



Michael A. Liss M.D., M.A.S

Post-Operative Instructions:

While robotic prostatectomy is performed routinely, it is still a relatively major surgery that will take some time and effort to recover from. Let yourself take afternoon naps and do not rush to back to the fast pace life. Allow your body to heal. Life will be harder for at least a few weeks, if not months after surgery, however it is certainly preferable to the life-threatening hardships of letting the cancer progress unchecked. So stay positive, you can get through this.

LEAVING THE HOSPITAL

- Patients can generally be discharged from the hospital about 24 hours after surgery.
- A small drain from the abdomen will be removed prior to going home.
- All patients will be discharged from the hospital with a urinary catheter in place. This catheter is known as a Foley catheter and is held in place by a balloon inside the bladder. It allows continuous drainage of the bladder into a small external collection bag, which is emptied as needed. Absolutely, do not try to remove this catheter on your own. It must stay in place until you heal enough that it is no longer needed. Read further down in these instructions for more information.
- Since you will not be cleared to drive yourself, you will need someone to drive you home.

WHEN YOU GET HOME

Activity

- Please refrain from driving for 1 week after your surgery. After one week, you can resume driving and most activities. Refrain from *vigorous activity* (running, golf, exercising, **horseback riding, motorcycles, bicycling**) however, for *six* weeks after surgery to give yourself time to heal. After six weeks you may resume full activities using common sense.
- Avoid climbing stairs as a form of exercise.
- Avoid sitting still in one position for too long (more than 45 minutes)
- Avoid bathtubs, swimming pools, hot tubs or otherwise submerging yourself in water for as long as the catheter is in place. Showering is fine as soon as you go home.
- When you may return to work depends on your occupation and how fast you recover. Most jobs you may return to in 1-3 weeks. Use common sense.

Medication

- Most of our patients experience only minimal discomfort, and we recommend that you try ibuprofen or Tylenol (acetaminophen) for pain first, as they usually suffice. Stronger, prescription pain killers tend to be extremely constipating and so it is better to avoid them if possible. However, if you still have significant pain despite Motrin or Tylenol, contact your physician for a prescription for stronger pain medication, which will typically be hydrocodone or codeine.
- Upon discharge from the hospital, you will also be prescribed an oral antibiotic, which will most likely be Ciprofloxacin (*unless you have an allergy*). The medication is used to prevent urinary tract infection



- after the catheter is removed. DO NOT take this until the morning you are to have your catheter removed. On that morning, take one pill. Then take one pill each 12 hours after that.
- You may resume any of the usual daily medications you may have been taking before surgery for other medical conditions, as soon as you are discharged.
- At the time of discharge, you will be given a stool softener to be used for constipation. We recommend that in addition to the stool softener you also drink prune juice or milk of magnesia until you have your first bowel movement after surgery. You may continue taking the stool softener as needed to combat constipation.
- You may develop bladder spasms while the catheter is still inserted. Bladder spasms are typically associated with a sudden onset of lower-abdominal discomfort, a strong urge to urinate, or with sudden leakage of urine from around the catheter. We do have medication that can calm them down but can be very constipating and cause dry mouth, so we prefer you not take the medication but please call if this becomes overly bothersome.

Food

- To make it easier on you immediately out of the hospital, you may initially want to stick to a bland diet. Some patients prefer a mostly liquid diet. Avoid carbonated beverages.
- Once you have had a bowel movement, you should move to a soft food diet of things like soups, scrambled eggs, toast, oatmeal etc... and then work your way back to your normal diet as you feel comfortable.
- Avoid gas-producing foods such as flour, beans, and broccoli.
- Try to spread out eating throughout the day with snacks and small meals, to avoid eating large meals at once for a few days after surgery.

Clothing

- Immediately after surgery, your abdomen will be slightly bloated so you may have trouble fitting into your regular clothes. For comfort, wear loose fitting clothing such as sweatpants or other pants with elastic (not button) waistbands. You will probably need to do so initially anyway to accommodate the catheter and collection bag.

