

St. Elizabeth's Medical Center

A STEWARD FAMILY HOSPITAL



Division of Urology

Robotic Prostatectomy

The St. Elizabeth's Medical Center Urology Team has created this booklet as part of our ongoing commitment to provide optimal care for our patients.

Our intention is to acquaint you with the specific steps involved in your Robotic Prostatectomy. These include the preoperative educational process, surgical treatment, follow-up care, and other information essential for thorough care and speedy recovery.



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Physician’s Office Consultation

At the initial urology office visit consultation, your urologist will discuss your diagnosis and his/her plan of care for you. Once the decision for surgery has been made, your doctor will complete a “Hospital Admission Data Form” and forward to the surgical scheduler. We will make every effort to provide you with a specific date of your surgery at this visit, but certain circumstances may not make it possible at that time. The surgical scheduler will contact you immediately when a date and time have been confirmed for the surgery, or you may call 617-789-3170 or the urology office 617-787-8181.

Admission / Preoperative Appointments

Following the surgical discussion, and scheduling of a surgical date, admission and pre-operative appointments will be scheduled in preparation for surgery. A staff member of the Admitting Department will send you notification of your appointments. Examples of pre-op appointments that are frequently performed are: blood tests, chest x-ray and an EKG. Each of these appointments takes approximately 1 hour. Please allow for this time.

If you have any questions concerning about the above pre-op tests, please call the Admitting Department Office at 617-789-3444.

Pre-Admission Interview – Admitting Department

You Pre-Admission interview will be held in the Admitting Department located off the hospital's Main Lobby on Seton 4. There, an Admission Coordinator will interview you to get the necessary demographic and insurance information. They will also have you read and sign consent forms. You will then be entered into the hospital computer database and given any additional information about your admission. Your insurance company will be contacted by the hospital to get approval for your surgery and admission. Some insurance plans require their patients to make a "co-payment" or pay a "deductible". If your insurance requires such payments, you may be contacted by the Admission Department one to three days before your scheduled admission to arrange payments.

Pre-Operative Center

Your scheduled pre-operative testing will take place in the Pre-Operative Center located off the Hospital's Main Lobby on Seton 4. There, a registered nurse and several technicians will see you and will perform the tests requested by your provider. These tests are done to be sure that you are in a good state of health to have surgery. Examples of the tests frequently done are: Blood test, chest x-ray and EKG. **If you have had these tests done recently at another place, please bring the results with you and ask your doctor to fax the results to the pre-op center at 617-562-7757. A physical exam and final check of your admission will be done at this time.**

Medication Restrictions

Any medication that increases your risk of bleeding **must be stopped** before surgery. * If you are taking warfarin (Coumadin), Plavix or dipyridamole (Persantine), you **must stop** these medications five (5) days before surgery. You may require consultation with a specialist to manage anticoagulation at the time of surgery.

Aspirin and all aspirin-like containing medications (such as Advil or ibuprofen) **must be stopped** two (2) weeks before surgery. A list of medications that contain aspirin and aspirin like products can be found on page 5 of this booklet. Please look over this list to see if you are taking any of these medications so that you can avoid all of these medications before surgery.

You may safely take acetaminophen (Tylenol).

Preparations containing Aspirin, Salicylates and/ or Salicylamides - see page 5

Patients **must remain off all aspirin**, salicylate and/ or salicylamide products **two weeks** prior to procedures unless otherwise directed by your provider.

Important Note: This is not a complete list. Other products may also contain aspirin, salicylates and/ or salicylamides. Occasionally, products may be reformulated to add or remove aspirin, salicylates. And / or salicylamides always ask your doctor or pharmacist before taking any medications.

You may have products containing Tylenol or acetaminophen only.

Some oral supplements may also increase your risk of bleeding. These include but may not be limited to: Vitamin E, Garlic pills, Fish oil pills, Ginkgo and multivitamins. If you mistakenly **take any of the listed medications before surgery, please call your physician immediately.** This is because serious bleeding could happen during surgery. It is then best to reschedule the surgery for a later date.

