2529 Glenn Hendren Dr.
Suite 202
Liberty, MO 64068
816-781-8400
816-781-8263 (fax)

UROLOGY
SPECIALISTS, P.C.

2700 Clay Edwards Dr.
Suite 300
North Kansas City, MO 64116
816-842-0171
816-842-3582 (fax)

ROBOTIC –ASSISTED RADICAL PROSTATECTOMY: POST-OPERATIVE INSTRUCTIONS

Following 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.

Wound Care

- You may start showering once your drain site has healed. (This is usually 24-48 hrs after discharge from the hospital.) You are encouraged to shower daily at home. The catheter collection bag may be removed during showering. Gently pull the colored catheter straight off of the clear plastic tubing of the bag and allow urine to run into the shower. After bathing, suture lines should be padded dry gently with a towel. Application of antibiotic or other ointments to incisions is not usually necessary.
- Sutures were utilized which will dissolve on their own. A small amount of redness at the edges of the incision, as well as a small amount of clear or bloody leakage from the wound is acceptable. Drainage resulting in soaking dressings or redness greater than ½ inch from the incision should be reported to a physician. Your incisions will have been covered with skin glue that usually begins to flake off approximately 1 week after surgery.

Catheter Care

- You will be released from the hospital with a urethral (Foley) catheter in place. Application of a small amount of antibiotic ointment (Bacitracin or Neosporin) to the urethral meatus will facilitate sliding of the catheter along the penis and may reduce discomfort. The urethral meatus is the portion of the urethra at the tip of the penis where the catheter exits. This ointment should be applied as needed.
- You will be provided with a strap around the thigh to hold the catheter in place. This should be adjusted to prevent tension from being applied to the catheter. You will be provided with two catheter collection bags, a smaller leg 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 urologist immediately**. Do not allow a non-urologist (nurse or doctor) to replace it without the permission of your doctor.

Activities

- You are advised to refrain from driving for 1 week after your surgery. After 1 week when the foley catheter has been removed, you can resume driving and most light activities. You should refrain

from vigorous activity (running, golf, exercising) for 3 weeks after your surgery. After 4 weeks, you may resume full activities.

- When you return to work depends on your occupation and your recovery from surgery.

As stated above you may generally return to most duties at 2 to 3 weeks as common sense dictates.

Urinary Control

- Most men have difficulty with urinary control after catheter removal. **You should bring an adult pull-up diaper with you the day your catheter is removed**. These diapers may be used early after the foley is removed. Within a few weeks you may be able to change to a thinner pad. Once the catheter is removed, blood in the urine and some burning with urination is expected. This will quickly resolve usually within the first week. You may notice that your urinary stream is different than what you are used to. This will normalize over the next few weeks as healing from the operation continues. You will probably not be able to hold as much urine as you did before the operation but this will normalize over the next few months. Remember that everyone is different; some men achieve control within one week while others require 6 to 12 months to achieve normalcy. Don't be discouraged! You will typically leak more when standing, moving, and straining, and less when lying down and sleeping. This is normal in the postoperative period and is known as stress urinary incontinence.
- 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 (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. One suggested routine is to squeeze this muscle for 10 seconds, rest 10 seconds and repeat 10 times. This is repeated 3 to 4 times a day. (These are Kegel exercises.)
- Some men may continue to have mild incontinence with straining even several years after surgery. You can avoid a problem in these situations by wearing a small pad. Rarely, urinary control will be unsatisfactory even after a year. If so, something can still be done. Although they are rarely needed, there are techniques for restoring control such as collagen injections, sling procedures and placement of an artificial urinary sphincter.

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 four components to sexual function in men: sexual drive, sensation, erection and climax (orgasm). Although these 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. Prostate cancer also tends to

spread along these nerves. For these reasons, although it may have been technically possible to spare the nerves, it may not have been done in order to maximize your cancer control.

- Since the primary goal of the surgery was to cure you of cancer, one or both of these nerves may have been resected. There is a chance of recovering erections, but recovery may be slow. The average time to recovery for erections adequate for intercourse is 6-18 months, but in some men this may be even longer and some reports note recovery may continue up to 3 years after surgery. While you are waiting for erections to return, a number of approaches can be used to achieve satisfactory erections. Information on these approaches is available in our office.
  If these methods are unsuccessful, a penile prosthesis can be placed to restore sexual function.
- Climax will be largely unaffected 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 deferentia, 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).

- We often start men on a pill (Viagra, Levitra, Cialis) to help with the recovery of your erections after the catheter is removed. Several recent studies have shown that the regular use of these medicines after radical prostatectomy may aid in the recovery of erectile function. The usual schedule is 2 nights per week at bedtime. The intention of this is not to have intercourse immediately but to aid in the long term recovery of erections. Samples and a prescription will be provided at a follow-up visit.
- Another possible aid to the recovery of erectile function is the vacuum erection device. This device is a hollow cylinder into which the penis is placed. A vacuum is created within the chamber and an erection can be created. Although the use of this device may allow intercourse, the primary goal in the postoperative period is to fill the penis with healthy blood 1 to 2 times per day. This may also aid in the recovery of erections and/or prevent penis shrinkage that is encountered by some men after the operation (1-2cm).

Medications

- Most of our patients have minimal discomfort postoperatively and it is recommended that you try ibuprofen or Tylenol (acetaminophen) for pain control. If you still have significant pain despite Motrin or Tylenol, try the Vicodin that has been prescribed. Remember however this medication can be constipating.
- You will be given a stool softener (Colace) to be used for constipation. We recommend taking the stool softener as well as prune juice or milk of magnesia until you have your first bowel movement after surgery. You may continue to take these medicines as needed to prevent constipation.
- At the time of your discharge form the hospital, you will be given a prescription for an antibiotic pill, which is most likely going to be Ciprofloxacin or Levaquin. You will take this antibiotic for 3 days. Start with the first antibiotic pill the morning of your urology appointment to get your catheter removed. You will continue on this medication for 2 days after your catheter is removed. For example, if your appointment for catheter removal is on a Thursday, start with the first pill Thursday morning. Take the pills until the prescription is finished. Your last dose would then be

Saturday night.

- You may be provided with a small quantity of Detrol LA to be used in the event you develop bladder spasms. Bladder spasms typically are associated with a sudden onset of lower-abdominal discomfort, a strong urge to urinate, or with sudden leakage of urine from around the catheter. This must not be taken within 24 hours of catheter removal, as it can prevent you from properly voiding.

Follow-up

- In general, you will be seen in the office one week after surgery for catheter removal. Usually, at this appointment, your pathology will be reviewed. After that, you will be seen at 3 months for your first post-operative PSA. You should then have PSA checks initially every 3 months for the first year. Your remaining schedule of serum PSA checks will be determined by your doctor after reviewing your pathology report.
- You should alert your surgeon if your catheter does not drain well, or if you develop fevers of > 101˚F, chills, nausea, vomiting, abdominal pain, flank pain, chest pain, shortness of breath, or leg pain or swelling in the first few months after your surgery.
- If you have any additional concerns or questions, please do not hesitate to call our office at **(816) 781-8400 or (816) 842-0171.** However, for *any* emergency go to your nearest **ER** or **call 911**.