



UROLOGY ASSOCIATES OF FREDERICKSBURG

Expert Surgical Care of the Urologic Patient Since 1975

Prostatectomy Guide

The **radical retropubic prostatectomy** is the benchmark surgical treatment for localized prostate cancer. This guide will help you prepare for your procedure and recovery process. Our surgeons and nurses are part of a certified cancer program recognized for its dedication to the care of cancer patients. Our first priority is your satisfaction. Many common questions are answered in this guide, use it as a reference. If you need additional assistance please contact your surgeon.

About your Surgery

The prostate is the male sex gland located just below the urinary bladder. The prostate produces most of the fluid which is released during ejaculation. Robotic assisted surgical removal of the prostate is an effective treatment for prostate cancer and involves removal of the prostate and the neighboring tubes (seminal vesicles and vas deferens). Sometimes the lymph nodes are also removed during the procedure depending on the situation. During your surgery an incision is made in the lower belly area. Your surgeon carefully protects sensitive nerves and muscles around the prostate to help preserve sexual and urinary function after surgery. The entire prostate is removed in one piece and sent to the pathologist for analysis. This allows accurate staging of the cancer. (Not always possible with other treatments.) After the prostate is removed the urinary pathway is reconstructed. A drain and catheter are placed to empty the urinary bladder and encourage healing. The procedure may take between 3 or 4 hours.

Before your Surgery

There are a few important things to do before your surgery to help improve your chance of a smooth recovery.

- If you smoke; please stop. (Your surgeon may be able to prescribe medications to help with this.)
- If you consume alcohol regularly; cut down or stop completely. Ask your doctor for help.
- Stop the use of aspirin products or blood thinning medications 1 week before surgery to reduce bleeding.
 - Aspirin, Ibuprofen, Coumadin, Plavix, Naproxen, Celebrex.... (ask your surgeon for details)
- Herbal supplements and vitamins should be stopped one week before surgery.
- Follow the diet instructions on the day before surgery. (see bowel prep instructions)
- Have any prescriptions filled before surgery so they are ready when you get home from the hospital
- Increase fiber and fruit intake to promote regular bowel function before and after surgery
- Begin practicing Kegel exercises to strengthen bladder muscles.

Remember, don't eat or drink anything after midnight the day of your surgery. However, It is OK to take your usual morning medications (except your diabetic meds, blood thinners, or aspirin products) with a sip of water. If you have any questions ask your surgeon.

During your Hospital Stay

When you wake up after your surgery you will be in the recovery room. There, nurses will check your vital signs and get you ready to go to your hospital room.

Once in your hospital room you will start the recovery process. You will be able to get out of bed to a chair as soon as you feel fully awake. Your nurse will instruct you on breathing exercises to keep your lungs clear and leg exercises to reduce cramps. You will wear stockings and leg massagers to prevent blood clots.

As you recover your nurse will care for your surgical dressing, administer your medications, and care for the small drain often left in the belly for a short while after surgery.

Patients will be out of bed and walking the morning after surgery. And have their first meal shortly thereafter.

Before you go home your nurse will teach you how to care for your urinary catheter.

Most patients go home 24-48 hours after surgery.



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At Home

After you are discharged home from the hospital it is important to continue your breathing exercises and to walk three times a day.

Be cautious not to tug on the urinary catheter and carefully empty your urinary catheter bag when it is full.

You may ride in a car for short distances. Don't drive until the catheter is out.

It is normal to see some bloody mucous come out from around the catheter at times.

It is OK to use the stairs once or twice a day.

Do not lift anything heavier than a phonebook for two weeks after surgery.

You will be sore after surgery and may experience pain when you get up and move around. Still, you are encouraged to take short walks several times a day and stay out of bed as much as possible to avoid blood clots in your legs.

You may shower 48 hours after surgery. Over time the liquid skin dressing on each incision will begin to peel away. This is normal.

Use "Neosporin with Pain Relief" ointment to lubricate the tip of the penis and reduce catheter irritation.

The urine may become bloody after bowel movements or if you are on your feet for an extended period of time.

You will see blood and mucous around the catheter at times. This discharge may become heavy if you overexert yourself or after a bowel movement, especially if you become constipated.

If the urine becomes bloody drink a few glasses of water and rest until the urine clears.

Diet

Begin with clear liquids, Gatorade and Popsicles. After a day or two try some, soup, or applesauce.

