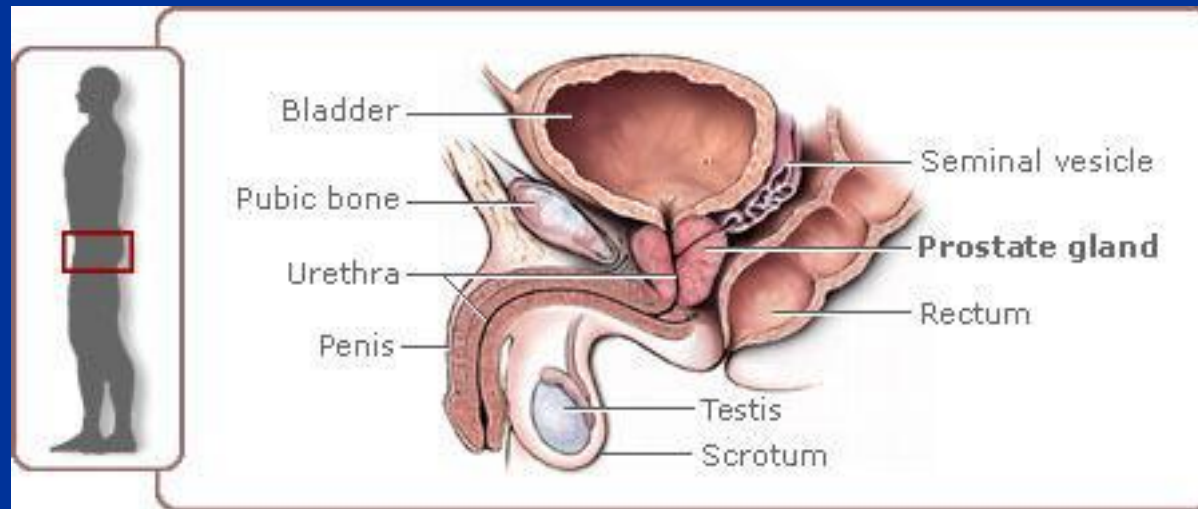


# Preparations for Radical Prostatectomy

### What is a Prostatectomy?

The prostate is a male reproductive gland: a donut-shaped organ about the size of a walnut. It is located just below the bladder and surrounds the urethra. The urethra is the tube that carries urine from the bladder.



A radical prostatectomy is the surgical removal of the prostate gland and other surrounding tissue. The usual length of stay in hospital is 1-2 days .

## RADICAL PROSTATECTOMY

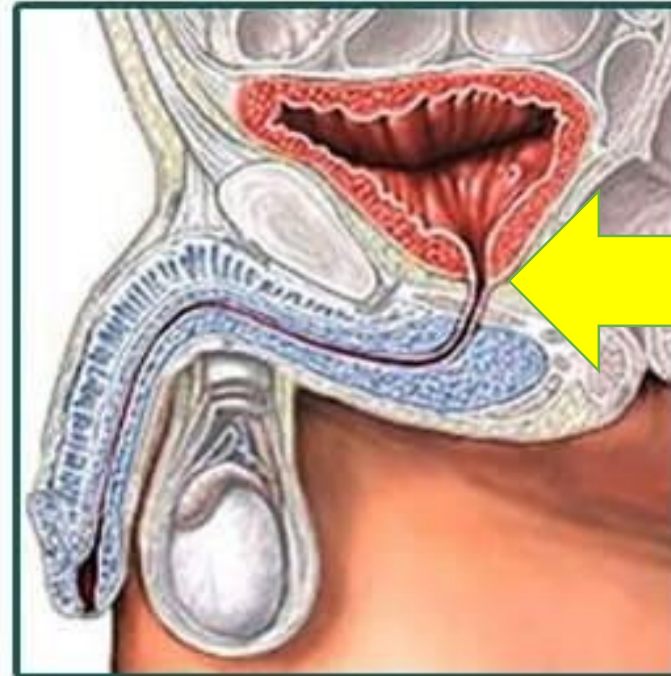
- ❖ Surgical removal of the entire prostate gland
- ❖ The location of your cancer in the prostate will determine if the procedure will be nerve sparing or not. Nerve sparing preserves the nerves around the prostate that enable you to have an erection. After your procedure you may require prescription assistance to have an erection.
- ❖ The procedure also may contain sampling of the pelvic lymph nodes to look for cancer outside the prostate