Prescription products containing aspirin, salicylates and / or salicylamides

4-WAY COLD TABLETS
ADVIL
ADVIL COLD and SINUS CAPLETS
ALEVE
ALKA-SELTZER
ALKA-SELTZER PLUS COLD MEDICINE
ANAPROX
ANACIN TABLETS and CAPSULES
ANODYNOS TABLETS
ARGESIC TABLETS
ARTHRALGEN TABLETS
ARTHRITIS PAIN FORMULA TABLETS
ARTHRITIS STRENGTH BUFFERIN TABLETS
ARTHROPAN LIQUID
A.S.A ENSEALS
A.S.A TABLETS
ASCRPTION A/D TABLETS
ASCRPTION with CODEINE TABLETS
ASPERBUF TABLETS
ASPERCIN
ASPERGUM (CHEWING GUM)
ASPIRTAB
AXOTAL TABLETS
BARYER ASPIRIN TABLETS
DAYPRO
DISALCID CAPSULES
DOAN'S PILLS
DOLOBID
DUOPRIN CAPSULES
DURPIN-S SYRUP
DURADYNE TABLETS
EASPIN
EASPRIN
ECOTRIN TABLETS
EFFERVESCENT TABLETS
EMAGRIN TABLETS
EMPIRIN with CODEINE TABLETS
EMPIRIN TABLETS
EQUAGESIC TABLETS
EXCEDRIN IB
FELDENE
FIORINAL TABLETS
FIORINAL with CODEINE
IBUFEN
IBUFEN 200
IBUPROFEN
INDOCIN
KETOPROFEN
LANORINAL TABLETS
MAGAN TABLETS
MAGSAL TABLETS
MARNAL CAPSULES
MAXIMUM STRENGTH BAYER ASPIRIN
MEASURIN TABLETS
MICRAININ TABLETS
MIDOL CAPSULES
MOBIDIN TABLETS
MOBIGESIC
MOMENTUM TABLETS
MOTRIN
NALFON
NAPROSYN
NEOCYLATE
NIGHTTIME EFFERVESCENT COLD TABLET
NORGESIC & NORGESIC FORTE TABLETS
NORWICH ASPIRIN
BAYER CHILDRENS ASPIRIN TABLETS
BAYER CHILDRENS COLD TABLETS
BAYER TIMED RELEASE ASPIRIN TAB
BC TABLET and POWDER
BUFF-A-COMP NO.3 TABLETS(WITH CODEINE)
BUFFERIN with CODEINE NO.3 TABLETS
BUFF-A-COMP TABLETS AND CAPSULES
BUFF ASPRIN TABLETS
BUFFERIN, ARTHRITIS STRENGTH TABLETS
BUFFETS II TABLETS
BUFFINOL EXTRA TABLETS
BUFFINOL TABLETS
BUF-TABS
BUTTAPRIN
CAMA ARTHRITIS PAIN RELIEVER
CLINORIL
COPE TABLETS
COSPRIN TABLETS
Cp-2 TABLETS
DARVON COMPOUND PULVULES
DARVON COMPOUND-65
DARVON with A.S.A PULVULES
DARVON-N with A.S.A
DASIN CAPSULES
NUPRIN
ORUDIS
PABALATE
PABALATE-SF TABLETS
P.A.C
PAIN RELIEVER TABLETS
PEPTO-BISMOL TABLETS AND SUSPENSION
PERCODAN & PERCODAN-DEMI TABLETS
PERSANTINE
PERSISTIN TABLETS
PLAVIX
RELAFEN
ROBAXISAL TABLETS
S-A-C
SALOCOL TABLETS
SK-65 COMPOUND CAPSULES
SODIUM SALICYLATE
ST JOSEPH ASPIRIN FOR CHILDREN
ST JOSEPH COLD TABLETS FOR CHILDREN
STANBACKPOWDER
SUPAC
SYNALOGOS CAPSULES
SYNALGOS-CAPSULE
TALWIN COMPOUND TABLETS
TICLID
TOLMETIN 200,400
TRIGESICS
TRILISATE TABLETS with LIQUID
TRI-PAIN CAPSULE
ULTRAPIN
URACEL
VALPRIN
VANQUISH CAPLETS
VERIN
VOLTAREN
ZORPRIN TABLETS

Surgery Preparation

Day Before Surgery

On the day before your surgery, your urologist may want you to clean out your bowels. You will have a special diet and be taking certain laxatives. Your doctor or member of the Urology Department will provide you with a pre-op diet instruction sheet. Try to spend a relaxing evening at home and get a good night's sleep. Do not smoke, eat or drink anything after midnight. This includes chewing gum. You may have clear liquids up until two hours before your surgery. You may take your medications in the morning as directed with a small amount of water (one ounce).

Pre-op Diet

Start Today

- High Fiber diet- increase intake of vegetables, fruits and grains
- Stool softener- one daily- available over the counter (ex: Colace, Surfak)

Discontinue the following oral supplements 10 days prior to surgery:

- Vitamin E
- Garlic Pills
- Fish Oil pills
- Gingko
- Multivitamins

Discontinue aspirin and / or aspirin containing products 10 days prior to surgery

Day prior to surgery

- Have a normal breakfast and a light lunch
- Starting at noon clear liquid diet only
- The following items are those that may be used in a clear liquid diet
 - Broth or Bouillon
 - Black tea or coffee
 - Plain jello (no fruit or cream added)
 - Apple juice
 - Cranberry juice
 - Gingerale
 - Water
 - Sherbert
- 7:00 p.m. Fleet enema
- After midnight you may drink only the following clear liquids up to 2 hours before your arrival time:
 - Water
 - black coffee
 - apple juice
 - Ginger ale
 - black tea
 - cranberry juice

Day of Surgery

Again, please remember:

1. Take all of your morning medications with as little water as possible.
2. Be careful not to take any of the restricted medications that contain aspirin.
3. Diabetic patients on insulin should take half of their normal dose of NPH insulin.
4. Do NOT take regular insulin.
5. If you take Humulin 70/30, we will call you with the dose you should take after we check with the anesthesia department.