After you begin passing gas and have a small bowel movement slowly try some solid foods.

Most patients report gas pains and bloating for several days after surgery. Take short walks several times a day to relieve gas pains.

Take a generic brand stool softener daily to prevent constipation.

Warm prune juice can promote bowel movement if you are feeling constipated.

Medications

Use Advil and Tylenol according to the instructions on the label to help with pain control. If Tylenol is not strong enough then use the narcotic medication prescribed by your surgeon. Limit the use of this as much as possible because it can upset your stomach, and causes gas.

An antibiotic medication will be prescribed to cleanse the urine in preparation for catheter removal. Start taking this medication one day before your follow-up visit.

Contact your surgeon if you have:

- Fever above 101.5° Fahrenheit
- Severe nausea or vomiting
- Heavy bleeding or drainage from the incision
- Persistent bloody urine that won't clear up
- No urine draining from catheter tube.
- Painful swelling in your legs
- Chest pain or shortness of breath
- Problems or questions about your medications



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Post Op Visit

After about 10 -14 days you will return to the office and your surgeon will remove the urinary catheter. **Begin your antibiotics one day before this visit** Your doctor may order an x-ray to check the bladder just before catheter removal.

To test the function of the bladder your nurse will fill the bladder with sterile water before removing the catheter. After that you will be asked to urinate into a container to make sure that you are emptying all the way.



Your bladder will be weak and leak urine after surgery. **Bring a sanitary diaper to protect your pants.** Regaining bladder control is hard work and is much like the physical therapy athletes require after an injury or surgery. Your surgeon will instruct you to practice Kegel exercises to strengthen the pelvic muscles and improve bladder control. Leaking may continue for months after surgery. Use Calmoseptine ointment to protect skin from moisture during this time.

When the results are available, your surgeon will review the pathology report from the procedure. Depending on how advanced the cancer was you may or may not require additional procedures to complete your treatments. Your doctor will monitor your PSA blood test periodically after surgery to check your progress.

Most patients with normal erections before surgery will regain their sexual function after the procedure. This process may take several months. Your surgeon will begin therapies to help you regain sexual function as soon as you recover from the procedure.

Continue to limit your physical activity for a full 2 weeks after surgery.

After 2 weeks gradually ease back into your normal activities and exercise routine. If you lift heavy objects you may experience pain near your surgery site. Do not over exert yourself. If you experience pain stop what you are doing and ask your doctor.

For 6 weeks avoid activities that involve riding on moving objects as this can cause irritation to the stitches in the bladder.

You may begin driving once the catheter is out.

Avoid long car trips or air travel for 6 weeks after surgery because of the risk of blood clots forming in your legs. If you must travel (in an emergency) take a full strength aspirin tablet every day and get up from your seat every hour to walk around and flex your leg muscles.

Laughter is a powerful medicine. Remember to keep a positive attitude during your recovery and take time to let your body heal. Maintain a healthy lifestyle as you recover, it will pay off in the long run.





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BOWEL PREP INSTRUCTIONS

1. Clear liquids only the day before surgery. (see below)
2. Magnesium Citrate; ½ to 1 bottle at 12 noon the day before the surgery.
3. **Nothing by mouth after midnight the day before surgery.**

Foods allowed on a clear liquid diet are:

Beverages: Coffee (decaf or regular), tea with lemon juice, carbonated beverages, apple juice, cranberry juice, grape juice or any combination thereof, warm fruit flavored gelatin, fruit flavored drinks and powders.

Desserts: Plain gelatin desserts, clear water ices and popsicles.

Soups: Fat free clear broths and bouillon.

Sweets: Sugar and hard candy.

Warning

No milk or milk products or anything not listed above.

REMEMBER: NOTHING TO EAT OR DRINK AT ALL AFTER MIDNIGHT OR YOUR PROCEDURE WILL BE CANCELLED BY THE ANESTHESIOLOGIST



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Urinary Incontinence after Prostate Cancer Surgery

During prostate cancer surgery one of the muscles used to control the urinary flow is removed. This causes urinary leakage (incontinence) after surgery. Fortunately, there is a second muscle which also controls the flow of urine. Exercises to strengthen these muscles and help improve urinary control are called Kegel Exercises.

Ideally learn and practice Kegel exercises before surgery. This helps to strengthen your muscles and may speed your recovery.