BEFORE



AFTER

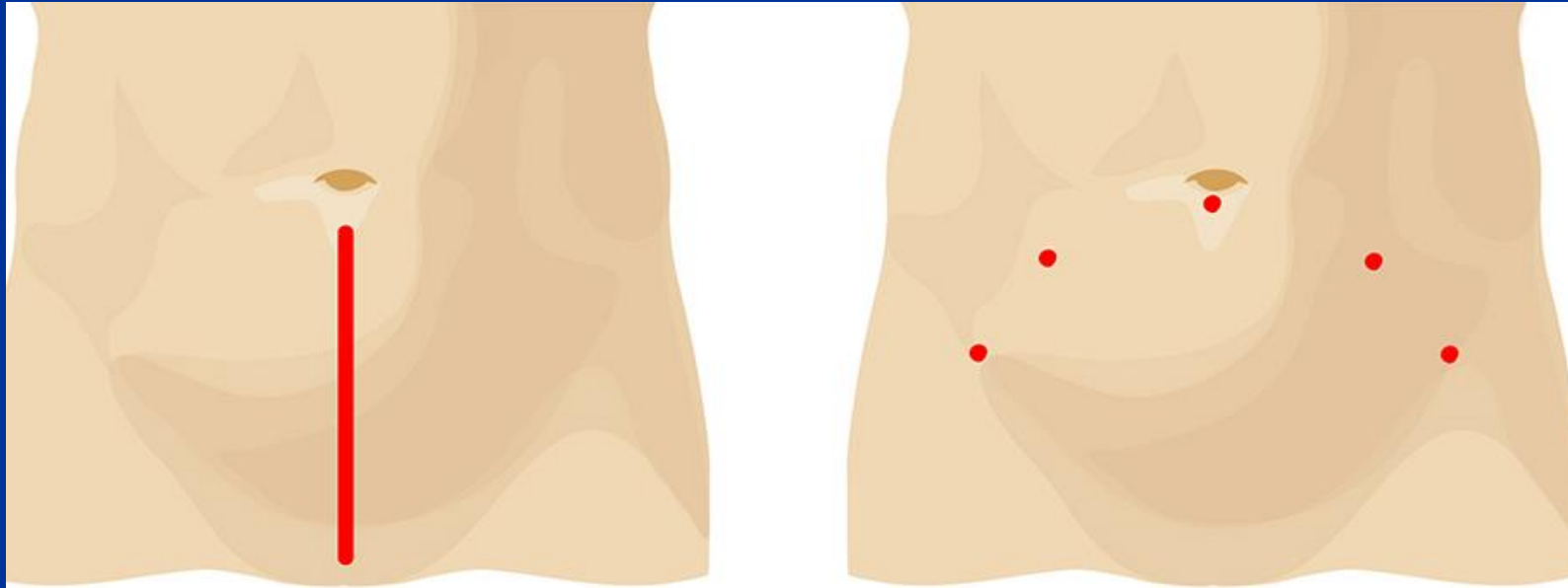


Protecting the internal suture line at the bladder neck is our ultimate goal after surgery!

## Two types of approaches:

- Laprascopic/Robotic Assisted
  - Open

**INTERNAL SUTURES**



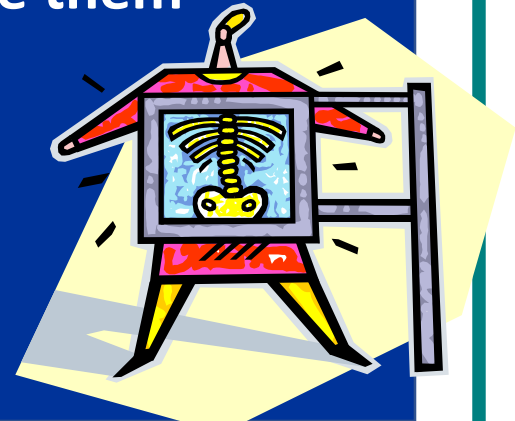
**Protecting the internal suture line at the bladder neck  
is our ultimate goal after surgery!**