Other reminders:

1. Please bring a list of all your medications, including any inhalers and eye drops
2. Bring a list of any allergies that you may have, particularly any allergies to medications and latex
3. Please leave all valuables at home.

Upon arrival to St.Elizabeth's Medical Center, proceed to Ambulatory Surgery, located on 3rd Floor in the Seton Building. There, a receptionist will greet you and check in your belongings. A nursing assistant will then escort you to an area where you will change into hospital pajamas. You will then have your vital signs checked.

If accompanied by a family member or escort we recommend they wait in the special area designed as the hospital family waiting room during your surgery. The waiting room is located next to the OR and is staffed with personnel to answer their questions. Also, with your permission, your doctor may call your family in this area or meet with them in a private conference room when your surgery is finished to discuss your surgery.

Pre-op Hold and Prep

In the "Pre-Op Hold and Prep" area you will have your final preparations done. You will also see your surgeon there to answer any remaining questions you have. You will meet and be interviewed by the provider who will administer your anesthesia, and will start your intravenous drip. You may be given a medication, which will make you sleepy.

Operating Room

Next, you are taken to the Operating Room. Here the anesthesia provider will attach various monitors to you and give you oxygen through a small mask placed over your nose and mouth. Soon after this, you will drift off to sleep. The surgery will take approximately 2-4 hours. When the surgery is complete; you will be taken to the recovery room.

Day of Surgery (continued)

Recovery Room

After your surgery is completed, your next stop will be the Post Anesthesia Care Unit (PACU), also known as the Recovery Room. At this time, you will be very sleepy but awake. The room will be cool, noisy and busy, but your nurse will be close by to make you as comfortable as possible. You may need to stay in the recovery room for a longer period of time than expected because of either the need to monitor your condition or because your hospital room is not ready. Once settled, often your family is permitted to visit you.

There **are three common issues** for patients during this time in recovery:

- **Pain**: It is normal to have some pain after surgery. Your nurse will give you medication through your intravenous line. The nurses will be checking with you to make sure that your pain is being relieved.
- **Cold**: It is normal to feel cold when waking up from anesthesia. The nurse will apply warm blankets and / or a warm air machine.
- **Catheter**: You will have a catheter in your bladder to drain urine. However, you may still have the sensation that you need to urinate. This is normal and will gradually decrease. Sometimes urine can drip around the outside of the catheter.

Hospital Room

You will then be transferred from the recovery room to the Urology Unit, located on Seton 6 East. Your family may find you by taking the Seton East elevators to the 6th floor. When you get to your room you may be sleepy. Your nurse will get you settled and make you comfortable. Your family is welcome to visit shortly thereafter. The nursing staff will check to be sure that your pain is well controlled. Please talk to your nurse if you do not have good pain control.

You will have six small incisions covered with small bandages and a clear film-like tape, or a skin adhesive.

You will have fluids and antibiotics running through your IV. This will stay in until you drink enough fluids.

Venodyne boots will be put on you, which are made of soft plastic material and be around your lower legs. These inflate and deflate to help your circulation while you are in bed.

A catheter will be inserted to drain urine from your bladder. You will not need to urinate while this tube is in place. On occasion, you may feel the urge to urinate even though your bladder is empty. The urine may have some blood in it, which will cause the color to change from yellow to pink or red. It is normal to see blood in the urine at this time.

After Surgery

We anticipate that you will be a patient on Seton 6 East for about 1 day after your robotic prostatectomy. Unless complications arise and delay your discharge, you should plan to go home at this time. Please make sure that your family or escort is aware of this so that they will be able to take you home at that time. Discharge time is usually at 10:00 a.m. Most patients do not require visiting nursing, although this will be assessed at the time of discharge.

Pain

Remember to be kind to yourself and take pain medication when you start to get uncomfortable. Do not try to “grin and bear” the pain. It is important that you be as comfortable as possible so you can move about soon after surgery. This will help to speed up your recovery. You will be switched to oral pain medication as soon as you are able to tolerate liquids.