Wound Care

- You may now start showering the day of your discharge. The catheter collection bag may be removed during showering. The clear plastic tubing can be removed from the colored catheter as directed prior to leaving the hospital. You can allow the urine to run into the shower. After showering, gently pad the suture sites (do not rub or otherwise irritate them) with a towel.
- Application of ointments (such as Neosporin) to incision sites is not recommended.
- Sutures were utilized which will dissolve on their own, there is no need to have them removed. A small amount of redness at the edges of the incision sites, as well as a small amount of clear or bloody leakage from the wound, is acceptable. Drainage of sufficient quantity to soak dressings, or redness greater than 1/2 inch from the incision should be reported to the physician.



Catheter Care

- As mentioned above, you will be discharged from the hospital with a Foley catheter in place, which continuously drains urine from your bladder for approximately one week unless instructed otherwise. It must stay in place while your anastomosis heals (*where we sewed the bladder back together*). Do not attempt to remove this on your own. If it should accidentally fall out, you **MUST IMMEDIATELY** notify your **urologist** to have it replaced. Do **NOT** allow a non-urologist (even if they are a nurse or a doctor) to replace it. The catheter was carefully placed by your urologist with specific regard to your prostatectomy and cannot be replaced by just anyone.
- You can use antibiotic ointment (Neosporin or Polysporin with or without lidocaine) to lubricate the outside catheter where it enters the tip of your penis (the urethral meatus.) This ointment will reduce inflammation to the urethral meatus and reduce discomfort. Apply the ointment as needed.
- You will be provided with a "stat-lock," a plastic clip that will be glued to your thigh to hold the catheter. This will be removed when your catheter is removed 1 week after surgery.
- You will be provided with two urine collection bags of different sizes, a smaller bag to be worn under your pants during the day, and a larger bag to be used at night. The smaller bag usually lasts about 3-4 hours before needing to be emptied, but of course this varies with how much liquid you consume. The larger bag should last you all night, so you do not need to wake up to empty it. Remove, empty, and exchange these two bags as needed.
- Alert the surgeon if the catheter does not drain well, or if you have any other serious problems with it.
- This catheter will stay in place for one week while you heal, and can generally be removed by your urologist at the end of this time. Sometimes it may have to stay in place longer if you are not sufficiently healed, perhaps two weeks instead of one. You should have already scheduled a follow-up appointment for this purpose. Remember from above, that you will start taking your oral antibiotic (probably Ciprofloxacin) on the morning of this day.

THINGS YOU MIGHT ENCOUNTER AFTER SURGERY

- **Abdominal Distention, Constipation or Bloating:** Make sure you are taking your stool softener as directed, and drinking prune juice or milk of magnesia. If you still haven't had a bowel movement 24 hours after surgery, you may take an over the counter suppository.
- **Bladder Spasms:** Bladder spasms are typically associated with a sudden onset of lower-abdominal discomfort, a strong urge to urinate, or with sudden leakage of urine from around the catheter. You can ask for Ditropan (oxybutinin) if you encounter these problems. If they still persist despite the medication, contact your physician.
- **Bloody drainage around the Foley catheter or in the urine:** Under stress, such as during physical activity or bowel movement, this is not uncommon immediately after surgery. This should improve if you cease activity and rest for a short while. If it does not, or if you see clots in your urine, or have no urine output for two hours, contact your physician.
- **Bruising around the port sites:** This is not uncommon, and should not worry you.
- **Lower legs/ankle swelling:** This is not abnormal and is not cause for serious concern. The swelling should go away in a week or two. Elevating your legs while sitting will help.
- **Perineal Discomfort** (pain between your rectum and scrotum): This may last for several weeks after surgery, but it should resolve on its own. If you are suffering significant pain despite pain medication, contact your physician. You might also try elevating your feet on a small stool when you have a bowel movement, applying hemorrhoid ointment, and increasing the fiber and water intake in your diet.
- **Scrotal/Penile Swelling and Bruising:** This is not abnormal and is not cause for serious concern. You might notice scrotal/penile swelling anywhere from immediately after surgery to 5 days later. It should go away on its own in a week or two. You might try elevating your scrotum on a small rolled up towel when you are sitting or lying down to reduce swelling. Also, wearing supportive underwear (briefs, not boxer shorts) is advisable.



