



Robot-Assisted Prostatectomy **Post-Operative Instructions**

FOLLOW-UP APPOINTMENT

Following a robot assisted prostatectomy, your attention to proper post-operative follow-up will contribute to the success of your surgery. You are being provided written instructions and information that addresses common questions and concerns. Please review the following prior to surgery.

1. Diet

- Frequent light, soft food. Examples: Oatmeal, smoothies, grits, cream of wheat, eggs, soup, mashed potatoes, fish, and chicken.
- **No fried foods, red meat, or spicy foods.** Bloating is common after surgery, so **limit gas producing foods such as beans, broccoli, cabbage, garlic, etc.**
- After your first bowel movement you may slowly advance to a regular diet.

2. Drink

- It is important to drink six to eight 16 ounce bottles of liquid a day.
- **DO NOT drink carbonated beverages** as they can cause bloating.
- **Avoid caffeine, citrus, and alcohol** because they irritate the bladder and can cause bladder spasms.
- **Please drink plenty of water.**

3. Activity

- Within 4 to 6 hours after surgery you will be walking with the assistance of your nurse. Once home, we encourage you to walk at least one mile per day and stretch regularly. Build up slowly to your pre-surgery activity level.
- **DO NOT** sit in one position for more than 45 minutes. When sitting you may have some discomfort in the perineum (the area you sit on). If this becomes bothersome, you may sit on a donut shaped pillow.
- **DO NOT** lift, push, or pull anything more than 5lbs. for the first week after surgery and 15lbs for 4 weeks after surgery.
- You may shower the day after surgery, but **DO NOT** bathe in a tub or swim for 4 weeks.
- **DO NOT** drive until Foley catheter is removed.
- **DO NOT** drive while on narcotics for pain control.

4. Bowel Movement

- It is common for a bowel movement to take 4 to 6 days after surgery and may take a few weeks for the bowels to return to their regular routine. You will be prescribed a stool softener while in the hospital and may be given a prescription before you leave the hospital, which you should fill and begin taking right away. Decrease the dosage to once daily if the stools become too loose. We recommend **NOT** using any enemas or suppositories. **AVOID** straining when you do have a bowel movement. If you **DO NOT** have a bowel movement for more than 6 days and/or experience nausea or vomiting, call your physician's office.
- It is common to have bloody drainage around the catheter or in your urine after a bowel movement. This drainage will lessen after you rest for a short period of time.

5. Incisions/Wound Care

- There are normally 6 small incisions around the surgery site with specialized glue applied to each incision during surgery. **DO NOT** pick at or remove glue, as it will wear off normally within 2 to 3 weeks. The sutures (stiches) are under the skin and will dissolve over time.
- A small amount of redness and/or bruising at the edges of the incisions as well as clear or bloody drainage from the wound is also normal. There is **NO** need to apply any antibacterial ointment to the incisions sites.

6. Sexual Function

- We recommend no attempts of sexual activity until after 4 weeks.
- Almost all men have trouble with erections after surgery. It takes time for the delicate nerves to recover from surgery, therefore ejaculations may be painful when resuming sexual activity. Most men see improvement over time, although it can take up to 2 years to see full recovery of erectile function.
- Many physicians start patients on medications such as Viagra or Cialis shortly after surgery to aid in the recovery of erections by encouraging adequate blood flow to the penis. Your physician may also suggest other ways to help regain erections.

7. Medications

- You may resume your daily medications (**EXCEPT BLOOD THINNERS including ASPIRIN**), after you go home, unless otherwise instructed.
- Blood thinning medications and herbal supplements should **NOT** be resumed until after your Foley catheter is removed. Please check with your physician before restarting.
- Your physician may order a daily stool softener, pain medication, and/or antibiotics to be taken at home during your post-op recovery period. You will be given written medication instructions upon discharge from the hospital.

8. Urinary Catheter (Foley Catheter)

- A urinary/Foley catheter is a flexible tube that passes through the urethra and into the bladder. Its purpose is to drain urine while you are recovering from surgery. This will be inserted while you are asleep in the operating room, and will be left in place typically 7-10 days after surgery. There is a

small balloon inflated with water at the end of the tube in your bladder that keeps the catheter in place. The catheter is attached to drainage bag to collect the urine.

- It is common for blood to appear in your urine and Foley bag, especially during periods of activity. It is important to drink plenty of water (**8-8oz glasses**) daily to help flush out blood clots. Drinking water will also prevent dehydration and a low grade fever which are often caused from surgery/anesthesia.
- You may experience a small amount of urine leakage around your catheter, which is common. If so, you can place absorbent pads such as Depends or Attends in your underwear to absorb leakage.
- You may also experience some discomfort at the tip of your penis where the catheter is inserted. If so, place a small amount of KY Jelly or antibiotic ointment to the tip of your penis to decrease the discomfort.

