

Your Care After Radical Prostatectomy

You have been diagnosed with prostate cancer. Your type of treatment for prostate cancer depends on the extent and stage of your cancer. Treatment options include:

- Watchful waiting
- Active surveillance
- Radical prostatectomy:
 - Robotic-assisted laparoscopic prostatectomy
 - Open retropubic radical prostatectomy
 - Perineal radical prostatectomy (rarely done)
- External beam radiation
- Brachytherapy
- Hormone ablation therapy

This handout tells you what to expect after surgery for prostate cancer. You can have either the robotic-assisted laparoscopic prostatectomy or the open radical retropubic prostatectomy. The perineal prostatectomy is rarely done. The entire prostate gland is removed. In some cases, we may biopsy the lymph nodes in the pelvis and lower abdomen.

Robotic-Assisted Laparoscopic Prostatectomy

You will have 5-6 small incisions in your lower abdomen. We close these incisions with glue on the skin surface. You will likely stay in the hospital for one night.

Open Retropubic Radical Prostatectomy

You will have one incision from your belly button (navel) down to your pubic bone. We close the incision with staples on the skin surface. We will take the staples out at your 2 week follow-up visit. You will stay in the hospital two nights.

Perineal Radical Prostatectomy

You will have an incision between the scrotum and the rectum. We will close the incision with sutures that will dissolve over time. You will likely be in the hospital two nights.

Risks of Surgery

- Infection
- Bleeding (a small amount of blood in the urine is normal)
- Loss of bladder control (this may be a short-term, or a long-term issue)
- Problems with erections (10-30%)
- Rectal injury
- Scarring at the bladder neck

Before Surgery

To be in the best health before surgery:

- Exercise
- Eat a healthy diet
- Take iron supplement **only** if ordered
- Do not smoke
- Do Kegel exercises (knowing how to do these will make it easier to do them after surgery)

What to Expect After Surgery

After surgery, you will have:

- An “IV” to give you fluids. We will take it out as soon as you can handle fluids by mouth.
- An oxygen tube in your nose.
- A soft rubber drain next to the incision to drain the wound.
- A Foley catheter in your penis to drain urine out of your bladder. You will go home with the catheter.
- Elastic stockings (TEDS) and inflatable stocking wraps (Venodynes)

Activity While in the Hospital

- You will be out of bed soon after surgery.
- Moving, getting up in the chair, and walking will help you heal faster.
- You will walk 4 times a day and sit in a chair for each meal.
- Pain pills will make it easier for you to move.
- Bring two soft pillows in the car for the drive home. One pillow is for sitting on, the other is to hold over your incision when you cough.

Foley Catheter

The catheter is placed through your urine channel (urethra) into your bladder to drain urine while you heal.

The catheter stays in for 1-2 weeks but depends on the type of surgery you had. After the catheter is taken out, wait 5 days before starting Kegel exercises.

Incision Care

- Wash your incision with mild soap and water, rinse well, and pat it dry.
- Wear a bandage if it is draining, your clothes rub on it, or if it is in a skin fold. Change the bandage each day or more often if it gets wet.
- No lotion, powder, or ointment on your wound.
- Showers are okay.
- Avoid tub baths, hot tubs, and saunas until you are healed, about 14 days.
- Bruising around the incision(s) is normal and will go away.

Medicines

Most patients can start taking their normal medicines after surgery.

Pain medicine: Most patients will have pain after surgery. The amount of pain varies for each person. Tylenol® (acetaminophen) may

be enough to help with the pain. Some people will need stronger narcotic pain medicines.

Do not take NSAIDS such as Advil® (ibuprofen) or Aleve® (naproxen) for 1-2 weeks after surgery.

If you were on a blood thinner before surgery, your health care team will let you know when you can restart taking your blood thinner such as, Plavix®, warfarin/Coumadin®, Xarelto®, Pradaxa®, Eliquis® or aspirin.

Antibiotics: We will send you home on antibiotics. Take these while you have the catheter to help prevent infection. Take all the medicine as ordered even if you feel fine.

