

Returning Home After Prostatectomy

Catholic Medical Center in conjunction with Manchester Urology Associates is proud to be one of the few hospitals in the United States to offer Robotic Assisted radical prostatectomy as a surgical option for men with early prostate cancer. This technique uses five small incisions called “ports” to insert instruments and remove the prostate.

Compared to usual surgery (radical retropubic prostatectomy and the conventional laparoscopic prostatectomy) the prostatectomy done utilizing the da Vinci Robotic offers several advantages.

In addition to the benefits of laparoscopic surgery: (Improved viewing of the prostate with the use of laparoscope lighting and magnification.) Robotic Assisted prostatectomy allows even better visualization with the use of a 3-D scope. Technical skills are improved by providing 7 degrees of freedom in the working instruments vs. the standard 2-D viewing and 2 degrees of freedom with conventional laparoscopy. All of these advancements are intended to optimize surgical outcomes: specifically cancer control and maintenance of urinary incontinence and sexual function.

- There is less bleeding during the surgery.
- Patients have less pain and therefore tend to use less pain medicine after the surgery. After leaving the hospital, most patients need only ibuprofen for pain control.
- Recovery time is shorter. Most patients are able to return to work and resume all normal activity 2-3 weeks after surgery.

When you are ready to leave the hospital, there are several things to keep in mind as you recover at home:

Pain Management

At the time of your discharge from the hospital you will be advised to take ibuprofen three times a day. It is important that you continue to take ibuprofen for the first 2 weeks after surgery. Take ibuprofen with food to prevent stomach pain. Much of the discomfort from surgery is because of inflammation in your pelvis as the surgical area heals. You may feel some discomfort in the genital/rectal area, especially when sitting. Do not sit longer than 2 hours without getting up and moving around. Most patients feel only slight discomfort from the incisions.

Activity

You may shower but you should not take a tub bath until after the removal of your catheter.

You may walk up and down the stairs. We encourage you to go for walks as soon as you return home. It is best to start slowly and gradually increase the distance you walk. During the first weeks, you will feel better if you partially recline on a sofa, in a recliner, or in a chair with a footstool. Walking and sitting with the feet up helps your blood circulate, decreasing the risk of blood clots.

We will give you elastic stockings in the hospital. We would like you to continue to wear them at home until your activity has returned to normal. You may remove them twice a day for about a half hour each time. When you wish to wash them, use mild soap and water and dry them on a clothesline.

Do not drive while your catheter is in place. After the catheter is removed, you may drive if you are not in pain, are not taking narcotic medication, and have no concerns about leaking urine that may prevent you from reacting quickly on the road should you need to do so.

To allow time for healing, for the first 3 weeks after surgery:

- Do not lift more than 20 lbs. (e.g. 20 lb bag of potatoes)
- Even though you may feel like you can, do not do heavier lifting and more strenuous physical activity such as yard work.

Your Bladder Catheter

We suggest that you connect your catheter to the large drainage bag most of the time. Use the leg bag only if you plan to go out of the house. Once in a while, you may feel a strong urge to urinate while the catheter is in place. This is called a “bladder spasm” and may cause a small amount of blood or urine to leak when you have a bowel movement, especially if you strain. As long as you can see urine draining through the tubing, infrequent leakage of urine or blood around the catheter is not dangerous. It is important to keep the urine drainage bag below the level of your bladder and to sure the tubing is not kinked. Please refer to the booklet, “How to Care for Your Catheter”.

The catheter may cause discomfort at the tip of the penis. Applying K-Y jelly or bacitracin ointment to the catheter where it enters the penis can help, it is important that you tape the catheter tubing to your thigh to decrease movement of the catheter and prevent accidental pulling.

Catheter Removal

You will return to the office 7-10 days after surgery to have your catheter taken out. Before we take it out, you will have a urine culture taken from the catheter and be given antibiotics until the results are known in 2-3 days. If you need to continue antibiotics beyond that time, the nurses will call you. Before removing your catheter, the nurse will partially fill your bladder with fluid. Then the nurse will deflate the catheter

balloon from the outside of the catheter and gently remove the catheter. After we remove it, we will ask you to urinate this fluid so that we can look at the force of your stream and your urinary control.

The nurses will teach you exercises you can do to strengthen the muscle, called the sphincter, that allows you to hold urine in your bladder until you are ready to urinate. You should begin these exercises while you still have the catheter in place. (See Appendix - Pelvic Muscle Exercises)

Urinary Control

It may take time for you to regain urinary control. Do not be discouraged if urine leaks from your penis in the weeks after the catheter is removed. Control of your urine will return slowly as you perform the pelvic muscle exercises to increase the enstrength of the sphincter muscle. The nurse will give you disposable protection to wear after the catheter is removed and also give you a packet of materials telling you where you can buy these products. This packet will also tell you what you can expect regarding urinary control and how we will be checking your progress. Do not use an incontinence device, such as a clamp or a condom catheter attached to a bag, without asking us. Use of these devices will prevent you from gaining strength in the muscle you need to control your urine.

