

ROBOTIC PROSTATECTOMY POST-SURGERY INSTRUCTIONS

REV. 11/12/2015

After your robotic radical prostatectomy, your attention to proper post-operative care at home will contribute to the success of your procedure. Please review these instructions prior to your procedure and once again when you return home.

Incision Care

- The sutures used for the procedure dissolve on their own and do not need to be removed.
- A "skin glue" has been used to cover the incisions, so it is okay to get the incisions wet. You are encouraged to shower daily at home.
- A small amount of redness at the edges of the incisions as well as a small amount of clear or bloody leakage from the wounds is acceptable. Drainage of sufficient quantity to soak dressings or redness greater than ½ inch from the incision should be reported to your surgeon.

Catheter Care

- You will be released from the hospital with a urethral catheter in place.
- 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 a night. These bags can be removed and exchanged as needed.
- 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.
- Should your catheter fall out, it is critical that you notify your surgeon immediately. Do not allow a non-urologist (nurse or doctor) to replace it.

Medications

- Most patients have minimal discomfort that can be controlled with Tylenol (acetaminophen).
- You will receive a prescription for the following medications:
 - A prescription-strength pain medication that you may take if your pain is not controlled with an over-the-counter medication.
 - An antibiotic. Take one tablet daily for 3 days starting the day before the catheter removal.
 - Colace (docusate sodium) 250 mg. Take orally twice a day to soften stool.

Scrotal Care

- The scrotum may be swollen and/or bruised 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 when you are at rest. Do this 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 stool softener as prescribed unless you are having loose bowel movements or diarrhea. Drink at least 6-8 glasses of water a day to enhance the effectiveness of Colace.
- If constipation remains a problem for more than 2 days after you have left the hospital, you can take milk of magnesia, which is an over-the-counter laxative.

- DO NOT use an enema or a suppository as this could risk disrupting the connection between the bladder and the urethra.

Activities

- Following discharge from the hospital, you will be fully mobile and are encouraged to walk at least 3 times a day.
- You are advised to refrain from driving until the catheter has been removed.
- Four weeks after surgery, you can return to moderately strenuous activity such as golfing and slow jogging.
- 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 after surgery.
- When you decide to return to work depends on your occupation and your recovery from surgery. 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.
- Bring an adult urinary pad with you to the doctor's office 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!
- You will typically leak more when standing up, moving, coughing and laughing than when sitting or lying down. Leakage is typically worse later in the day.
- Restricting fluid intake, particularly caffeine and alcohol, can reduce the amount of leakage. Emptying your bladder 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 pelvic floor muscle exercises also known as Kegels.

How to Perform Pelvic Floor Muscle Exercises

- During urination, try to identify and control the muscle you use to stop the urinary stream. Now relax the muscle and let the urine flow again. Try to tighten and relax this muscle over and over again.
- After identifying the proper muscle, do not continue perform the exercise during urination. Instead, establish a daily routine to work this muscle, for example in the morning and evening when you brush your teeth. Regular pelvic floor exercises may quicken your return to normal urinary control.

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 four normally occur together, they are 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 erectile dysfunction medications such as Viagra, Cialis or Levitra can speed the healing process as well as help to obtain an erection during sexual stimulation.
- While you are waiting for erections to return, a number of different therapies can be used to achieve satisfying erections. This include a vacuum erection devise (VED), urethral suppository (MUSE) or inter-cavernosal injections (Caverject).
- Climax 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 vas 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.

Follow-up

- You will be seen in the office 6 - 8 days after surgery for catheter removal. The catheter will be removed by the surgeon's assistants.
- During your follow-up visit, the surgeon will review your pathology report with you.
- Additional post-operative appointments are scheduled for 6 weeks and 3 months following surgery. Your first post-operative PSA will be obtained just prior to your 6-week visit.
- You should have a physical exam including a digital rectal exam and have your PSA levels checked again 6 months following surgery and every 6 months thereafter. You can see your robotic surgeon for these visits or see your regular urologist.

Emergencies

- If you experience any of the following symptoms, contact our office immediately at (210) 614-4544 and state that you are experiencing an emergency. If you call after hours, your message will be relayed to the urologist on call, who will respond promptly.
 - Fevers over 101° F
 - Urine stops draining from your catheter into the drainage bag, even after drinking fluids
 - The dislodging or accidental removal of your urinary catheter
 - Severe abdominal pain, flank pain, chest pain or shortness of breath
 - Nausea or vomiting