Kegel Exercises

1. Start by locating the correct muscle.

Many people begin doing Kegel exercises but are actually squeezing the wrong muscle. Before you start the exercises make sure you know what it feels like to do a proper Kegel. The easiest way to check this is to stop the flow of urine while you are urinating. As you are urinating, intentionally stop the flow of urine by flexing the muscles located under the penis near the anus. Do this several times until you can clearly feel the muscle you are using to stop the flow. This muscle is your *pubococcygeus* muscle.

2. Squeezing Kegel exercises: start slow, find your baseline.

The basic exercise can be done anytime and anywhere. Just squeeze your *pubococcygeus* muscle as hard as you can, and hold it. This is doing a Kegel exercise. Start by squeezing and holding for a count of 3-5 seconds, then release and relax for 5 seconds. When you release, notice how your muscles feel. The first time you do a Kegel exercise see how many times you can do it before you feel your muscles getting tired.

3. Squeezing Kegel exercises: use sets of repetitions

Your Kegel exercises will be most efficient and have the most impact if you get into doing sets of repetitions of the squeezing. Once you've found your baseline, you can work from there. If you can, start with doing 5 repetitions (squeeze/hold/release). Judge for yourself how long you can hold the squeeze for, but don't push yourself too much at first.

4. Building up strength with Kegel exercises.

Once you've found your baseline, do your exercises, and every day increase both the length of time you hold the squeeze for, and the number of exercises per set. As a guideline, try to work up to a point where you can hold the squeeze for 5-10 seconds. And try to work up to doing 30 reps of kegel exercises per set. So you squeeze, hold for 5-10 second, release, relax for 5-10 seconds, and repeat 30 times.

5. Do your Kegel exercises four or five times a day.

Try to do Kegel exercises four or five times a day. Again, everyone is different, but as a guideline try to do 30 reps per session, holding for 5-10 seconds on each exercise.

6. Vary the intensity and time in Kegel exercises.

You can also try to vary the intensity of your squeezing and the amount of time you hold the squeeze in a set. Once you're comfortable that you're doing the exercises properly try a set where you do rapid squeeze and release. Experiment with how long you can comfortably hold a squeeze. Remember not to push yourself to the point of pain or discomfort.

7. Isolate the *pubococcygeus* muscle when doing your Kegel exercises.

Avoid contracting your abdominal, thigh, or buttocks muscles, or squeezing your sphincter muscle only. This is something many people do, but it reduces the effectiveness of the Kegel exercise. Concentrate on breathing and trying to keep yourself relaxed, and only tense the *pubococcygeus* muscles you are using. Try not to tense up your whole body.

8. Finding time to do your Kegel exercises.

You don't need to set aside a big chunk of time to do Kegel exercises. Do a few reps while waiting for a stop light to turn green. In the last ten minutes before lunch, when you're sitting at a desk, do a few reps. Do Kegels while you're waiting for the movie to start, or a commercial break to be over.

9. Don't overdo your Kegel exercises.

Like any exercise, it's important to build up slowly, and pay attention to your body. If you are experiencing pain or discomfort, you are pushing yourself too hard. It is possible that you could strain the muscles and aggravate a current problem, when you are trying to resolve it.



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As your activity levels increase after surgery you may notice that you leak more during certain activities or at the end of the day when your *pubococcygeus* muscle is tired. It is during these times that you must work extra hard on your kegels.

To achieve total dryness flex and hold a Kegel just prior to the following activities:

- Getting up from a bed or chair
- Sneezing
- Laughing
- Coughing
- Lifting something heavy
- Bending over
- Passing Gas

Mastering Kegel exercises and the return of urinary control after surgery may take several months. Not only does it take time for the body to heal after surgery but the *pubococcygeus* muscles may be inflamed and stiff as a result of the surgery. Just like an athlete needs months of physical therapy after surgery to build and rejuvenate so too will your bladder.

Most patients begin to see improvement after about 6 weeks of exercises but urinary control will continue to improve up to a whole year following surgery.

Sexual Function after Prostate Cancer Surgery

Erections result from blood flowing into the penis as a result of sexual stimulus. This process is controlled by nerves that run along the sides of the prostate. During prostate cancer surgery these nerves are sometimes cut in order to remove all the cancer. This can cause impotence. Impotence can also occur as a result of other medical problems that affect the nerves and blood vessels of the penis. Diabetes, high blood pressure, smoking, obesity, elevated cholesterol, and certain medications are just a few.