Urinary Control Recovery Pathway

- Most men have difficulty with urinary control after catheter removal. **You should bring an adult urinary pad (such as Depend Guards) with you the day your catheter is removed.** You should be prepared to wear these pads for a while because normal urinary control may not be regained for 2 months from the time of your surgery. Remember, everyone is different. Some men regain control in a week, some take six months. Don't be discouraged! Also, remember you will typically leak more standing, moving, and straining, and less when lying down and sleeping.
- Remember to do your Kegel exercises regularly. The operation removed your prostate and affected your secondary urinary control mechanisms. Your external sphincter muscle must now take over all responsibility for control. This little muscle is all that lies between you and the outside world. It will take time and effort to strengthen this mechanism.
- Please re-review our video on how to perform Pelvic Floor Rehabilitation
- You will have an appointment 2 -4 weeks after the catheter is removed to review your urinary control. If you are wearing more than 2 pads/depends per day the we sill start a medication called Vesicare which will break a cycle of leaking. You may leak through the urethra; however, your bladder may think it is time to urinate leading to more leading and urgency. Vesicare may allow this cycle to calm and you to avoid the urge and regain control rather than leak. We also may decide that you would need additional pelvic floor training and make an appointment with one of our skilled pelvic floor rehabilitation specializes.
- Yoga is a good way to start building pelvic floor musculature. Small stretching exercises can be performed at 4 weeks after surgery and regular Yoga positions can start after 6 weeks, but please use common sense.
- 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. Though rarely needed, there are techniques for restoring control such as placement of an artificial urinary sphincter or a sling.



Sexual Function Recovery Pathway

- The operation will affect sexual function in several ways and largely depends on your age (*each year older than 50 becomes harder to recover*) and sexual function prior to surgery.
- There are three components to sexual function in men: sexual drive, sensation, erection and climax (orgasm). Although these normally occur together, they actually are separate functions. Losing one does not necessarily mean you will lose the others.
- 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.
- Since the primary goal of the surgery was to rid you of cancer, one or both of these nerves may have been resected. We are meticulous at least sparing the nerves partially, however, these nerves are very sensitive and even the slightest movement of them makes them dysfunctional for long periods of time. There is a chance of recovering erections, but recovery may be slow. Nerves can heal, but very slowly. The average time to recovery for erections adequate for sexual intercourse is 6-18 months, but in some men can be even longer.
- Usually we start the program after urinary control has been nearly achieved or approximately 3-6 weeks after surgery.
 - Start with a Vacuum Erection Device (also called a Penis Pump) – these may be purchased over the counter. It usually comes with a penile constriction band that will prevent the blood from leaving the penis when erect. They can be manual or automatic; however, confirm there is a safety valve to release pressure if needed. This should be performed at least 3 times a week starting 4 weeks after surgery. The reasoning behind this is that this practice may reduce fibrosis and improve oxygenation of the penis while you are waiting for recover. Additionally, the urethra can be stretched back to its normal length.
 - Around this same time, we will give you prescription for Viagra, Cialis, or Levetra. I prefer Viagra because the pill can be cut and not effect its delivery. First start with ½ a pill at least twice a week. It can be used with or without the vacuum pump. IF you are getting mild erections, try to take a the dose 1 hour prior to stimulation and use of the vacuum erection device to maximize the possibility of achieving an erection.
 - If these methods to not work, we will move to either the intra-urethral alprostadil (MUSE) or intracavernosal injection (ICI). The injection requires you to place a very small needle into the penis to deliver the medication and nearly instantaneous erection. Our office can teach you the use and techniques needed for these specific medications.
 - If these methods are unsuccessful, a prosthesis can be placed to restore sexual function.
- Climax will not be affected by the surgery, but ejaculation (the release of fluid during orgasm) will no longer occur. You will still have the same sensations of pleasure, but no fluid will be discharged and you will have a dry ejaculation. 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. This means that you will be infertile and no longer able to father children.

If you have any questions about these instructions please contact your physician. You should have received similar instructions on paper upon discharge from the hospital. These instructions are given in your



UT Health
San Antonio

best interest and should be followed as

carefully and closely as possible.