## KEGEL EXERCISES

- ❖ **KEGELS:** exercises used to strengthen the pelvic floor muscles that support the bladder
- ❖ **Purpose:** to gain control over urine loss that will occur after your surgery
- ❖ **Exercise:**
  - ❖ Squeeze the muscles for 3 seconds then relax it for 3 seconds
  - ❖ Do a minimum of 3 sets of 15 Kegels each day
  - ❖ To gain the most benefit start exercises prior to surgery
- ❖ **NOTE:** Kegels must be stopped the day of surgery and not resumed until after the catheter is removed.

## PRE-ADMISSION TESTING

- ❖ Consist of several tests, may include all or some of the following:
  - ❖ Urine and blood samples, Chest X-ray, EKG
- ❖ Please provide a list of your current medications, prescribed and over the counter – Note: It is VERY helpful to bring all of your medications!
- ❖ Bring copies of recent tests/procedures if you have them
- ❖ Bring names and numbers of all physicians who participate in your care







## PRE-ADMISSION TESTING

- ❖ Disclose all allergies &/or anything you forgot to tell your physician
- ❖ Disclose and describe any adverse reactions to any medicine (prescription or over the counter)
- ❖ You also will be given pre-operative instructions as directed by your physician to follow



## PRIOR TO SURGERY

- ❖ **Conduct Bowel Prep as directed by your physician**
  - ❖ **Rationale: To clean out your system prior to surgery**
- ❖ **Stop eating and drinking as advised during your Pre-Admission Testing appointment**
  - ❖ **Some patients are required to drink clear liquids or Gatorade ( Avoid RED AND PURPLE flavors!) - 3 hours prior to surgery- follow your doctors instructions**
- ❖ **Arrive at the hospital at your assigned time**
- ❖ **Bring PHOTO ID and Insurance card with you to check in the hospital**

## WHAT TO BRING TO THE HOSPITAL

- ❖ **Pack light.. Remember... your person will have to carry your bag until you get to your room!**
  - ❖ **Robe and slip on shoes ( ideally with rubber soled bottoms)**
  - ❖ **Loose fitting pants (such as cotton shorts/sweatpants)**
  - ❖ **Toiletry items/Kit**
  - ❖ **List of your current medications**
  - ❖ **Wear your glasses/dentures but be prepared to remove them in the pre-operative area**
  - ❖ **Bring your C-Pap mask if you have sleep apnea**
  - ❖ **Note: Try to leave all jewelry and valuables at home**

## WHAT TO EXPECT THE DAY OF YOUR SURGERY

### Pre-Operative:

- ❖ You will meet with your anesthesiologist to review medication allergies and assess your airway and dentition; nurse anesthetist, and operating room nurse
  - ❖ Please discuss any changes in allergies, medication or health since your Pre-Admission Testing appointment
- ❖ Your IV will be started by the Pre-op Nurses
- ❖ Compression stockings will be placed on your legs to help prevent blood clots
- ❖ Pre-operative medications will be given
- ❖ One visitor is usually allowed in this area

**WHAT TO EXPECT THE DAY OF  
SURGERY**

**Surgery: You are brought to the OR and then.....**

- ❖ **Anesthesia:**
  - ❖ You will receive the anesthesia and medications that will keep you asleep during surgery
- ❖ **Catheter:**
  - ❖ Insertion of a Foley catheter will take place after you are asleep

