UROLOGY ASSOCIATES of Green Bay

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Robotic Assisted Radical Prostatectomy Patient Packet

Before Surgery

Your Goals:

- Learn about the surgery and recovery process and get your questions answered
- Make plans at home to have someone to help with household chores, cleaning, cooking, shopping, etc during recovery
- Prepare a ride home from the hospital
- Learn and **start doing** Kegel exercises before surgery

Appointments:

- You may have to meet with our PrePare Clinic prior to surgery. They ensure you are medically optimized to move forward with surgery. They will do any pre-operative testing if needed. If you are on anti-coagulation medication (Warfarin, Plavix, Eliquis, etc) they will be giving instructions on when to stop those medications.
- If you do not need to meet with PrePare, you will have an appointment with our clinic to review your medical history, review surgery and medications.
    - Some people may need both appointments.

Activity prior to Surgery

- Walking daily prior to surgery can help you recover faster. Try to walk 20-30 min per day leading up to surgery.
- Kegel exercises. Try to do them 3 times per day (breakfast, lunch, dinner). Start with a few at a time with a goal of 10 at a time. Start slow and work your way up.
- If you smoke, quitting before surgery can decrease your risk of breathing complications and improve recovery time.

Surgery: Robotic Assisted Laparoscopic Prostatectomy

What happens during surgery?

- This procedure treats prostate cancer. The prostate is removed in its entirety and the bladder and urethra (tube you urinate through) are reconnected. Often, lymph nodes in the pelvis are removed at the same time. This is so the pathologist can tell us if there is cancer in the lymph nodes that can only be seen under the microscope. The surgery is done with the robot and you will have 6 small incisions in your abdomen. You will have a catheter in your bladder for approximately one week after surgery. Sometimes a drain is left in your pelvis to monitor for a urine leak at the connection site. Often, this is removed while you are in the hospital.

What are the risks of surgery?

- Every surgery has risks. Short term risks include bleeding or injury to your bowel of other organs. This is very rare and if occurs would be treated. It is rare but blood transfusions may be necessary if there is significant blood loss. Infection is another risk of any surgery and you will get an IV antibiotic at the time of surgery to decrease that risk.
- Incontinence will be an issue after your catheter is removed. This typically improves in 6-8 weeks after surgery. Doing Kegel exercises before surgery and after the catheter is removed, can be very helpful in decreasing post-operative incontinence.
- Erectile dysfunction can occur after surgery. In the post-operative period, talk to your provider about ways to try to preserve this if you are interested.

Hospital Course

- You will check in for surgery at Bellin as instructed. The OR will call about 2 days prior to surgery to give you your arrival time.
- Once checked in, you will meet with the anesthesiologist and the nurses will prepare you for surgery.
- Surgery typically takes about 3-4 hours.
- You will go to the recovery room while waking up and then move to the floor
- Typical hospital stay is one night. Most people will be able to go home mid-day/afternoon the day after surgery
- Your diet will be slowly advanced after surgery to a general diet. We encourage good fluid intake to keep the catheter draining well
- You will need someone to drive you home
- Nursing staff will teach you about your catheter and how to care for it (Please see catheter sheet in packet)
- Pain medication will be available. We encourage Tylenol and Ibuprofen. If narcotic pain medications are needed, they will be available
- We encourage walking in the hospital to help get the bowels moving, prevent blood clots, and keep your lungs open to prevent pneumonia.
- You will be given an Incentive Spirometer to use to help expand your lungs and prevent pneumonia after surgery. You should use this at home multiple times per hour that you are awake.

