Expectations and Post-Op Instructions: Robotic Radical Prostatectomy

Following robotic radical prostatectomy, your attention to proper post-operative follow-up will contribute to the success of your surgery. You are being provided with written instructions and information that addresses common questions and concerns. Please review this information at home.

During your hospital stay

- Surgery usually takes 2 ½ to 3 hours and your physician will speak to your family immediately after.
- Immediately after surgery, you will have a catheter in your bladder and a drain from your abdomen. “Skin Glue” will cover you incisions.
- It’s important for you to ambulate starting the evening of the procedure and to continue the following morning.
- Your diet will consist of clear liquids immediately after surgery and progress to regular diet if liquids are tolerated.
- Your pain should be minimal but you will have oral and IV medications available if needed—if you have pain, notify your nurse.
- Occasionally, some people have nausea after surgery. This is related to the anesthesia and should resolve quickly.
- On the day after surgery, if you are ambulating, tolerating liquids and your pain is controlled, you will be discharged home.
- You will go home with a catheter for 6-8 days but the drain will be removed prior to your discharge.

Wound Care

- The sutures utilized for this procedure dissolve on their own and do not need to be removed.
- A “skin glue” is used to cover the incision so it is okay to get the incisions wet. You are encouraged to shower daily at home.
The catheter collection bag may be removed during showering. Gently pull the clear plastic tubing of the bag from the Catheter and allow urine to run into the shower (avoid taking baths or soaking in hot tubes).

A small amount of redness at the edges of the incision, as well as a small amount of clear bloody leakage from the wounds, is acceptable.

Drainage of sufficient quantity to soak dressings or redness greater then ½ inch from the incision should be reported to your physician.

Catheter Care

- You will be released from the hospital with a urethral catheter in place.
- Application of a small amount of numbing jelly (Xylocaine jelly 2%) to the urethral meatus (tip of penis where catheter exists) will reduce discomfort
- You will be provided with two catheter collection bags, a smaller bag to be worn during the day beneath trousers, and a larger bag to be used at night. These bags can be removed and exchanged as needed

Should your catheter fall out on its own, it is critical that you notify your physician or one of his associates immediately. Do not allow a non-urologist (nurse or doctor) to replace it.

Activities

- Following discharge from the hospital, you will be fully ambulatory and are encouraged to walk at least 3 times a day
- You are advised to refrain from driving until the foley catheter has been removed and you are no longer on pain medication.
- You can return to moderately strenuous activity such as golfing and slow jogging 4 weeks after surgery.
- You should refrain from vigorous activity (running, bicycling, and heavy lifting) for 6 weeks after your surgery. After 6 weeks, you may resume full activities except for bicycling which you can resume 3 months following surgery.

When you return to work depends on your occupation and your recovery from surgery. Typically most patients return to work 2-4 weeks after the surgery.
Urinary Control

- Most men have difficulty with urinary control for a limited time following catheter removal. **You should bring an adult urinary pad with you the day your catheter is removed.**
- You should expect to wear pads for a while because normal urinary control may not be regained for several months from the time of your surgery.
- Keep in mind that everyone is different; some men achieve control within one week while others require 6 months to achieve normalcy. Don’t be discouraged!
- Things will get better with time. You will typically leak more when standing up, moving, coughing and laughing than when sitting or lying down. Leakage is also typically worse later in the day.
- Restricting fluid intake, particularly caffeine and alcohol can reduce the amount of leakage. Voiding frequently can also help.

The operation removed your prostate and affected your secondary urinary control mechanisms. Your external sphincter muscle must now take over all responsibility for control. You may be able to help this muscle by doing regular exercises that we call Kegels.

To Perform Kegel exercises

- Try to identify and control the muscle you use to stop the urinary stream and then relax it and let the urine flow again.
- Then try to tighten and relax this muscle over and over again (after identifying the proper muscle, do not continue to interrupt your urinary stream).
- Establish a daily routine to work this muscle throughout the day.
- This may hasten the day when your control returns to normal

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 three normally occur together, they are really separate functions.
• 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. Even if these nerves have been successfully spared they are often bruised or damaged during the surgery.
• It often takes more than one year from the time of surgery for these nerves to completely heal. It is for this reason that it usually takes anywhere from 3 to 18 months for erections to return.
• The use of Viagra, Cialis, or Levitra can hasten the healing process, as well as help obtain an erection during sexual stimulation. We encourage routine use of these medications.
• While you are waiting for erections to return, a number of different therapies can be used to achieve satisfying erections. This includes a vacuum erection devise (ie VED or Erectaide), urethral suppository (MUSE) or inter-cavernosal injections (caverject)
• Climax (orgasm) will not be affected by the surgery, but ejaculation (the release of fluid during orgasm) will no longer occur. This is because the seminal vesicles, which store fluid for ejaculation, and the vasa deferens, the tubes that carry sperm to the prostate, are removed and cut during the operation. In addition to creating a dry ejaculation, this means that you will be infertile (no longer be able to father children).
• Some men experience mild penile shortening after the operation. However, the penis typically stretches to the pre-surgery length during an erection.

Scrotal Care

• The scrotum may be swollen and or black and blue when you leave the hospital or within a few days after.
• Do not worry this should resolve in 7-14 days. To help alleviate any swelling elevate the scrotum hen you are at rest.
• This can be accomplished by using a towel as a sling under the scrotum and across the top of your thighs.

Bowel Care

• Patients often experience constipation and or bloating following the surgery
• To help alleviate this at home, take the colace as prescribed unless you are having loose bowel movements or diarrhea.
• If constipation remains a problem for more than 2 days after you have left the hospital you can take Milk of Magnesia to help move things along.
• **DO NOT** use an enema or a suppository as this could risk disrupting the connection between the bladder and the urethra.

### Medications

• Most patients have minimal discomfort that can be controlled with Tylenol (acetaminophen), or Motrin (ibuprofen).
• If you still have significant pain despite Motrin or Tylenol, take the Lortab medication we have prescribed for you.

At the time of discharge you will receive a prescription for the following medications:

• Keflex 500mg take two tablets daily for ____________ day before catheter removal.
• Colace (docusate sodium) 250mg orally twice a day for two weeks – stool softener.
• Xylocaine (lidocaine) jelly 2% use as needed – for catheter comfort
• Cialis 5mg take one tablet 2-3 times a week for at least one month (for patient who are potent prior to the surgery and underwent a nerve sparing procedure)

### Follow-Up

You will be seen in the office 6-8 days after surgery for catheter removal

• The catheter will be removed by one of the nurses
• Your physician will discuss your pathology report at this visit (typically available within 5-7 days from the time of surgery).

You will be seen again 6 weeks and then 3 months following your surgery.

• Your first post-operative PSA will be obtained just prior to your 6 week visit then again 6 months following surgery and every 6 months after that.
• Upon your 6 month visit, you will have a physical exam including a digital rectal exam and have your PSA level checked.
• You can see you Physician for these visits or see your local urologist

You should alert you Physician or one of his associates f your catheter does not drain well, or if you develop fevers >101 degrees, chills, nausea, vomiting, severe abdominal pain, flank pain, chest pain, shortness of breath, or leg pain or swelling in the first few months after your surgery.