Stool softeners: We will tell you when to take stool softeners. They will help prevent straining when you have a bowel movement. You should take these even if you are not taking narcotic pain medicine. Avoid using Metamucil®, psyllium or fiber wafers as these will add more bulk to your stool.

Bleeding

You may have a bloody discharge around the catheter when you strain to have a bowel movement.

Expect your urine to be light cherry to pink. It will clear over time. This may be caused by exercise, taking aspirin, or straining to have a bowel movement. Drinking more fluids will help thin the blood so that it does not clot off the catheter. Blood in the urine often stops on its own.

Leaks Around the Catheter

You may notice urine leaking around the catheter when you are walking. The balloon that holds the catheter in the bladder

sometimes moves the tip of the catheter away from the bladder neck, which may cause urine to leak around the catheter. A small amount of mucoid discharge is also common.

Bladder Spasms

Bladder spasms can happen when you have a catheter in your bladder. You may feel a sudden, strong bladder fullness or pressure. Your lower abdomen may be tender and you may notice leaking around the catheter. Sometimes this may happen when you are having a bowel movement. If these spasms become severe and painful, call the clinic and we may place you on a medicine to calm your bladder.

Urinary Tract Infection (UTI)

We will send you home with an antibiotic that you will take daily to prevent a UTI.

Swelling

Scrotal swelling and perineal pain happens in most men. This will go away in 4-6 weeks. If you notice a lot of swelling, lie down and elevate scrotum on a towel.

Blood Clots in the Legs

About 1-2% of patients will get a blood clot during the first 4-6 weeks. You must watch for symptoms. A blood clot in your leg can cause pain or swelling in your calf, ankle or leg.

If a clot breaks loose, it can travel to the lung and cause a pulmonary embolus, which could lead to death. Symptoms are chest pain, shortness of breath, sudden weakness or fainting, or coughing up blood. If you get any of these symptoms, you should call 911 right away or go to an emergency room.

Diet

You may not have a normal appetite right away. Sometimes it helps to eat 5-6 small meals throughout the day. For the first few days, eat foods that are easy to digest such as soup, pasta or rice.

While you have the catheter in place, drink up to 10-12 glasses of fluid each day. This may include water, tea, juice, coffee, or soda. You can decrease to 8 glasses of any fluid when the catheter is taken out.

You should not drink alcohol if you are taking narcotic pain medicines.

Avoid constipation by eating a lot of fruits and vegetables. This will also keep your stools soft.

Activity

- You should take a lot of short walks during the day.
- You can climb stairs but do not climb stairs to exercise.
- Avoid heavy lifting (no more than 20 pounds) for 4-6 weeks.
- Only light exercise (no swimming, jogging, running, golfing, tennis, biking, or fast walking) for 6 weeks.
- Avoid exercises such as sit-ups, pullups, or dips for at least 6-8 weeks.
- Do not strain, avoid constipation.
- No biking for 8 weeks.
- Avoid sitting on “donut” cushions or hard surfaces.
- During the first 4 weeks, avoid sitting upright in a firm chair for more than 1 hour. Sit in a reclining chair, sofa, or in a comfortable chair with a foot stool instead.
- You may drive after 2-3 weeks if no longer taking narcotics for pain.

- Do not insert anything into your rectum, such as a suppository or enema, for 6-8 weeks.
- No sex for 6 weeks.
- Rest when you are tired.

It takes at least 6 weeks for a firm scar tissue to form in both your wound and in the areas where you had surgery. If you over-do before that time, you may damage where your bladder and urethra connect. This could lead to long term problems with bladder control or a hernia in the incision.

Urinary Control

Loss of bladder control is common after the catheter is removed. Urinary control returns in 3 phases:

- Phase I – You are dry when lying down at night.
- Phase II – You are dry when walking around.
- Phase III – You are dry when you get up from a seated position. This type of control returns last. No person is the same and it is hard to know when you will be dry.

Pelvic Exercises (Kegel)

You need to do pelvic exercises (Kegel) to strengthen the muscles around the bladder and bladder opening. This will help with bladder control. To do Kegels, you contract the muscle that is used to control the urinary sphincter. This is also felt in the rectum and perineum, the muscles behind the scrotum and in front of the rectum. You should practice Kegels **before** surgery.

