hour while you are awake. Gradually increase the distance you walk each day. One to 2 miles is a good goal. Do not resume strenuous exercise until you discuss this with your urologist at your follow-up appointment.

You should not do any heavy lifting for 4 weeks. Do not lift more than 8 to 10 lbs., such as a gallon of milk or a basket of wet laundry. After 4 weeks, gradually increase the amount you lift.

You may shower. Do not take a tub bath until the catheter is removed. If you still have a drain in place, you should take sponge baths.

Wear your elastic stockings as instructed by your urologist.

Driving

You may not drive while the catheter is in place. You may ride in a car, but avoid trips longer than 1 hour. For each hour you are in the car, be sure to stop and walk for 5 to 10 minutes.

Pain

Incision pain and tenderness will lessen over the next 2 weeks. Pain and discomfort can be relieved with your prescribed pain medicine or Tylenol®. Take pain medicine as directed. For mild discomfort, you may take plain Tylenol® (acetaminophen). Do not take more than 4,000 mg of Tylenol® (acetaminophen) in 24 hours. Talk with your doctor about specific 24-hour limits. Do not take any other medicines containing acetaminophen or Tylenol®. Many narcotic pain medicines may also have Tylenol® in them. Be sure to read labels carefully or check with your pharmacist. Do not take NSAIDs unless you have discussed this with your doctor. To prevent nausea, take pain medicine with food. Contact your doctor if this medicine does not control the pain.

You may have urgency, discomfort or bladder spasms while the catheter is in place. After the catheter is removed, you may have some burning with urination. This should pass in a few days.

Incision

If your incisions were closed with a dissolving suture and covered with small white pieces of tape, these will begin to curl up within 5 to 7 days. These strips can be removed if they have not fallen off on their own in 14 days. If you have staples closing your incision, these will be removed by your urologist at your follow-up visit.

You may have a small amount of fluid from the abdominal drain site. To protect your clothing, place a dry cotton gauze dressing over the area. Once the site has scabbed over, leave it uncovered.

Bruising and swelling of the scrotum and penis often occur. For added support, wear briefs or an athletic supporter and elevate your scrotum with a rolled towel when you are lying down.

Catheter

Follow the guidelines in the Urinary Indwelling Catheter guide. Boxer shorts may be more comfortable than briefs while the catheter is in place, however, briefs will provide more support.

Follow-up Doctor's Appointment

On the evening before your catheter is removed, start your antibiotic.

When your catheter is removed, you will have some dribbling of urine. Bring a clean pair of briefs and a moderate flow pad, such as Depends® (Guards for Men®, or Serenity for Men®, or a women's moderate to heavy flow sanitary pad).

Once the catheter is removed, it is important to resume your pelvic floor exercises.

When to Call Your Doctor

Notify your doctor if any of the following occurs:

- Temperature above 101° F.
- Chills.
- Pain radiating from your back to the side.
- Bloody urine, tea- or cola-colored urine.
- Very cloudy urine.
- No urine output in 2 to 3 hours.
- Urine leaking continually around the catheter.
- Catheter comes out.
- Change in the usual odor of urine.
- Nausea and vomiting.

An uncommon risk of surgery is a deep vein thrombosis or blood clot. Walking and the use of elastic stockings can decrease this risk. Call your doctor right away if you have pain in your legs, particularly your calves, or any sudden shortness of breath or difficulty breathing.

If you have additional questions, please call your urologist.

Frequently Asked Questions

I'm leaking urine around the catheter tube. What should I do?

It is common to have some leaking of urine, which may be bloody, around the catheter. Wear a pad or wrap gauze around the tube to soak up the urine. If more urine is leaking around the catheter than draining through the tube, contact your urologist.

I just went to the bathroom and now there is blood in my urine. Is that normal?

Yes. You may notice blood in your urine after mild lifting or straining. This is normal. However, it is very important to drink plenty of fluids. Take your stool softener and do not lift anything heavier than 10 lbs. while your body is healing.

There is blood in my collection bag!

Your urine will be pinkish to dark brownish red right after surgery. It is important to drink plenty of fluids to help your urine become clear. If your urine becomes bright red and stays that way, or if it becomes cloudy, call your urologist.

My catheter tube is not draining. What should I do?

You can expect your catheter tube to drain at least 1 ounce of urine every hour or one-half cup every 4 hours. If you have an urge to urinate and notice that your catheter tube is not draining, make sure it is not blocked or kinked. If the problem continues, call your urologist or go to the nearest Emergency Room.

How does the catheter stay in?

A small balloon near the end of the catheter (inside the bladder) is filled with water. This keeps the tube in place. Before your catheter is removed, the balloon is deflated, allowing the catheter to slide out.

How long does the catheter stay in?

When the prostate was removed, your urethra was cut and reconnected. The catheter is placed to allow your bladder to empty urine while your body heals. The catheter is removed in about 1 to 2 weeks at your follow-up visit.

Will I be able to hold my urine after surgery?

You will have dribbling of urine after your catheter is removed. You will not be totally dry or continent at first. Some patients leak only with changes in position or straining. Others may leak all the time. In most cases, this is not permanent. It is important to do the pelvic floor exercises before surgery and resume them after the catheter is removed. These exercises help the muscles that control urination to become strong again.

I'm feeling constipated.

If you are having trouble moving your bowels at home:

- Drink more fluid every day.
- Continue or resume taking your stool softener twice a day.
- Take Milk of Magnesia® at bedtime and drink prune juice with breakfast as needed or if desired.
- Decrease the amount of prescribed pain medicine you are taking.

Until your surgery has healed, do not insert anything in your rectum. This includes suppositories and enemas.

Contact your doctor if constipation persists for more than 2 days.

Will I be able to have sex after surgery?

Discuss with your urologist when you can resume sexual activity. Some prostatectomy surgeries can spare the nerves that make erections possible. The location and size of your tumor determines if nerve sparing is possible. Your urologist will be able to discuss this with you after surgery. Impotence is a possible side-effect of this surgery because of your anatomy and the location and size of your tumor. After you fully recover from surgery, and if you are not able to have an erection, discuss this with your urologist. There are several treatment options to help you regain erections. Most often, sexual intercourse may be resumed 6 weeks after surgery.

When will I know the results of the pathology test?

The pathology report may not be complete until you return for your follow-up visit. Your urologist will discuss the results with you at that time.

When can I go back to work?

This varies with each patient and depends on your work and its demands. Most often, patients, you can go back to work after 4 to 8 weeks. Discuss this with your urologist.

For Additional Information

If you have any additional questions or concerns, please call your doctor.

Health Information Resources

For more information, visit Northwestern Memorial Hospital's Alberto Culver Health Learning Center. This state-of-the-art health library is located on the 3rd floor of the Galter Pavilion. Health information professionals are available to help you find the information you need and provide you with personalized support at no charge. You may contact the Health Learning Center by calling 312-926-LINK (5465) or by sending an e-mail to hlc@nmh.org.

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312-926-3112.

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital's Patient Representatives Department at 312-926-3112, TDD/TTY 312-944-2358 and/or the Northwestern Medical Group Patient Representatives Department at 312-926-1920, TDD/TTY 312-695-3661.

Developed by: The Center for Urology and Urology Nursing

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For additional information about Northwestern Memorial Hospital, please visit our website at www.nmh.org.
900638 (07/13)