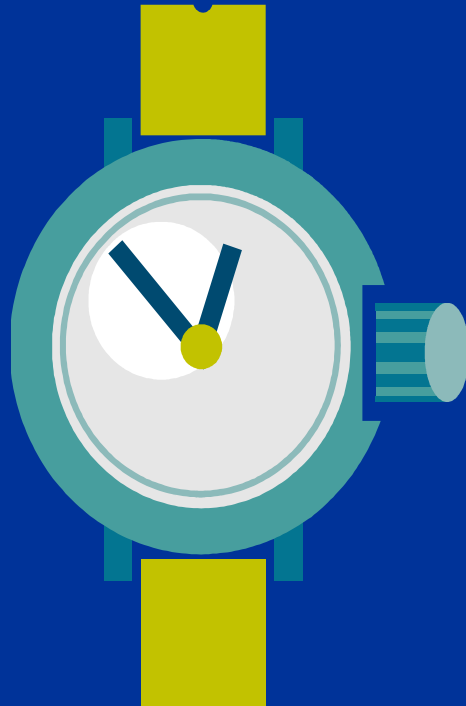


## WHAT TO EXPECT THE DAY OF SURGERY

### Recovery Room or Post Anesthesia Care Unit ( PACU ):

- ❖ You will be monitored closely by the PACU nurses and your anesthesiologist
- ❖ You will be drowsy upon arrival in the recovery room
- ❖ You may feel like you have to void, either urination or moving your bowels
- ❖ Your face may be swollen and you may have blurred vision due to positioning
- ❖ Your pain will be managed based on the numeric pain scale with IV medications
- ❖ Your discharge from PACU will be determined your anesthesiologist and you
- ❖ *No visitors allowed in this area*

**TIMELINE FOR DAY OF SURGERY  
FAMILY PERSPECTIVE**



- ❖ **1 hour: Patient will be in the pre-op area , usually allowed back with them**
- ❖ **2-4 hours: Patient in surgery**
- ❖ **1-2 hours: Patient in recovery room**
  - **Recovery time depends on the patient's individual needs**
  - **You will be updated by the providers**
- ❖ **In total, approximately 5 to 7 hours before you will see the patient again**

## AFTER SURGERY

### WHAT TO EXPECT:

- ❖ You will have a Foley catheter in place
- ❖ Urine may contain some blood or pinkish tinged urine
- ❖ You may have a drain in your abdominal area
- ❖ Your mouth may be dry due to the anesthesia (atropine)
- ❖ Your throat may be sore from the airway used ( intubation)
- ❖ You may experience eye discomfort due to positioning – please notify your nurse if this occurs
- ❖ You will get out of bed ( with assistance only please!!) the day of surgery and encouraged to walk depending on the time of your surgery



## AFTER SURGERY

- ❖ You will get out of bed ( with assistance only please!!) the day of surgery and encouraged to walk depending on the time of your surgery
- ❖ Deep breathing and coughing/ Use of Incentive spirometer (10 times per hour while awake)
- ❖ Ankle pumping (10 times per hour while awake)

## INCENTIVE SPIROMETER



Device used for breathing exercises to help prevent post-operative lung complications

Upon transfer to your Hospital room, your nurse will review with you instructions on how to use – 10x an hour while you are awake!

Continue to use at home until post-op appointment, your person will help encourage use!

## COMPRESSION HOSE / ANKLE EXERCISES

### COMPRESSION HOSE (TEDs):

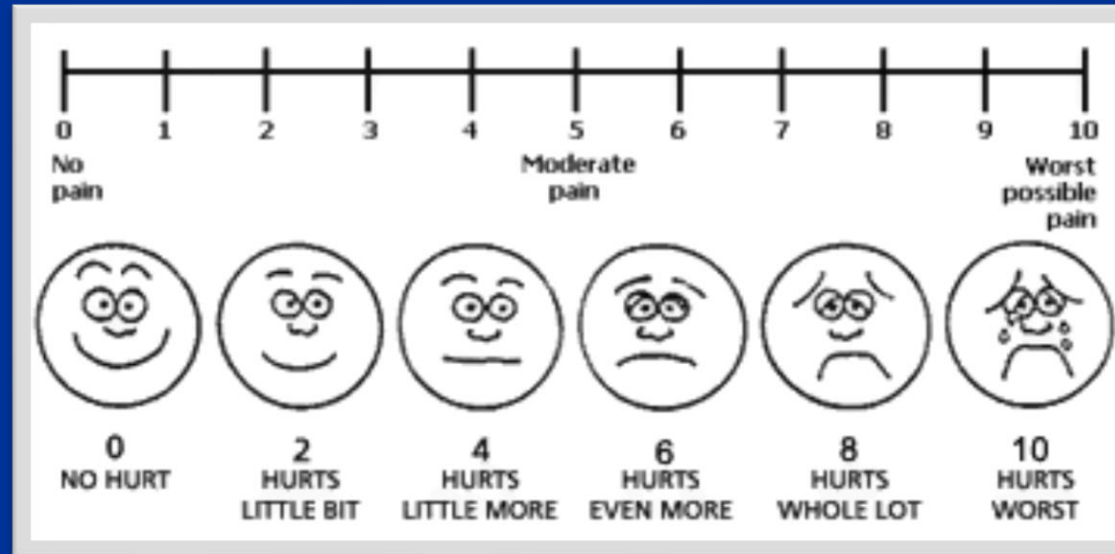
- ❖ Stockings were fitted while you were in the holding area before surgery, these should be snug but not restricting
- ❖ Purpose: to prevent blood clots
- ❖ Length of use: 7 days (need to be mobile a good portion of the day) removed only for bathing