Activities

You will be encouraged to take deep breaths and cough in addition to using an incentive spirometer after surgery. This will not harm your incisions and it is very important in preventing lung problems. While you are in bed, changing your position from side to side every few hours is also good for you. While you are recovering in bed, it is important to remember to wiggle your toes and ankles periodically which is good for circulation. With your nurse’s help, you will usually get out of bed and start walking the day of surgery. This may vary slightly depending on your physician. It is very important to walk since it helps to prevent blood clots from forming in your legs. Do not cross your lower legs in bed for the same reason! The venodyne boot will stay on you in bed until you are able to walk around the unit three full times each day.

You may have some swelling of your scrotum. This is normal and will go down with time. Your nurse can place a towel underneath the scrotum to help decrease the swelling. (If you are uncomfortable with the swelling, your nurse can help you put on a scrotal support.)

Medications

After surgery, you will receive antibiotics and pain medications through your intravenous line. When you begin to take liquids, the medications will be changed to pill form. Be sure to ask your nurse for pain medication when you start to feel uncomfortable. Please do not take any of your own medications. Your nurse will give you all of your medications, including the ones that you take at home.

Diet

Anesthesia and surgical procedures may cause nausea. You will usually be allowed sips of clear liquids the evening after your surgery. Your diet can be advanced to your usual diet, as you feel able, usually by the day after surgery. You will be able to select your meals from a menu as soon as you are taking solid food. Your intravenous line will be taken out when you drink enough liquids. If you usually follow a special diet, such as for diabetes or cardiac disease, or if you wish to arrange a consultation with a registered dietitian, please advise your surgeon or call the Nutrition Services office.

After Surgery (continued)

Catheter

It is important to keep the end of the penis, where the catheter enters, clean. Use soap and warm water. Your nurse will give you antiseptic ointment to put on this area. Please read the “Home Care of the Catheter” section of this booklet for detailed explanations. The catheter normally will not fall out when you are washing or moving. The catheter is held firmly in place by a small balloon that is inflated with water.

Discharge Teaching

Discharge teaching will be provided before you go home. Your nurse will show you how to care for your catheter and use the leg bag and night drainage bottle. We will give you the equipment and help you learn how to use it. It is important to learn these things early so that you are comfortable caring for your catheter when you go home.

Remember

- Everyday things usually get a little easier!
- Don't be afraid to take pain medication when you are uncomfortable.
- Walk, walk and walk some more.... It will help speed your recovery. Walking at least two times a day for twenty minutes is recommended.
- Ask about anything that concerns you.
- Your care will be delivered and reviewed by a collaborative team of which you are the most important person.

Discharge Process and Instructions

Before you are discharged, you will receive the following information.

- Written information about your follow-up appointments.
- Prescriptions for an antibiotic and pain medication.
- Supplies to care for your catheter. This includes a leg bag and night drainage bottle.
- Written discharge instructions.
- Reminder to schedule a follow-up office visit
 - Schedule a PSA to be done one week prior to the office visit and request the results be faxed to the Urology office at Fax #: 617-787-4644

We will offer a wheelchair ride out, but it is not necessary if you prefer to walk.

Caring for Your Indwelling Urinary Catheter at Home

A catheter is a tube placed in your bladder to drain urine. If your catheter is not cared for properly, germs can enter the bladder and may cause an infection. The purpose of these instructions are to guide you through the care of the catheter, leg bag, and night drainage bottle.

General Instructions:

1. Before beginning, gather together all the equipment that you will need.
2. Always wash your hands before and after handling the catheter and drainage bags.
3. Wash the genital area around the catheter, including where the catheter enters your body with mild soap and water. Dry crusts should be removed from the catheter by wiping with gentle pressure. The catheter is held securely in place and will not fall out.
4. Apply bacitracin antibiotic ointment twice a day to the area where the catheter enters the body.

Applying Leg (day) Bag:

1. Wash your hands with soap and water.
2. Identify the top and bottom of the bag and make sure the straps are attached and the plug on the bottom of bag is closed.
3. Secure the leg bag to your thigh using tape or Velcro tape holder.
4. Wipe off the connector of the leg bag with alcohol.
5. Pinch off the catheter (so urine won't drip), then disconnect the catheter from the night drainage bottle.
6. Wipe off the end of the catheter with an alcohol wipe and connect it to the leg bag.
7. Clean the night drainage bottle (see below).
8. Rewash your hands.

Emptying the Leg Bag:

1. Wash your hands before and after emptying the bag.
2. Empty the leg bag at least every two to three hours or when the bag is approximately half full. This helps to decrease any bladder spasms you may have.
3. Disconnect the lower leg strap. Stand or sit over a toilet, remove the cap from end of the bag, and aim the spout of the bag into the toilet to drain the urine.
4. Dry the spout and replace the cap on the end of the bag and resecure the strap.

