

Radical Retropubic or Robotic Prostatectomy: A Guide to Your Surgery

The following information will guide you through your prostatectomy. It describes the care you need before, during and after your hospital stay.

Table of contents:

| | |
|-----------------------------------|---|
| Preparing for surgery | 1 |
| Night before surgery | 2 |
| Day of surgery | 2 |
| After surgery | 2 |
| Going home checklist | 5 |
| Taking care after surgery | 6 |
| When to call your physician | 8 |
| Frequently asked questions | 9 |

Please review this brochure and bring it with you to the hospital when you come for surgery.

Preparing for surgery

To prepare for your surgery, you will need certain tests. Your urologist will order these tests. Then, your primary care physician or the Pre-operative Clinic will do the tests. To schedule an appointment with the Pre-operative Clinic, call 312.926.4566 (TTY: 711).

If you schedule an appointment with the clinic, allow about 1 to 2 hours for testing. Bring your health insurance information. Come to 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 a discounted rate, bring your parking ticket with you. You can validate your ticket at the Customer Services Desk. When you arrive, go to the waiting area until the nurse calls you.

Exercises

Do the pelvic floor (Kegel) exercises as instructed both before and after your surgery. The nurse will tell you how to do these exercises. The Pelvic Floor Muscle Exercises brochure explains how to do the exercises.

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 medications 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 if they contain aspirin or if they are an NSAID. Check with your physician or pharmacist before taking any antacids, pain medications, cold or flu medications, laxatives, herbal supplements, or vitamins.

Important: Tell your urologist if you are taking blood-thinning medication, such as warfarin (Coumadin®), apixaban (Eliquis®), clopidogrel (Plavix®) or enoxaparin (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. You may need to clean out your large bowel before surgery. You can do this by changing what you eat, taking a laxative and/or using an enema. Follow your urologist's instructions about a bowel prep.

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

Day of surgery

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 Galter Pavilion, located at 201 East Huron Street. Tell the receptionist that you are having surgery.

After surgery — Day 1

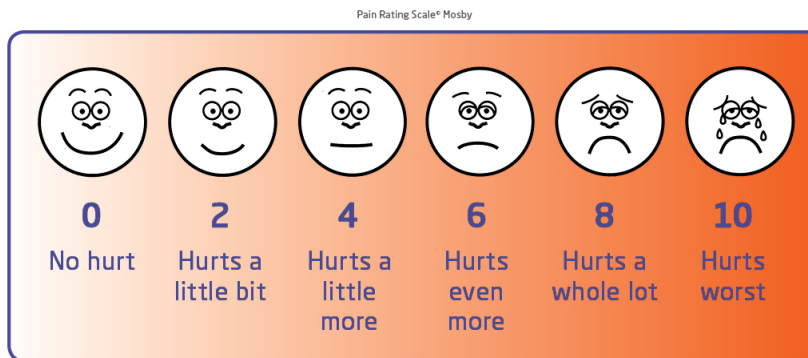
You may stay in the recovery room for 2 to 4 hours. Then, they will move you to your hospital room. When you arrive in your room, you will be awake, but drowsy. Your nurse may have you take your first walk by helping you off the cart and having you walk to your bed. Your family or friends are welcome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

What to expect

- › You may have a clear liquid diet that day. Continue a clear liquid diet for that day if you go home the same day as your surgery.
- › A bandage will cover your surgical wound.
- › A Jackson-Pratt (JP) drain may be in your abdomen to drain secretions after surgery.
- › A catheter (tube), held firmly in place, will drain your urine.
- › An IV (into the vein) line will provide fluids and medications.
- › You may have oral or IV medication to control pain.
- › You will wear elastic stockings or DVT (deep vein thrombosis) prevention boots on your legs. These can improve your circulation and prevent blood clots.
- › Deep breathing exercises help prevent pneumonia. (Your nurse will help you cough and turn every hour to help expand your lungs after surgery.)
- › Your urologist and members of the urology team will visit you.
- › In some cases, you may go home this evening.