Finding the Pelvic Muscles

- Tighten your rectum as if trying **not** to have a bowel movement or **not** to pass gas.
- Imagine that you are stopping the flow of urine.

- Do **not** do the exercises by really stopping the flow of your urine. Do **not** tighten the muscles in your abdomen, buttocks, legs or thighs while doing Kegels.

When to Do Kegels

You can do Kegels anytime and anywhere. You can do them standing, sitting or lying down. You need to do them often.

How to Do Kegels

1. Start by tightening and holding your pelvic muscles for 2 to 3 seconds.
2. Relax for as long as you tightened the muscles.
3. Do not hold your breath. Breathe like normal.
4. Do 1 set of 10 exercises, three times per day. This is a total of 30 per day.
5. The second week after the catheter is removed, increase the amount of time you contract the sphincter for 4 seconds.
6. The third week and beyond, increase the time of contraction to 5-10 seconds. You will notice an increase in being able to control your urine. This is better in the morning than later in the day.
7. As your muscles get stronger, increase the length of time that you tighten and hold the muscles to 10 seconds.

Sexual Function

Erections return slowly and will get better each month. Be patient. Age, state of erectile function before surgery and the extent of the tumor may have an effect. It may take some patients up to two years to recover.

- Do not wait for the “perfect erection” before trying sex.
- You will not have semen with an orgasm.

- Making a plan to help erections come back will help.
- Using medicines or vacuum erection devices may keep the penile tissues healthy. This may increase your chances for improved erections.
- We will discuss these plans with you after surgery. You should include your partner in these talks.
- You may have some urine leak when you ejaculate.

Daily Tasks

You will need to check your temperature and the catheter daily.

Temperature – take 2 to 3 times daily. If it is higher than 100.5 F, call our office.

Catheter- check the output bag often to make sure it is draining. If you feel full, or if you have a sudden urge to urinate that does not go away, your catheter may not be draining. If there is no drainage, you may:

- Flush the catheter with a syringe filled with 30 mL of sterile water. Inject the sterile water through the larger port on the catheter into the bladder. Try to aspirate. You may not be able to pull back on the syringe. This is okay, but the tube should start draining.

Keep your catheter tubing secured to your upper thigh to keep it from coming off. This will also reduce pain from the catheter.

Your nurse will teach you how to care for your catheter before you go home and give you the supplies you need.

Follow Up Visits

Your follow up will depend on the type of surgery. Please bring some adult diapers with you when your catheter is taken out. You will have some dribbling.

Robotic-Assisted Laparoscopic Radical Prostatectomy: 1 Week After Surgery

You will return to clinic. You will have a voiding trial and the catheter removed at this visit. We will review your final pathology and talk about sex, erections, and Viagra[®]/Cialis[®]/Levitra[®].

Open Retropubic Radical Prostatectomy (Open): 1 Week After Surgery

You will return to clinic. We will remove your staples and we will review your final pathology. The catheter will stay in place.

2 Weeks After Surgery

You will return to clinic. You will have a voiding trial and the catheter removed at this visit. We will review your final pathology and talk about sex, erections, and Viagra[®]/Cialis[®]/Levitra[®]. We will also take staples out at this visit.

Long Term Follow Up

After the catheter is removed, your next clinic visit would be in 3 months. We will also check your PSA at this visit. We should not be able to detect the PSA level.

The first year after surgery we will check your PSA every 3-4 months. The second year we will check it every 6 months, and then every year.

When to Call

- Fever over 100.5° F by mouth, for two readings taken 4 hours apart.
- Shaking, chills.
- Increased redness, swelling, or warmth of an incision.
- Pus or excess blood from an incision.
- Pain not controlled by pain pills.
- Swelling, tenderness or pain in your feet, legs, calves, or thighs.
- Catheter is not draining even after gently flushing the catheter.