Cleaning of the Leg Bag:

1. Wash the leg bag with warm water and a mild detergent (for example, liquid soap).
2. Rinse the bag thoroughly.
3. Hang the bag upside down to drain as it dries, without the cap on. Place it in a +convenient location for the following morning.

Caring for Your Indwelling Urinary Catheter at Home (continued)

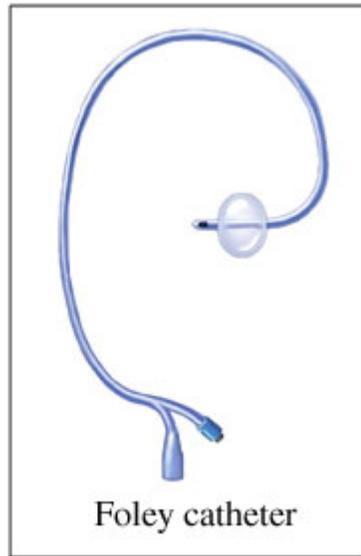
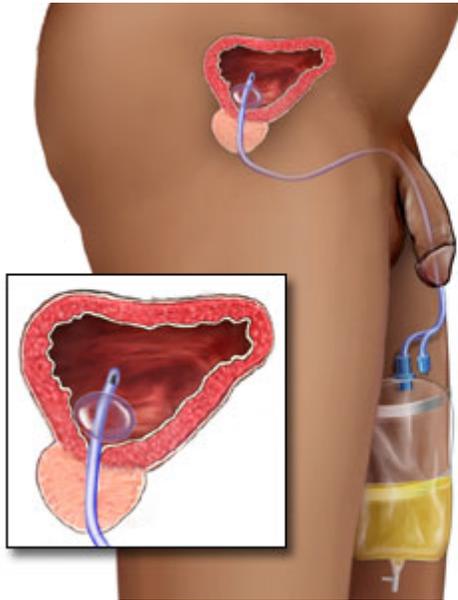
Applying the Night Drainage Bottle:

1. Wash your hands before and after attaching the catheter to the night drainage bottle.
2. Empty the leg bag (see above).
3. Make sure the night drainage bottle is empty, and wipe the end of the tube with an alcohol wipe.
4. Pinch the catheter (so urine won't drip) and disconnect the leg bag. Leave the leg bag on your leg for now.
5. Wipe off the end of the catheter with an alcohol wipe and connect it to the night drainage bottle.
6. Secure the night drainage tubing to the leg with tape or Velcro holder.
7. Remove the leg bag and clean it (see below).
8. Do not go to bed with the catheter connected to the leg bag; use the night drainage bottle.
9. If the catheter has difficulty draining into the bottle, make the hole in the lid larger.

Cleaning the Night Drainage Bottle:

1. Empty the night drainage bottle by unscrewing the cover.
2. Rinse out the bottle.
3. Add a small amount of liquid detergent (soap) to the bottle and fill with warm water.
4. Leave this soapy water in the bottle.
5. Curl up the tubing and place it inside the bottle.
6. Let the bottle soak until you are ready to use it again at night.

Pictures of Urinary Catheter Equipment



Pelvic Floor (Kegels) Exercises

Once your catheter is removed, it is very likely that you will be temporarily incontinent. The degree of incontinence varies. Some patients will leak when they go from a sitting to a standing position but not otherwise. Others will leak pretty much all of the time. However, this is not a permanent condition in the majority of cases. Pelvic muscle exercises or Kegel exercises are the most important part of recovery of continence. Performing the Kegel exercises will help strengthen the muscles that control urination. All patients are offered biofeedback prior to surgery to learn good Kegel technique.

Begin doing Kegels at least two weeks before your surgery and reinitiate after the catheter is removed. Do not do Kegels when the catheter is in place. This is to strengthen the pelvic floor muscles, which will improve bladder function. This will help you to regain control of urination. Patients who do Kegels regularly will improve faster than those who do not.

The pelvic floor muscles create a type of “hammock” that support the pelvic organs, such as the bladder. If the “hammock” is weak, the support is not there and leakage of urine may result when there is pressure put on the bladder. This increased pressure can occur

suddenly with coughing, sneezing, laughing or exercising. By strengthening the “hammock” the bladder does not descend which prevents urine leakage.

Pelvic floor exercises must be done every day to maintain effectiveness. If you stop, the muscles will weaken again, much the same as if you stop exercising any muscle in your body. Often, patients will not see much improvement for 3 to 4 months so you need to be faithful to doing the exercises both before and after surgery. Please be patient. These exercises are easy to do once you learn them properly. In fact, you can do these exercises anywhere and no one will know that you are doing them! In fact, you can do these exercises when driving a car, in line at the store, or stopped at red lights. Develop a routine that you will be able to stick with. Soon, the exercises will become second nature and you will be able to contract the muscles as a reflex whenever a “stress” occurs such as sneezing, coughing, laughing, lifting, or bending.