At Home

- Blood in the urine is expected. If the catheter is not draining and you are uncomfortable, you need to call our office.
- Catheters are not perfect. You may have leaking around the catheter of blood or urine. If the catheter is still draining well, this is normal.
- Clean the tip of the penis with soap and water and apply Neosporin/Bacitracin twice daily.
- Drink plenty of fluids to keep the catheter draining.
- If the urine becomes bloody (particularly after activity/bowel movement), rest and push fluids
- Use Tylenol and/or Ibuprofen as directed for pain control.
    - Take narcotic pain medication as needed for severe pain. These are addictive, cause constipation, and should be used sparingly.
- Use Stool softeners until bowel function returns to normal. If you have issues with constipation, you may use other OTC medications such as Miralax, Magnesium Citrate, or Milk of Magnesia.
- Walking is encouraged to help prevent blood clots and pneumonia. Do not lift more than 10-15 lbs. (full gallon of milk) for 4 weeks. Avoid activities that involve twisting, bending, pushing, pulling, etc. Anticipate a full 6 weeks for recovery. You may go up and down stairs.
- You may shower. The water may run over the incisions but do not scrub them. Do not disconnect the catheter. Take it into the shower with you. Dab the incisions dry and leave open to air. Do not bathe or swim until incisions are well healed.
- Do not drive while the catheter is in place. Do not drive if you are taking narcotic pain medication. Once the catheter is out and you are no longer taking pain medication, you may drive if not distracted by pain or leaking.

Post-operative Expectations

- The catheter will be removed at your 1 week post op appointment. You **WILL** leak. Please bring a pad/Depends to that appointment to wear home.
- Kegel exercises are encouraged after the catheter is removed
    - Goal is to be able to do a set of 10 up to 5x per day. Start with less and work up to this amount. These can be started before surgery and will help with regaining control of your urine
- Some bruising and swelling of the lower abdomen and scrotum are normal.
- Staples, if present, will be removed at your post-operative visit. If sutures were used, those will dissolve and do not need to be removed.

When to Call

- Fever >101, chills, nausea, vomiting, chest pain, shortness of breath, leg pain or swelling
- Catheter is not draining and you have the sensation to urinate
- Call (920)-433-9400 with any other questions or concerns.

What to Know About Your Catheter

At times, it is necessary for a person to have a urinary catheter in order to drain urine from their bladder.

A Foley Catheter- goes directly into your urethra via your penis (male) or between your labia (female) up to your bladder. This catheter is a small hollow tube for urine drainage. It has a side port built into it with a small balloon at the end of the catheter. While in your bladder, the balloon is inflated with water to keep the catheter from falling out.

How to wear a drainage bag:

You should be supplied with both a large overnight bag and a small leg bag. Both bags should be secured by using a stat lock or leg strap.

Overnight Bag

You may wear the overnight bag at any time. Always keep the bag below the level of your bladder but off the floor. When you sleep, put a clean plastic bag in a wastebasket. Then hang the bag inside the wastebasket.

Leg Bag

Never wear the leg bag at night. Always wear the leg bag below your knee. Keep the leg bag secure with a leg strap or tape.

How to care for your drainage bags:

Empty your drainage bag when it is 1/3-1/2 full or at least every 3-4 hours during the day and once at night. Replace your drainage bag once a month or sooner if it starts to smell bad or look dirty. DO NOT clean your drainage bag unless told by your doctor.

Emptying your drainage bag:

1. Wash your hands with soap and water
2. Separate (detach) the bag from your leg
3. Hold the bag over the toilet or a clean container. Keep the bag below your hips and bladder. This stops pee (urine) from going back into the tube
4. Open the pour spout at the bottom of the bag
5. Empty the pee into the toilet or container. DO NOT let the pour spout touch any surface
6. Put rubbing alcohol on a gauze pad or cotton ball
7. Use the gauze pad or cotton ball to clean the pour spout
8. Close the pour spout
9. Attach the bag to your leg with a leg strap
10. Wash your hands.

Changing your drainage bag:

1. Wash your hands with soap and water
2. Separate the dirty bag form your leg
3. Pinch the rubber catheter with your fingers so that pee does not spill out
4. Separate the catheter tube form the drainage tube where these tubes connect (at the connection valve). DO NOT let the tubes touch any surface.

5. Clean the end of the catheter tube with an alcohol wipe. Use a different alcohol wipe to clean the end of the drainage tube.
6. Connect the catheter tube to the drainage tube of clean bag.
7. Attach the new bag to the leg with a leg strap.
8. Wash your hands.

How to clean your Catheter and Skin

Bacteria can enter your bladder by entering around and along the outside of your catheter up into your bladder. Therefore, cleanliness is very important to prevent infection.

