

Radical Retropubic or Robotic Prostatectomy: A Guide to Your Surgery

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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

To prepare for your surgery, you will need certain tests. These tests, ordered by your urologist, may be done by your primary care physician or the Pre-operative Clinic. You may schedule an appointment with the Pre-operative Clinic by calling 312.926.4566.

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 Lavin Pavilion, 259 East Erie Street. Parking is available for patients and visitors in the garage at 222 East Huron Street or 259 East Erie Street. 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.

Exercises

For many, 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 nonsteroidal 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®

Medications for pain and inflammation

Ibuprofen (Advil®, Nuprin®)
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 physician or pharmacist before taking any antacid, analgesics or pain medicines, cold products, laxatives, herbal supplements or vitamins.

Important: Tell your urologist if you are taking blood-thinning medicine, such as Coumadin®, Fragmin®, heparin or Lovenox®. Also avoid supplements containing garlic, ginseng, glucosamine, fish oil and vitamin E for 1 week before your surgery.

Bowel preparation

Avoid or limit eating red meat for 5 to 7 days before your surgery. 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 using an enema. Follow your urologist's instructions about the need for a bowel prep.

The bowel prep is to begin on: _____.

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. In some cases, you may have water, clear apple juice, black coffee or tea up to 4 hours before coming to the hospital for surgery.

Day of surgery

You will be advised to arrive at the hospital 1 1/2 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 East Huron Street. Inform the receptionist that you are having surgery.

After surgery

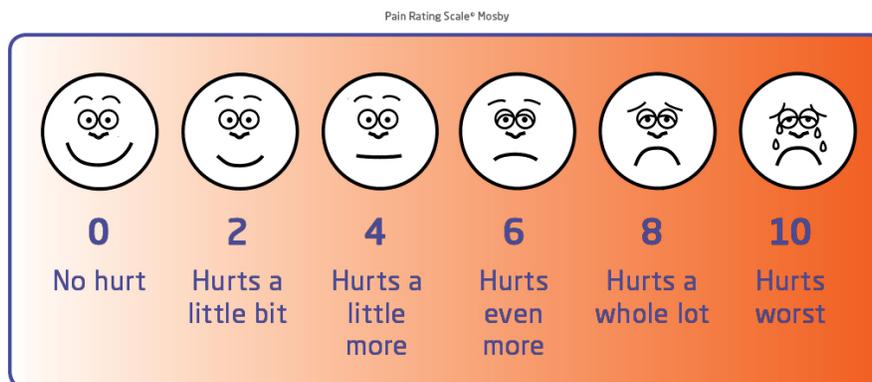
You may stay in the recovery room for 2 to 4 hours. Then you will be moved to your hospital room. When you arrive in your room, you will be awake, but drowsy. Your nurse may have you take your first walk by helping you off the cart and having you walk to your bed. Your family or friends are welcome to visit after you are settled in your room.

What to expect

- A clear liquid diet will be offered that day.
- A dressing will cover your surgical wound.
- A Jackson-Pratt (JP) drain in your abdomen drains secretions after surgery.
- A catheter (tube), held firmly in place, drains your urine.
- An IV (into the vein) line provides fluids and medications.
- Oral or IV medication will be given to control pain.
- Elastic stockings or DVT (deep vein thrombosis) prevention boots are placed on your legs to improve your circulation and prevent blood clots.
- Deep breathing exercises help prevent pneumonia. (Your nurse will assist you to cough and turn every hour to help expand your lungs after surgery.)
- Your urologist and members of the Urology team will visit you.

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 being 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. When you do, use a pillow to splint your incision.
- Walk in the hall with the nurse's help this evening.