Pelvic floor exercises, or Kegels, strengthen the muscles of the pelvic floor. These muscles contract and relax to help control the opening and closing of the bladder. There are two types of muscle fibers in the pelvic floor. The “fast” twitch muscles help to prevent leakage of urine with coughing, sneezing or laughing. The “slow” twitch fibers help to close the sphincter or valve at the end of your urethra (the opening to the outside of your body). You need to exercise both of these muscle groups to control urinary leakage.

Begin by locating the muscles to be exercised:

1. As you begin urinating, try to stop the flow of urine. This small upward, lifting inward movement is the pelvic floor muscle. Do not exercise these muscles by stopping and starting urination multiple times. Only do this to help identify the muscle. Your exercises should be completed when you are not urinating.

Pelvic Floor (Kegels) Exercises (continued)

2. Another way of identifying the muscle is to imagine that you are in a room full of friends at a party and feel like you are going to pass gas. Try squeezing around the anus/ rectal area as if trying not to pass gas. This should create the same feeling of upward and inward motion as above.

You should not bend while exercising these muscles. Also, you should not be holding your breath. Your buttocks, abdomen and leg muscles should not be moving. If you are doing any of these, you are probably trying too hard and not exercising the correct muscle.

Performing the Kegel:

1. In the beginning, your muscles may be weak and you may not be able to hold the contractions for longer than 2-4 seconds. It takes a lot of time to build up this endurance. For example, if you have never run a race before, you certainly would not be able to run the Boston Marathon. The same applies here; your pelvic floor muscles need time to build up endurance and strength.

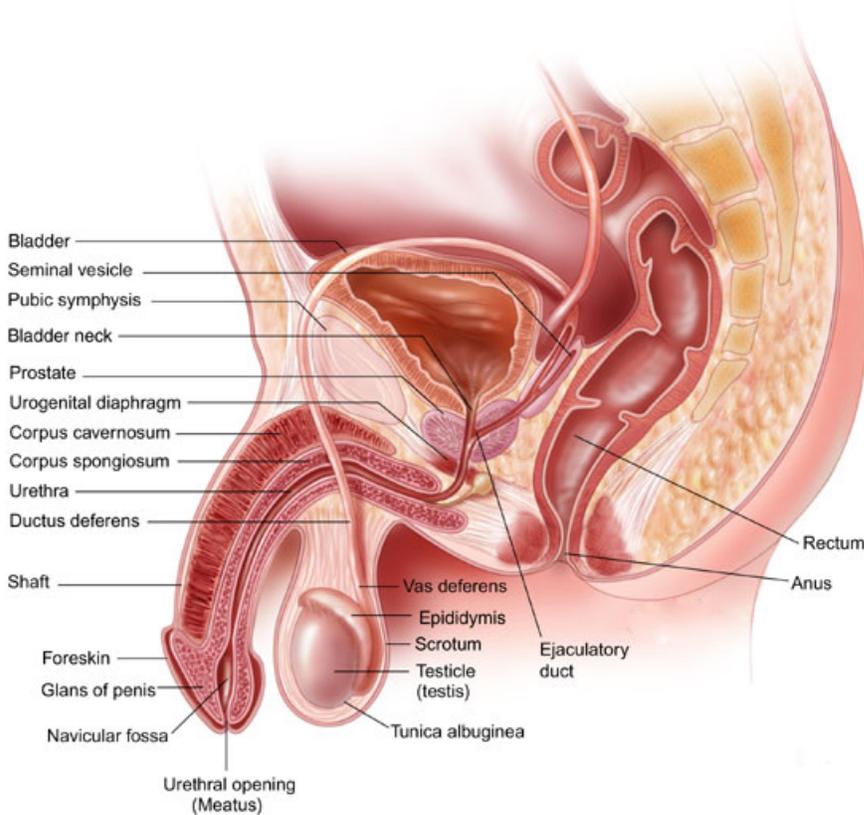
2. It is easier in the beginning to do these exercises lying down. As you become better able to contract squeeze the pelvic floor muscles, progress to doing the exercises in a seated position, and then a standing position. Doing the exercises while standing is important since many times the “stress” situations occur while you are standing (i.e. sneezing, laughing, lifting or bending over).