### ANKLE EXERCISES:

- ❖ Do ankle exercises in the bed to help prevent blood clots!
- ❖ **NOTE: If you have a history of blood clots please let your provider know as you may need to wear for a longer period of time.**



**PAIN MEDICATION**



- ❖ You will be asked to rate your pain on a scale of 0 (no pain) to 10 (worst pain)
- ❖ Your doctor in conjunction with your anesthesiologist will decide on a pain regimen to ease your discomfort after surgery
  - ❖ NOTE: Provide all information regarding allergies and adverse side effects you have with pain medications!! If you know you do not respond to a certain pain medicine be sure to tell your doctor.

## AFTER SURGERY

- ❖ **Pain**
  - ❖ There are three types of pain you may experience after surgery:
    - ❖ Incisional Pain
    - ❖ Abdominal/Gas Pain
    - ❖ Bladder Spasms
  
- ❖ **Medications**
  - ❖ Depending on the type of pain you are experiencing will determine treatment:
    - ❖ Incisional Pain – Tylenol, IV and oral narcotics
    - ❖ Gas Pain – Encouraged to walk, pass that gas!
    - ❖ Bladder Spasms - oxybutynin

## VITAL SIGNS & ROUTINE CHECKS



### Vital Signs

- Will be taken throughout your hospital stay and include:
  - Blood pressure
  - Temperature
  - Respirations
  - Heart rate
  - Oxygen level

### Routine Checks

- Ensure proper function and status of:
  - Catheter
  - Wound dressing
  - I.V. site
- A full assessment will occur 2-3 times daily

## BLADDER SPASMS

- ❖ You may experience the urge to urinate even though the catheter is in place
- ❖ This can occur immediately after surgery and/or at any point during the time you have the catheter
- ❖ Always check your Foley catheter for kinks when this occurs...
- ❖ Notify your nurse if you are experiencing this discomfort
- ❖ Your doctor may prescribe a medication to help with these bladder spasms

## BOWEL FUNCTION AFTER SURGERY

Clear  
Liquid

- ❖ Apple juice, cranberry juice, coffee, tea, broth, & Jell-o

Full Liquid

- ❖ Milk products, yogurt, milkshakes, pudding, custard

Soft Diet

- ❖ Easy to digest and non greasy foods or a flu like diet  
**AVOID GASSY FOODS ( any foods you know that cause YOU gas)**



## Discharge Instructions

- ❖ **Observe your incisions for redness/discharge**
- ❖ **No Kegel exercises until the catheter is removed**
- ❖ **No Alcohol while taking pain medication**
- ❖ **The drainage bag must be kept lower than the level of the bladder. This prevents urine from flowing back into your bladder, which may cause an infection.**

## Discharge Medications/Items

- ❖ Pain medication
- ❖ Antibiotic
- ❖ Medicine for bladder spasms
- ❖ Compression Hose (extra pair)
- ❖ Incentive Spirometer
  
- ❖ Stool softener – OTC

## Discharge Instructions

- ❖ **Get up and walk every 45 minutes to 1 hour -  
Avoid prolonged periods of sitting to avoid stress  
or strain on the area of the prostate.**
- ❖ **No heavy lifting, pushing, or pulling**
- ❖ **No straining with bowel movements**
- ❖ **OK to use the stairs, don't overdo**

**AFTER SURGERY: CATHETER**



**AFTER SURGERY: CATHETER**



Foley catheter

The catheter is inserted through the penis and into the bladder where it is held in place by a small water-filled balloon.