- Large blood clots or bloody urine you cannot see through.
- Trouble passing urine or notice a decrease in urine stream after catheter is removed.
- Any symptoms that concern you.
- **If you have shortness of breath or chest pain, call 911!**

Who to Call

UW Health Urology: **608-263-4757**

UW Health at The American Center
Urology: **608-440-6464**

UW Health One South Park Urology:
608-287-2900

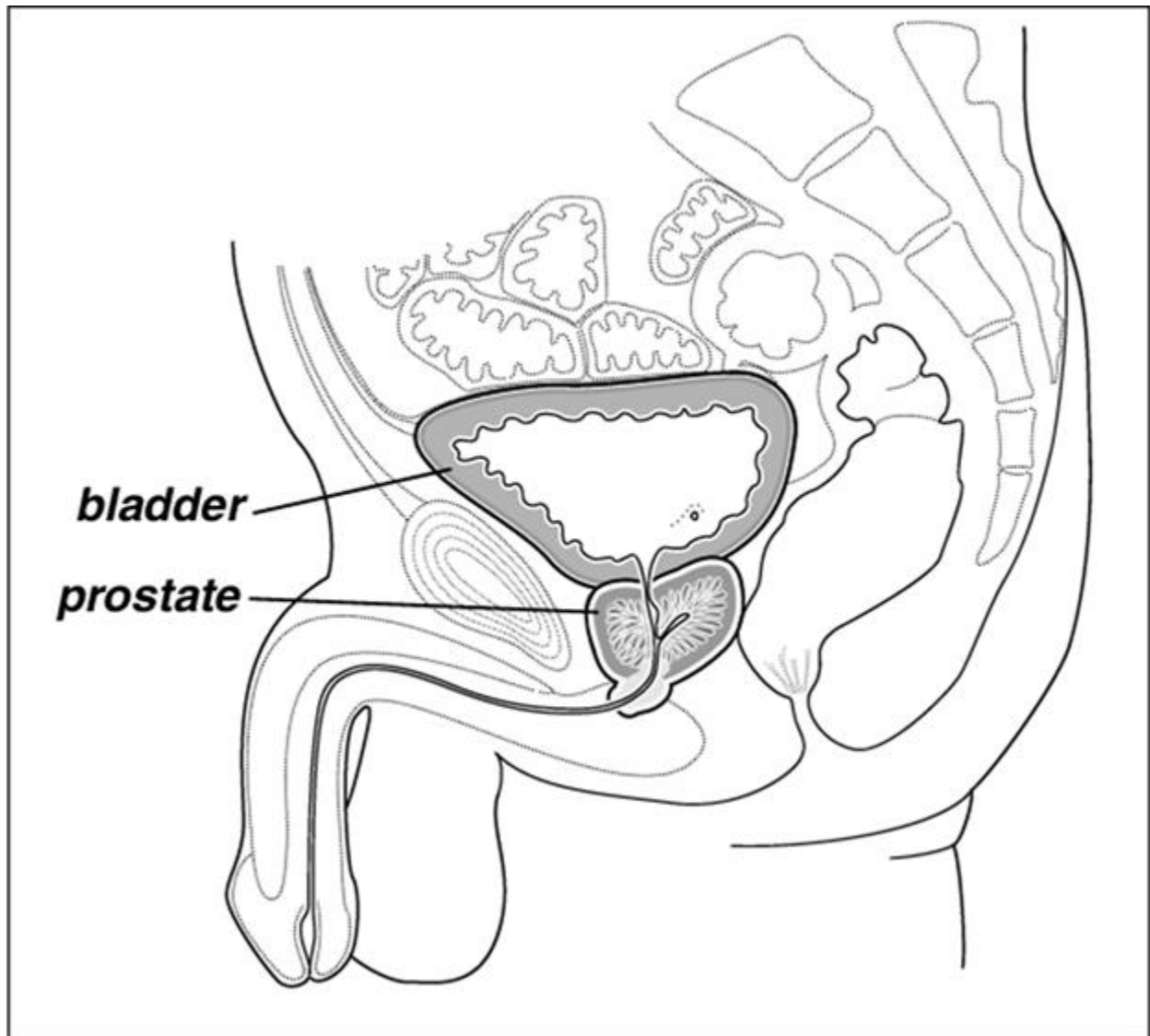
After hours the clinic number is answered by the paging operator. Ask for the urology doctor on call. Leave your name and phone number with the area code. The doctor will call you back.