9. Caring for Your Catheter

- **It is important to clean your catheter twice a day.**
- Wash your hands with soap and warm water.
- Inspect the tip of your penis and pull back foreskin to evaluate for the presence of any swelling, redness, or drainage such as blood or pus.
- With soap and water, gently wash the catheter itself, the catheter tubing, the foreskin, penis, and scrotum, taking care not to pull on the tube. Rinse and dry the areas. If you are not circumcised, **DO NOT** forget to pull your foreskin forward to cover your penis after you finish.
- Attach the large drainage bag below the bed while you sleep, or the leg bag (**small drainage bag that can be attached to your leg for convenience and discreetness**) to your leg while you are up and moving around.

10. Caring For Your Drainage Bag and Emptying the Bag

- **The catheter is connected to and a drainage bag that collects the urine. You have the option of using the larger bag that can be hung from the bed, etc., or the small leg bag. With either bag, proceed as follows:**
- Make sure that the bag **IS NOT HIGHER** than your waistline to allow gravity to drain urine from the catheter.
- Empty the catheter bag when it is just over **HALF FULL**, ensuring that the tubing is **FREE** of kinks.
- After emptying the bag, **CLOSE** the clamp so it will collect urine again.
- When changing bags, pinch the soft rubber tubing with your fingers and hold, disconnect the soft tubing from the larger tubing by twisting, and put the disconnected bag aside. Place the 2nd catheter bag on a towel and connect the bag tubing to the soft catheter tubing by twisting clockwise and releasing the tubing. If switching to leg bag, place the straps around your thigh, being careful not to fasten it too tightly.
- When changing bag sizes be sure to **EMPTY** the old bag and **WASH** with **SOAP and WATER**.

*****IF IT SEEMS YOUR CATHETER IS NOT DRAINING URINE OR HAS FALLEN OUT OR BEEN PULLED OUT, PLEASE CALL YOUR PHYSICIAN IMMEDIATELY*****

11. Urinary Control

- After your catheter is removed, you may have difficulty with urinary control. You can wear a pad in your underwear for protection. You will need to retrain your bladder and pelvic muscles to regain urinary control. This may take a few weeks, while for others it may take up to a year. **DO NOT** be discouraged, most men regain good control over time.
- **Kegel exercises** (squeezing the muscles that help you start and stop your urine stream) are important to regain urinary control.
- **HOW TO DO KEGELS - DO NOT ATTEMPT TO DO KEGELS WITH URINARY CATHETER (FOLEY) IN PLACE**
 - **Find the right muscles.** To identify your pelvic floor muscles, stop urination in midstream or tighten the muscles that keep you from passing gas. These maneuvers use your pelvic floor muscles. Once you've identified your pelvic floor muscles, you can do the exercises in any position, although you might find it easiest to do them lying down at first.
 - **Perfect your technique.** Tighten your pelvic floor muscles, hold the contraction for three seconds, and then relax for three seconds. Try it a few times in a row. When your muscles get stronger, try doing Kegel exercises while sitting, standing or walking.
 - **Maintain your focus.** For best results, focus on tightening only your pelvic floor muscles. Be careful not to flex the muscles in your abdomen, thighs or buttocks. Avoid holding your breath. Instead, breathe freely during the exercises.
 - **Repeat 3 times a day.** Aim for at least three sets of 10 repetitions a day

12. Additional Potential Side Effects of Surgery

- **Crepitus** is a term for air under the skin and is common after laparoscopic/robotic surgery. This should go away **1-2 days** after surgery.
- **Shoulder Pain** is common for **1-2 days** after laparoscopic/robotic surgery due to air placed into the abdominal surgery cavity during surgery. **If pain lasts longer than a few days, call your surgeon.**
- **Bruising around incisions** will resolve over time.
- **Weight Gain** usually lasts only a few days.
- **Scrotal or Penile Swelling** is common and usually improves in **1-2 weeks**. Tight-fitting underwear may help by providing mild compression to the area.
- **Mild ankle or lower leg swelling** should go away within a **few days**. If it does not, or if one leg is more swollen than the other and this is different from your pre-operative state of health, contact your surgeon.

CALL YOUR SURGEON IMMEDIATELY FOR THE FOLLOWING:

1. Fever over 101 degrees
2. Pain that is not controlled with pain medications
3. Continued vomiting
4. Large amounts of blood clots in catheter
5. Urine is cloudy and/or has a foul odor
6. Urinary catheter is not draining urine
7. Urinary catheter falls out
8. Severe bladder spasms a
9. Pain in the bladder
10. Unusual itching, rash or burning around where the catheter leaves your body

13. Long-Term Care Follow-Up

- Prostate cancer can return even after your prostate has been removed. You will need to see your Urologist to have a PSA blood test every 3-4 months for the first year, then less often after that. At each follow-up, your urologist will also discuss recovery of urinary control and sexual function.

*****You will receive post-op discharge instructions with similar information from your nurse when discharged from the inpatient status. Please be encouraged to ask questions.*****