Urinary control is regained in three phases.

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| Phase 1 | You are dry when lying down at night |
| Phase 2 | You are dry while sitting down |
| Phase 3 | You become dry when rising from a sitting position and with activity. |

It is important that you continue to drink fluids as concentrated urine irritates the bladder. Avoid alcohol and excessive amounts of caffeine (for example, cola, coffee, cocoa, tea) as these are also irritating to the bladder and make it harder for you to control your urine.

Diet

You may eat and drink whatever you like after you return home. Some men have mild stomach cramps or other digestive problems after the anesthesia. If you have a problem, you may want to avoid milk products, as these are harder to digest. It may be several days before you have a normal bowel movement. If you develop diarrhea, call us, as we may need to look into this further.

It is important to avoid constipation. We will give you a prescription for a stool softener that you may need to take until your activity and diet are back to normal. If you become

constipated, you may take Milk of Magnesia. Do not use suppositories or enemas, as you could cause injury to your rectal wall.

Swollen Testicles and Penis

Bruising and swelling of the testicles and penis often occur after surgery. This will go away slowly over the next few weeks. If the swelling causes discomfort, try using a rolled up towel to raise and support the genitals when sitting or lying down.

Sexual Activity

The return of sexual function depends on many factors. It may take more than a year for erections to come back after surgery. Erections tend to return gradually and improve month by month. For most men, erections continue to improve for a long time after the operation.

It is important to be patient but not to wait for the “perfect erection” before attempting intercourse. Try to have intercourse even if you have a partial erection. These attempts encourage erections. During the first year after surgery, touch is the best stimulus for erections so don’t be afraid to experiment with sexual activity. * Viagra Therapy 100mg. 3x/week.

You should be able to have an orgasm even if you don’t have an erection. However, you will not discharge any semen, because your prostate and seminal vesicles that produce the semen have been removed.

Remember- Be patient! We will ask you about your progress when you have your follow up appointment. While you continue to recover, there are options that will help you resume a satisfying sex life. We will discuss these options with you.

When to Call the Doctor:

- If you notice signs of infection, such as swelling or redness around your incisions.
- If you have a fever or chills. A fever is an oral temperature above 100 degrees F.
- If your catheter becomes clogged and urine no longer drains freely through it.
- If bleeding persists or becomes worse.
- If you have a hard time passing urine after your catheter is removed.

- If you have any new sources of discomfort, for example, sore or swollen legs.

Call Manchester Urology Associates anytime (24 hours a day) at 603-669-9200 and ask to talk to a clinic nurse, your doctor, or the urologist-on-call.

Follow Up

After you have had your first follow up visit, we will see you at gradually increasing time intervals e.g...in three months, six months later, nine months later, and annually thereafter. On these visits you will have a blood test that measures your Prostate Specific Antigen (PSA). After removal of the prostate, we expect this to be too low to detect. Because the prostate is gone, we do not continue to do rectal exams at each visit.

Our goal is to help you get back to normal. We will ask you about your urine control and your erectile function to help us monitor your progress.

If you choose to have your follow-up care closer to home, please ask your doctor to send us reports of these exams so we can continue to follow your progress.

Appendix

Pelvic Muscle Exercises, sometimes called Kegel exercises, often benefit men with urinary leakage after radical prostatectomy. You can strengthen your external sphincter, a pelvic muscle, if you tighten and relax it. You can learn to identify these muscles by tensing the rectum (as if preventing the passage of gas) while sitting or standing. Another way to recognize these muscles is to stop the flow of urine after the stream begins. You are doing these exercises correctly if you can do them anywhere and anytime without the abdominal, thigh, and buttock muscles also tensing. It is helpful to learn to recognize these muscles before surgery so that you will know you are exercising them correctly after surgery.

Exercise Plan: Begin while the catheter is still in place.

- Alternately squeeze and release the sphincter muscle (1 exercise)
- Do three sets of 10 exercises three times a day.
- Check yourself to be sure your stomach, thigh, and buttock muscles are not also tensing.
- Do not exercise by stopping and starting your urinary stream since this may lessen your ability to completely empty your bladder.

When you have been successful in mastering the above exercise then, instead of the above:

- Tighten the sphincter muscle and hold for a count of five then
- Relax the sphincter muscle for a count of five.

Repeat, doing three sets of 10 exercises three times a day.

Make pelvic floor exercises part of your daily routine. When you have control of these muscles, use them to prevent “accidents.” Tighten the sphincter muscle in situations where you might leak a small amount of urine, (for example, when you have the urge to urinate, before you bend over to pick something up, before lifting a heavy object, or when you feel a sneeze or cough coming on.)