The toll-free number is: **1-844-607-4800.**

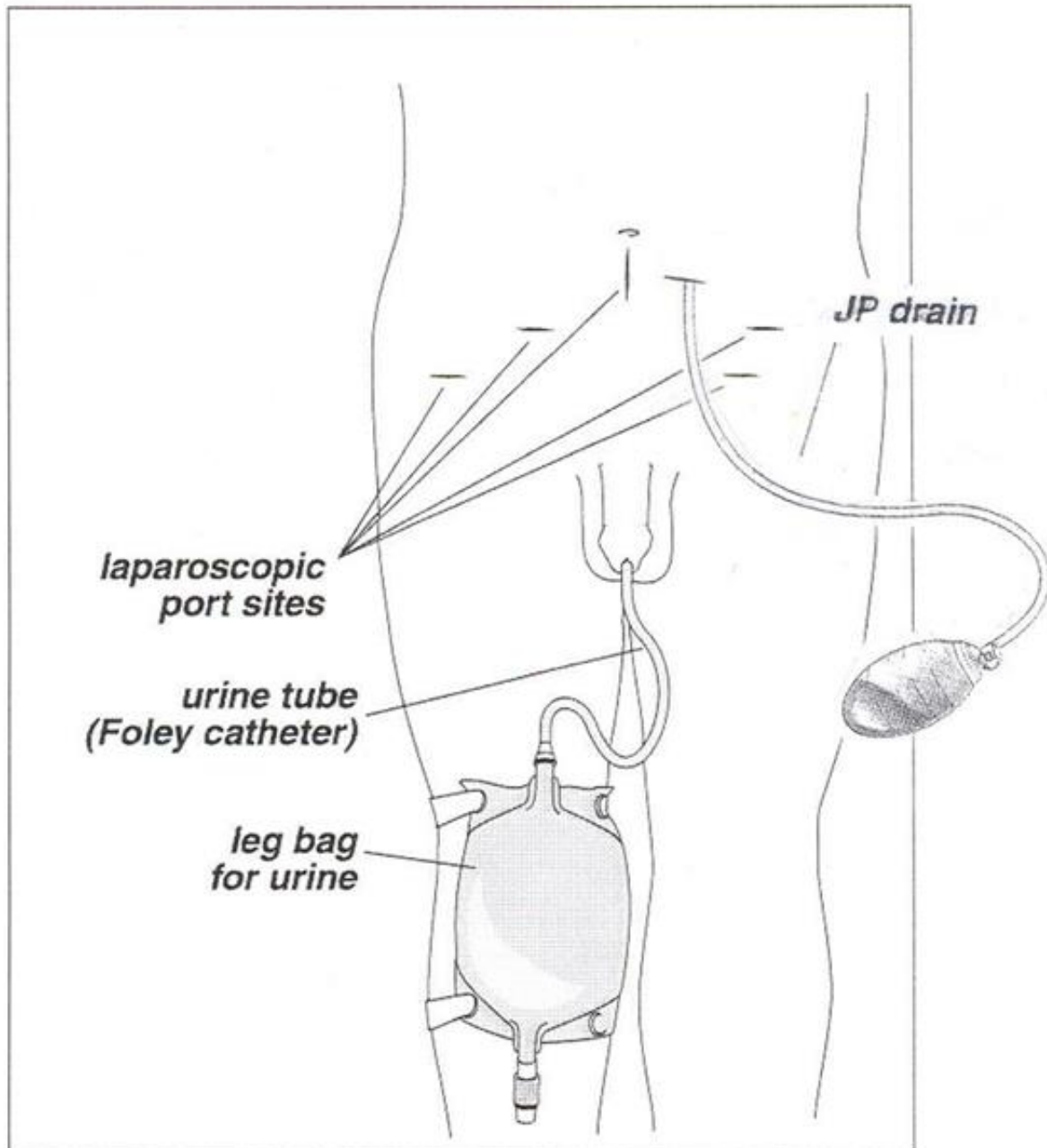
If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 3/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7530