Most patients who have NORMAL erections before prostate cancer surgery will experience return of sexual function afterwards providing the nerves near the prostate were able to be spared during the surgery. However, even these patients may need to use medications to help achieve an erection firm enough for vaginal penetration. In general sexual function improves slowly after surgery and may take as much as 18 months to return.

Your surgeon will review your individual situation and determine if medications or rehabilitation devices may speed your recovery. To improve the chances of recovery it is important to correct any other conditions that may affect sexual function.

- Lose weight and remain physically active
- Treat elevated cholesterol
- Treat and manage diabetes aggressively
- Treat high blood pressure
- Never smoke or do drugs
- Use alcohol sparingly



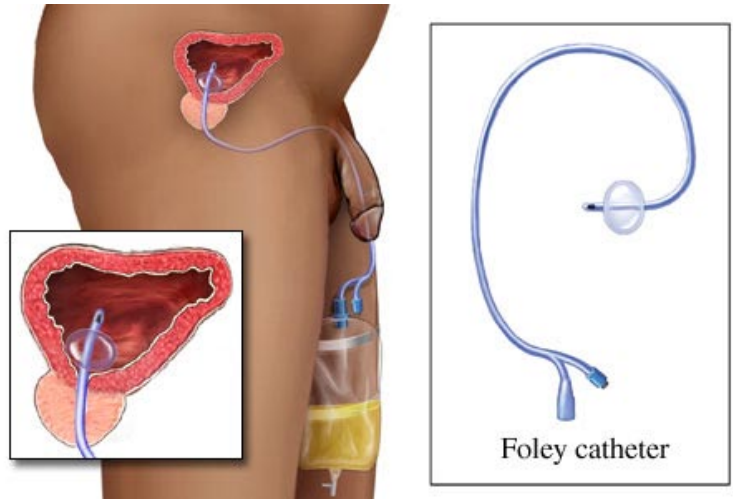
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Care for your Urinary Catheter

A urinary catheter is a flexible plastic tube used to drain urine from your bladder when you cannot urinate by yourself. A doctor will place the catheter into the bladder by inserting it through the urethra, the opening that carries urine from the bladder to the outside of the body. Once the catheter is in the bladder, a small balloon is inflated to keep the catheter in place. The catheter allows urine to drain from the bladder into a bag that is usually attached to the thigh.

A catheter may be needed because of certain medical conditions, such as an enlarged prostate, the inability to control the release of urine, or after surgery on the pelvis or urinary tract. Urinary catheters are also used when the lower part of the body is paralyzed.



Catheter care

Always wash your hands before and after dealing with your catheter.

- Make sure that urine is flowing out of the catheter into the drainage bag.
- Make sure the tube doesn't get twisted or kinked.
- Check the area around the urethra for inflammation or signs of infection, such as irritated, swollen, red or tender skin at the insertion site or drainage around the catheter.
- Keep the drainage bag below the level of the bladder.
- Make sure that the drainage bag does not drag and pull on the catheter.
- Unless you've been told otherwise, it's okay to shower with your catheter and drainage bag in place.
- Clean the area around the drainage tube twice a day, using soap and water. Dry with a clean towel afterward.
- Do not tug or pull on the catheter.
- Do not have sexual intercourse while wearing an indwelling catheter.
- You may wrap a small piece of gauze around the area where the catheter comes out of your body. Change the gauze if it feels wet. Use a new piece of gauze each time you clean your catheter.
- At night you may wish to hang the bag on the side of your bed.
- Do not allow the bag to pull on the catheter.

Living with a catheter

Try to prevent constipation, and be sure you drink enough fluids. Most adults should drink between 8 and 10 glasses of water, noncaffeinated beverages, or fruit juice each day. Include fruits, vegetables, and fiber in your diet each day. Try a stool softener, such as Colace, if your stools are very hard.

Draining the urine collection bag

You will need to empty the bag regularly, whenever it is half-full, and at bedtime.

- Wash your hands with soap and water. If you are emptying another person's collection bag you may wish to wear disposable gloves.
- Unfasten the tube from the drainage bag.
- Fasten the tubing clamp and remove the drainage cap.
- Drain the urine into the toilet. Avoid touching the tubing or drainage cap on the toilet, the collection container, or the floor.
- Replace the drainage cap, close the clamp, and refasten the collection tube to the drainage bag.
- Refasten the collection tube to the drainage bag.
- Wash your hands with soap and water.