1. Wash your hands with soap and water.
2. Wet a washcloth in warm water and gentle (mild) soap.
3. Use the washcloth to clean the skin where the catheter enters your body. Clean downward and wipe away from the catheter in small circles. DO NOT wipe toward the catheter.
4. Pat the area dry with a clean towel. Make sure to clean off all soap.

How to prevent infection and other problems

- Never pull on your catheter or try to remove it. Pulling can damage tissue in your body.
- Always wash your hands before and after touching your catheter.
- If a leg strap gets wet, replace it with a dry one. Both leg straps will be provided by discharge nurse.
- Drink enough fluids to keep your pee clear or pale yellow, or as told by your doctor.
- DO NOT let the drainage bag or tubing touch the floor.
- Wear cotton underwear
- If you are female, always be sure to wipe from front to back after you have a bowel movement. While pushing to have a bowel movement, it is normal to have leakage around the catheter. If it continues to persist after bowel movement, you will need to notify your health care provider.
- Check on the catheter often to make sure it works and the tubing is not twisted.
- It is normal to have mucus build up around catheter, be sure to perform perineum care twice daily and as needed.
- If having discomfort around insertion site, Neosporin and/or bacitracin ointment can be applied to entrance point of the body for comfort twice daily as needed.

Get help RIGHT AWAY if:

- You have redness, swelling, or pain where the catheter enters your body
- You have fluid, pus, or a bad smell coming from the area where the catheter enters your body
- You have a fever.
- You have increasing or uncontrolled pain in your stomach, legs, lower back or bladder.
- It may be normal to see blood in catheter after you procedure; if bleeding worsens you will want to contact your health care provider.
- Your pee is red or red with large clots.
- You feel sick to your stomach or throw up.

Other reasons to seek help:

- -Your pee is cloudy.
- -Your pee smells unusually bad.
- -Your pee is not draining into the bag
- -Your tube is clogged.
- -Your catheter starts to leak around the catheter insertion site.
- -Your bladder feels full and there is no urine drainage in bag.

All information will be reviewed again with a nurse prior to your discharge. If you have any questions or concerns prior to review, be sure to ask your discharge nurse.

PELVIC MUSCLE EXERCISE/KEGEL EXERCISE

Exercising your pelvic muscles faithfully every day will help strengthen the muscle that prevents leakage. This muscle is located in the lower pelvic area and helps support the bladder outlet. You can find this muscle by stopping the urine midstream or tightening the rectum as if you are holding back gas.

Exercise
Tighten the muscle. Hold and count to five (about five seconds). You might have to work up to this time span. Relax to the count of ten (about ten seconds). Continue until you have done a series of 15. Do this three times a day.

Where
You can do these exercises when and where you choose. For example, you can do them sitting while at home or work, in the car, as you urinate, in bed, while standing in line at stores, etc. When done properly no one can see you doing them.

Do's and Don'ts
Do check to make sure you are using the correct muscle. Put your hand on your stomach, buttocks, or thigh. If you feel movement, you are using the wrong muscle. **Don't** cross your legs during exercises. **Don't** strain. These exercises are not strenuous. If you develop any aches, you are not doing them correctly.

When
Be sure to contract/tighten this muscle if you are going to do any activity, which would make you leak, such as coughing, lifting, sneezing, standing, or walking.

How Long
Improvement may be seen in three or four weeks. Leakage will become less. These exercises are to improve and maintain your bladder control. You must do these faithfully daily.

Symptom – Exercise Diary

Day: _____ ID Number: _____

Week: _____

		12	1	2	3	4	5	6	7	8	9	10	11
A.M.	Normal Void												
	Urine Loss												
	Activity												
	Time of Exercise												
	Number of Exercises												
	Other:												

Explain: _____

Week: _____

		12	1	2	3	4	5	6	7	8	9	10	11
P.M.	Normal Void												
	Urine Loss												
	Activity												
	Time of Exercise												
	Number of Exercises												
	Other:												

Explain: _____

KEY:

C = Cough
SN = Sneeze
L = Laugh
LO = Lift Objects
BD = Bend Down
BM = Bear Down While Having a Bowel Movement
RUS = Rise Up From Sitting Position
SIT = Sitting Down From Standing Position
RUB = Rising Up From Bed
EX = Exercising
SL = While You Are Sleeping
O = Other – Describe on Back