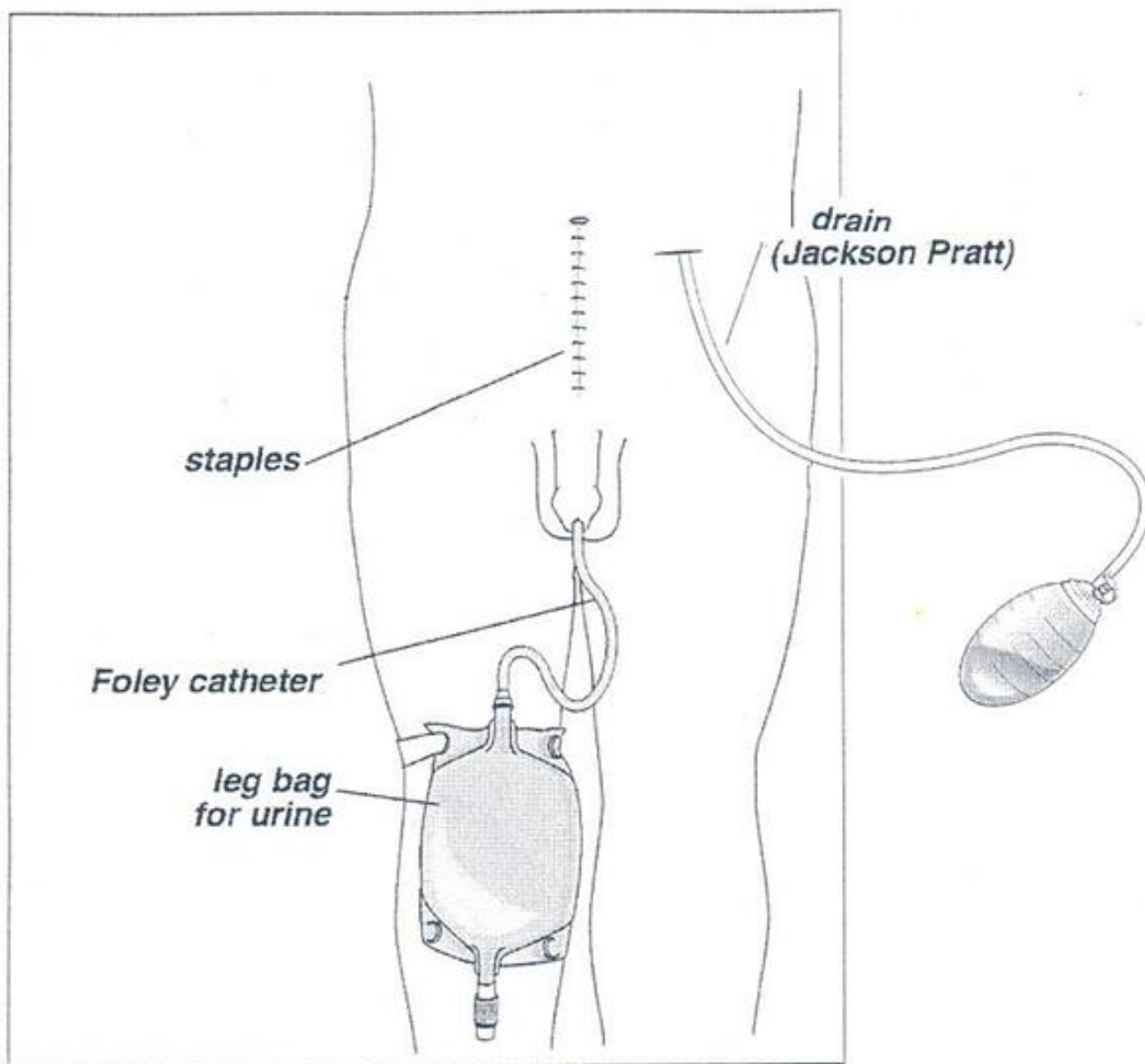
Bladder, Prostate and Urethra



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