What to do

- › Let your nurse know how your pain medication 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.
- › If you and your surgeon agree, you may go home 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 next day.
- › You can eat solid foods if you can tolerate clear liquids.
- › The care team will draw a blood sample to check your blood count.
- › You can have pain medication and regular medications, including an IV antibiotic and a stool softener. The stool softener will help prevent constipation.
- › The care team will remove the bandage. Your incision will stay uncovered or open to air.
- › The care team may remove your JP drain, if you have one.
- › You will continue to wear elastic stockings or DVT prevention boots on your legs.
- › Home care supplies will arrive in your room.

- › Your clinician will give you prescriptions and review them with you. These include pain medication and an antibiotic. You will start taking the antibiotic the evening before the urologist plans to remove your catheter.
- › The nurse will teach you and your family how to care for your catheter, large drainage bag and possibly a leg bag, if your surgeon supports you in using a leg bag.
- › Members of the Urology team will visit you.
- › The care team will give you home care instructions. If you have home care needs, the social worker and nursing staff will help you with arrangements.

What to do

- › Let your nurse know how your pain medication 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 you are awake. Take deep breaths and cough 10 times every hour while you are awake. Use a pillow to splint your incision.
- › Review the *Urinary Indwelling Catheter* guide.
- › Show your nurse that you or a family member can care for your catheter and drainage bag(s).
- › Review the instructions for going home. See the “Going Home Checklist” below.
- › If you were taking aspirin, Coumadin or other blood-thinning medications before surgery, ask the physician when you can start taking them again.

Going home checklist

Before your discharge, you will:

- › Know how to care for your catheter
- › Show the nurse how to change and care for the urine collection bag(s)
- › 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 medication
- › Supplies to care for your catheter and drainage bag
- › Written instructions for your follow-up appointment (usually occurs 1 to 2 weeks after surgery)
- › Guidelines on caring for your JP drain, if you have one (this is rare)

Be prepared to leave by 11am on the day of discharge. This can limit delays for new patients. The care team will offer you a wheelchair. If you prefer to walk, you may do so. Ask your family or friends to pick you up at the driveway between 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 go back to your regular diet. For the next 1 to 2 weeks, have 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

Vary your activities during the day. 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. Slowly increase the distance you walk each day. A good goal is to walk 1 to 2 miles. Do not do 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 pounds (the weight of a gallon of milk). After 4 weeks, slowly increase the amount you lift.



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

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. Take your prescribed pain medication or plain acetaminophen (Tylenol®) to relieve pain and discomfort.

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

- › Many medications, including narcotic pain medications, have acetaminophen in them. 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 right 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 medication with food. Contact your physician if this medication does not control the pain.

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

Incision

If your surgeon closed your incisions with a dissolving suture and covered them with small white pieces of tape, these will begin to curl up within 5 to 7 days. You can remove the strips if they have not fallen off on their own in 14 days. If you have staples closing your incision, your urologist will remove these 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 bandage over the area. Once the site has scabbed over, leave it uncovered.

You may have bruising and swelling of the scrotum and penis (which often occurs). For added support, wear briefs or an athletic supporter. 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. But, briefs will provide more support.

Follow-up physician's appointment

On the evening before your urologist removes the catheter, start your antibiotic.

When your urologist removes the catheter, 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 out, resume your pelvic floor exercises.

When to call your physician

Call your physician if you have any of these symptoms:

- › Temperature more than 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 (DVT), 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 trouble breathing.

If you have questions, please call your urologist.

Frequently asked questions

I am 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 pounds 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 1/2 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 Department.

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. Your physician will deflate the balloon before they remove the catheter and it will slide out.

How long does the catheter stay in?

When the surgeon removed your prostate, they cut your urethra and reconnected it to your bladder. The catheter allows your bladder to empty urine while your body heals. The physician will remove the catheter 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 out. These exercises help the muscles that control urination to become strong again.

I am feeling constipated.

If you are having trouble moving your bowels at home:

- › Drink more fluid every day.
- › Continue or start taking your stool softener 2 times 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 medication 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 lasts 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 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 more information

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

For more information about Northwestern Medicine, please visit our website at **[nm.org](https://www.nm.org)**.