3. Make sure that you fully relax the pelvic floor between the “squeeze and hold” exercises for the “slow” twitch muscles. If you do not relax the muscles between contractions, they will tire out much quicker. For example, if you contract the muscles for 3 seconds, relax them for 6 seconds. This is one set. You should do as many sets as you can until you cannot maintain the contraction for the amount of time set aside. This means that your muscles are getting tired. Please rest at this point. You should then add two seconds to this number and try that amount the next time you exercise. Work toward holding for 10 seconds and relaxing for 20 seconds. The other exercise you should do is quick contraction (“fast twitch”). Contract the pelvic floor muscle for one to two seconds and relax for one second. Repeat for about 15 contractions and do three times a day. In the beginning, place your hand on the stomach and buttocks to make sure that you do not feel these muscles move. Over-exercising the muscle when it is tired does not help you at all and may cause some discomfort, may be even worsening your bladder control.

4. Plan on exercising the muscles at least 3 times a day, if not more, and about 15 times each session to begin with. Increase the number of contractions from 15 as you get better at the exercises. Make exercising a habit! After surgery you will be asked to do 6 sessions of Kegels per day. Do exercise whenever you stop at a red light, answer the telephone, see a commercial on television, take a shower, or walk the dog. By doing these exercises, soon you will be doing them without consciously thinking about it.

Tips for Success:

- Contract the pelvic floor muscle when you are going to cough, sneeze or laugh to help decrease any leakage you may have.
- Stop smoking. Smoking irritates the bladder, and a smoker's cough may cause urine leakage.
- Please remember, it takes both time and dedication to these exercises to improve bladder control. *Don't get discouraged!* Improvement with these exercises takes at least two to three months.
- Avoid caffeine and alcohol until full continence resumes.
If you are having difficulty doing these exercises or are experiencing continued urinary incontinence, please speak with your urologist.
- St E's has a Continence Center, which specializes in the management and treatment of urinary incontinence.



Follow-up

At your follow up visit, the catheter will be taken out. Please bring an incontinence underwear with you since there will be some dribbling after the catheter is removed.

Fluid Management – Initiate After Catheter Removal

- Drink two 8oz. cups of fluid with each meal
- Drink one 8oz. cup of water between meals (this cup of water must be drunk within 15 minutes)
- You should drink a total of eight 8oz. cups of fluid a day (Four of them must be water)
- NO SIPPING
- Nothing to drink after supper (1oz. is allowed if you need to take medications)

Example:

BREAKFAST (2C=16oz.)	SNACK (1C=8oz.)	LUNCH (2C=16oz.)	SNACK (1C=8oz.)	SUPPER (2C=16oz.)
½ c of milk on cereal		1c of water		1c of milk
½ c of orange juice		1c of herb tea		1c of decaf coffee

Time Voiding

- Try to urinate every THREE hours while you are aware, even if no urge is present. If this is too difficult, try starting with two hours and increase in 15-minute increments over time until you reach three hours.
- Try to hold your urine the entire three hours.

Example: If you wake at 5 a.m, your schedule would be

5a.m 8a.m 11a.m 2p.m 5p.m 8p.m 11p.m.

Discharge Instructions for Robotic Prostatectomy

Activity:

Lifting-No heavy lifting (more than 50 pounds) for four weeks. If you attempt lifting that hurts, stop the activity. Gradually increase lifting thereafter.

Driving-No driving while taking narcotic pain medication. You may be a passenger, but avoid trips longer than one hour (long periods of sitting put pressure on the surgical site). Frequent breaks with walking are recommended. Most patients are able to drive one week following surgery.

General Exercise-Walking is good. No bicycle riding for 10 weeks. When initiating bike riding, start with less than a one mile ride and increase gradually. Gradually increase your exercise as tolerated. Do not twist your torso; for example, no golf swings/ do not swing a bat.

Sexual Activity-You may have changes in sexual function, depending on your surgery. Do not have sexual activity for four weeks after surgery or until you have discussed this with your provider when you return for your first post-operative visit.

Dressing-Clear dressing should be removed 2 days after surgery. Steri-strips should be left in place for 10 days. To remove, soak in shower with warm water and peel off.

Catheter-You will be discharged with a catheter in place. It will be removed at your follow-up doctor's visit, about one week after surgery. While the catheter is in, you should perform catheter care twice a day. When you are at home and while the catheter is in place, boxer shorts will be more comfortable for you to wear. Some patients are also more comfortable wearing a jogging suit or sweat pants.

**Your catheter will be removed at your follow-up visit. At this time you will experience some dribbling. We recommend that you bring jockey shorts and an incontinence pad with you. Pelvic Floor Exercises (Kegels) will be helpful in decreasing any incontinence that you may have.

Diet/ Fluids- It is important to drink at least six to eight glasses of water or fluid during the day. Please follow fluid management instructions as provided in packet.

Pain-You may experience some urgency, discomfort or bladder spasms while you have the catheter. The incision tenderness will gradually go away over one to two weeks. Taking your prescribed pain medication should relieve any of this pain. You may also take Tylenol. You may have some burning when you urinate after the catheter is taken out. A donut pillow (or rolling a bath towel up and placing in the shape of a C) can be helpful to relieve pressure while seated.