After surgery – Day 2

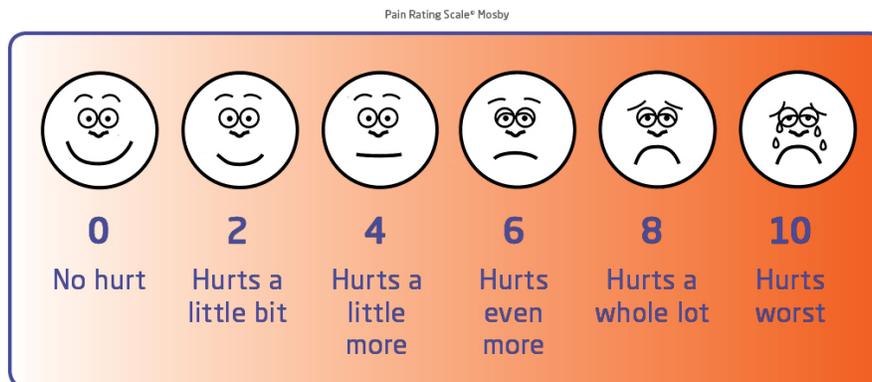
What to expect

- If you had a robotic laparoscopy, you will most likely go home today. If you had an open prostatectomy, you will probably go home the following day.
- Solid foods will be offered if you can tolerate clear liquids.
- Blood will be drawn to check your blood count.
- Pain medicine and regular medications, including an IV antibiotic and a stool softener, are given to help prevent constipation.

- The dressing will be removed, and your incision left uncovered or open to air.
- Your JP drain may be removed.
- Continue to wear elastic stockings or DVT prevention boots on your legs.
- Home care supplies will arrive in your room.
- Prescriptions will be given and reviewed with you. These include pain medicine and an antibiotic. Start taking the antibiotic the evening before your catheter is to be removed by your urologist.
- We will teach you and your family how to care for your catheter, leg and night drainage bags.
- Members of the Urology team will visit you.
- We will give you home care instructions. If you have home care needs, the social worker and nursing staff will assist you with arrangements.

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 being the worst pain you could imagine.



- Walk in the hall at least 8 times today.
- 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.
- Watch the video, *Urinary Catheter Care*, available through the On-Demand Patient Television system. Your nurse can assist you.
- Review the *Urinary Indwelling Catheter* guide.
- Show your nurse that you or a family member can care for your catheter and drainage bags.
- Review the instructions for going home. See the “Going Home Checklist” on page 5.
- If you were taking aspirin, Coumadin or other blood-thinning medicines prior to surgery, ask the physicians when you should resume your medicine.

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 discharge instructions.
- Arrange for a home health nurse visit (if needed).

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 drain (if you have one).

We ask that you be prepared to leave by 11 am on the day of discharge to limit delays for new patients. 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. You may resume your regular diet. For the next 1 to 2 weeks, we recommend small, frequent meals of foods that are easy to digest. These include fish or chicken, and cooked, canned or steamed fruits and vegetables. Drink enough water every day to keep your urine light pink or yellow in color.

For the next 2 weeks, continue to take a stool softener. This will help prevent constipation and straining with bowel movements.

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. After 4 weeks, gradually increase the amount you lift.

You may shower unless you have a wound drain. As long as you have a drain, please take sponge baths. Do not take a tub bath until the urinary catheter is removed.

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®.

For mild discomfort, you may take plain Tylenol (acetaminophen). Follow dose directions, but do not take more than 4,000 mg of acetaminophen in 24 hours. This includes other medicines that you may be taking.

- Many medicines, including narcotic pain medicines, have acetaminophen in them. Be sure to read labels carefully or check with your pharmacist to be sure. It is important that you look at your total intake of acetaminophen. Do not take more 4,000 mg of acetaminophen in 24 hours.
- Talk with your physician about 24-hour limits that may be proper for you. Patients who are fasting/undernourished, have diabetes, are taking isoniazid, or are frequent alcohol users may need to limit acetaminophen to just 2,000 to 3,000 mg per day—in divided doses. It is possible your physician may tell you not to take acetaminophen at all.
- Do not take NSAIDs unless you have discussed this with your physician. To prevent nausea, take pain medicine with food. Contact your physician 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 physician'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 physician

Notify your physician if any of the following occurs:

- Temperature above 101 degrees 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, in a leg vein. Walking and wearing elastic stockings can decrease this risk. Call your physician 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. 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 is not draining. What should I do?

You can expect your catheter 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 may notice leakage with changes in position or straining. Or, you 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 physician 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, talk 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, you can go back to work in 4 to 8 weeks. Discuss this with your urologist.

For additional information

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

Northwestern Medicine – Health Information Resources

For more information, contact Northwestern Memorial Hospital's Alberto Culver Health Learning Center (HLC) at hlc@nm.org, or by calling 312.926.5465. You may also visit the HLC on the 3rd floor, Galter Pavilion at 251 E. Huron St., Chicago, IL. Health information professionals can help you find the information you need and provide you with personal support at no charge.

For more information about Northwestern Medicine, please visit our website at nm.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 312.926.6363 or the Northwestern Medical Group Patient Representatives Department at 312.695.1100, TDD/TTY 312.926.6363.

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