Leg bag



Bag to be used at night



## CATHETER: HELPFUL TIPS

- ❖ **Hanging the large bag overnight when at home:**
  - ❖ Fold a hanger into a diamond shape and place the diamond under the mattress. This leaves a hook for you to place the large catheter on beside the bed.
  - ❖ **NOTE: Do not go to bed with the small catheter/Leg bag.**
- ❖ **Feeling like you have to urinate?**
  - ❖ **MOVE AROUND!**
  - ❖ There could be a kink in the line or something could not be working with the catheter. If after moving you still feel the urge call the office.



## CATHETER: DAYTIME USE BAG

- ❖ During the day you may want to switch to the smaller catheter bag
- ❖ This bag will attach to your leg, above your knee, on the inner thigh and should be worn under loose fitting clothes
- ❖ When changing the bag, use good hand washing habits!
- ❖ The small catheter bag should be filling every 2-3 hours if not, DRINK MORE!



### ❖ **HELPFUL TIPS:**

- ❖ Don't put the catheter through the fly of your underwear or pants—keep it against your leg!

## SHOWERING WITH CATHETER

- ❖ **Shower when instructed by your doctor**
  - ❖ (if you have a drain, you will not be able to shower until this is removed by your provider!)
- ❖ **Wear LARGE CATHETER BAG while in shower!**
- ❖ **Let the soap and water run over your incisions**
- ❖ **Pat incisions dry (no rubbing)**
- ❖ **For comfort after showering, place some ointment ( Neosporin or Bacitracin ) around the catheter at the head of the penis**
- ❖ **NOTE: Blood or mucus where the catheter is inserted is normal and should not be alarming**



## Color of Urine

**Your urine will be dark after surgery and will continue to lighten as your body heals, and as you increase your fluid intake.**

**Urine colors can be equated to wine**

**After surgery - dark red**

**While healing - light pink**

**After healing – clear yellow**

**Try to avoid highly caffeinated beverages during your initial recovery – Caffeine is a bladder irritant**



## ACTIVITIES AFTER SURGERY

- ❖ **Activities to avoid:**
  - ❖ Heavy lifting
  - ❖ Driving while you have a catheter or taking pain medicine
  - ❖ Straining when using the toilet for bowel movement
  - ❖ Bicycling or golfing (4 weeks)
  - ❖ Mowing the grass (4-6 weeks)
  - ❖ Long car drives
    - ❖ Need to be out of car every 1.5 to 2 hours (3 weeks)
  
- ❖ **NOTE: If you notice a change in the color of your urine it could be a sign that you've tried to do too much!**

## RECOMMENDATION OF USEFUL ITEMS TO PURCHASE

SOFT DIET ITEMS



GATORADE G2 –  
AVOID REDS AND  
PURPLES

STOOL  
SOFTENER



OINTMENT

LEAK GUARDS



TYLENOL



## Sexual Function and Urinary Leakage

**If sexual functioning is important to you, we recommend that you call to schedule an appointment with Chuck Wadsworth, PA (Physician Assistant). Chuck runs our Penile Rehabilitation program where he will work with you to ensure that you have the best opportunity to regain sexual functioning and continence (no urine leaks) after surgery.**

Chuck Wadsworth, PA is available at our Hanover, Reynolds and Stony Point office locations. Appointments can be made through the patient portal at [www.uro.com](http://www.uro.com) 24/7 or by calling 804-330-9105.



## ADDITIONAL INFORMATION

**Throughout your recovery if you have any questions please do not hesitate to contact your physicians office at:  
804-330-9105**

Many find help in support groups, where they can share their experiences and learn coping skills. Support groups can help to reduce stress and minimize depression. Having a positive outlook may allow the body to more effectively fight the disease.

**Additional Resources and Support .....**

QUESTIONS