Discharge Instructions for Robotic Prostatectomy (continued)

Bowel function-You had your bowel cleaned out before surgery, so it will take time for your body to get back to your normal bowel habits. Remember to drink six to eight glasses of water/ fluid each day. If you feel that you are getting constipated you may take a stool softener, such as docusate or “Colace” (which you may buy at any pharmacy). Do *not* use enemas. Also, be aware that prescription pain medication is constipating. If you become constipated, you may use medications that you may normally use, or take a laxative such as milk of magnesia.

Common Issues-When showering, avoid direct water pressure on the incisions. Stand with your back to the shower. Clean your catheter as directed.

Medications-You should continue to take your pre-surgery medications unless otherwise told to stop. You will be given a prescription for an antibiotic. Antibiotic treatment usually starts the day before catheter removal through the following day. You will also get a prescription for pain medication when you need it. We recommend you wait to reinitiate aspirin, vitamins and herbals until 10 days following surgery unless otherwise directed.

When to notify the doctor:

- If the catheter falls out.
- If you have a temperature greater than 101 degrees.
- If you have heavy bleeding with clots in your urine that does not clear with increase fluid intake.
- If the incisions become reddened, hot to the touch, or start to drain.
- If the incisions separate.
- If your pain increases, and is not relieved by the prescribed pain medication.

The Most Frequent Questions and Concerns about the Post-Operative Period

My Catheter is leaking!

Occasionally, you may find that urine is leaking around your catheter. This is caused by a bladder spasm, which is an involuntary contraction of the bladder muscle. This is most likely to occur soon after your discharge, and should gradually stop.

It is likely to occur a few times a day, and could be associated with some mild to moderate discomfort. Please call your doctor if the spasms are occurring more than two to three times a day.

There is blood in my collection bag!

Your urine may be pink or dark brownish-red after surgery. It is important to drink a lot of fluids to help clear this up. Please call your doctor if your urine is bright red and does not clear up in four hours following increased fluid intake.

How long will my catheter be in?

Your catheter will remain in for approximately 7-14 days after surgery. It will be removed at your follow-up appointment with your doctor.

Will my catheter fall out?

The Foley catheter is placed in your bladder to drain urine. Once the catheter is inserted, a balloon at the tip is inflated. After the balloon is inflated with water, the catheter will not fall out. Before the catheter is removed, the balloon is deflated and then the catheter slides out easily.

Long-Term Questions/ Problems

Will I be incontinent (unable to hold my urine) after surgery?

Once your catheter is removed, it is very likely that you will be temporarily incontinent. The degree of incontinence varies; some patients leak when they go from a sitting to a standing position, but not otherwise, and others leak pretty much all the time. However, this not a permanent condition in the majority of cases. Performing the Kegel exercises will help strengthen the muscles that control urination. Time (and the Kegel exercises) will solve this problem in most cases. However, it may be a matter of months, not weeks, in many cases. If you are still suffering with urinary incontinence, please let your physician know. St E's has a Continence Center, which specializes in the management and treatment of urinary incontinence.

Will I be able to have sex after having a robotic prostatectomy?

Some operations are done in a "nerve sparing" fashion so that having erections after surgery is possible. The location and size of the tumor are factors that your doctor must take into consideration when determining whether to perform a "nerve sparing" procedure. He or she will be able to tell you this after the operation. Those operations that are not "nerve sparing," and even some that are, often result in impotence, because the nerves that cause an erection are damaged during the operation. This is one of the known complications of this type of surgery. Patients who wish to regain erectile function are recommended to initiate therapy five weeks following surgery. After full recuperation, if you find that you are unable to have an erection, please discuss this with your provider. There are several treatments or devices available to help you regain the ability to have sex. There are specialists who can be consulted if necessary.

How often should I be examined and have my PSA checked after surgery?

This varies from patient to patient, and your provider will tell you how often they want to see you in their office and how often a PSA blood test should be done.

Will the cancer come back?

A radical prostatectomy is considered curative surgery, meaning that it would not be performed unless your surgeon felt that the chances of your being cured are high. However, since medical science is not perfect, the risk of recurrence may be present, but it is low. When your provider receives the pathology report from the operation, he or she will be able to tell you his or her opinion on whether the surgery has "cured" your cancer.

When will I know the results of my test/ pathology?

The results of the tissue specimen sent to pathology during your operation will not be available prior to your discharge. Your provider will carefully review the findings and discuss them with you at your follow-up appointment, which is one week after your discharge.

When will I be able to go back to work?

This will vary for each patient, depending on your recovery and the type of job you do. On average, most patients require four weeks for recovery. Discuss specifics with your provider.

NOTES