Robotic Prostatectomy - After Surgery

Here are general guidelines for home after your surgery. Your doctor may give you other instructions based on your needs and situation. If you have a problem or questions call your doctor’s office.

After Your Surgery

What to eat at home

- Eating smaller meals rather than 3 large meals per day is helpful.
- Avoid gas-producing foods such as beans and broccoli.
- Do not drink soft drinks or carbonated beverages until you are passing gas and feel less bloated.

Constipation

- It may take up to 1 week after surgery to have a bowel movement. A prescription for a stool softener will be given to you when you leave the hospital. Start using the stool softener right away.
- If you feel constipated, use Milk of Magnesia as directed on the package.
- **Do not use fleets enemas or suppositories.**
- Call your doctor if you have a problem with constipation that lasts longer than 1 week after surgery.

Activity

- **Do not** lift more than 3 pounds for a week after surgery. Do not lift more than 10 pounds for 6 weeks. This is important when the urinary catheter is still in place. Do not push or bear down when you have a bowel movement.
• Walking for exercise is generally a good activity. Build up this activity gradually, and do not strain or do too much.

• You can do as much walking and stair climbing as you can tolerate. Start slowly. Build up to the activity level you were at before surgery.

• **Do not** sit still in one position for more than 45 minutes.

• You may shower after your surgery. You do not need to cover your surgical incisions when you shower. Gently wash the areas with soap and water and pat dry.

• No tub baths, swimming pools or hot tubs for 4 weeks after surgery.

• **Do not** drive for at least 1 week after surgery. Also do not drive until your urinary catheter has been out for 1 day.

• **Do not** have sexual intercourse for 1 month.

**Your Skin and Surgical Incisions**

• The surgical incisions called **port sites** will have special “glue” holding them together. The glue will wear off in about 3 to 4 weeks. There are no staples or stitches to be taken out. You may have a small amount of drainage from the incisions.

• Bruising around the incision area is common. Bruising can develop from 1 to 5 days after surgery. This will go away over time.

**If you had a drain placed during your surgery**

• The area where the drain was taken out will be covered with a dressing. You may remove this dressing when you take your first shower.

**Swelling of the scrotum:**

• To help reduce swelling, prop up the swollen scrotum. Roll up a small towel or washcloth to lift your scrotum when you are sitting or lying down.

• Wear snug-fitting underwear for support, even when your urinary catheter is in place.

• Call your doctor if you have pain in your scrotum or penis.
**Urinary Catheter**

- During surgery a urinary catheter will be placed in your bladder. This catheter is called a **Foley**. This allows for better healing of the surgical connection (also called an **anastamosis**) between your urethra and bladder. Sutures hold the end of the urethra and the bladder together.

- There is a balloon on the end of the catheter that prevents it from falling out.

- You may have bladder spasms while you have a urinary catheter, or sometimes after the catheter is taken out. You may feel mild to severe bladder pain, cramping, an urgent need to urinate, or a burning when you urinate.

- After activity or a bowel movement, you may notice bloody drainage around the catheter or in your urine. This drainage should lessen after rest and drinking more fluids.

- For comfort, you may put K-Y Jelly on the tip of your penis and on the catheter tubing a couple times a day. **Do not** use Vaseline as it can damage the catheter.

- You may have some urine that leaks around the catheter, this is common. Most of the urine should drain into the collection bag. You may want to put an absorbent pad in your underwear to soak up any leaking.

- If you see blood in the urine, drink more fluids to help flush out any clots.

- After the catheter is removed you may have blood or dark flecks in the urine following activity. This may last for 4 to 6 weeks.

**Call your doctor if you have any of the following problems with your urinary catheter:**

- Blood clots in your urine
- No urine output for 3 to 4 hours
- An increase in pain
- Your catheter is not draining urine
- An increase of blood in or around the urinary catheter
If your urinary catheter comes out, **do not** put the catheter back into your bladder. Call your doctor right away. Only an urologist should replace the catheter.

**Perineal Pain or Testicular Discomfort**
- Perineal pain (pain in the area between your rectum and scrotum) and testicular discomfort may last for several weeks after surgery. It will go away over time. Call your doctor if your pain medicine does not relieve the pain.

**To help reduce pain when having a bowel movement:**
- Raise your feet on a small stool when you have a bowel movement.
- Try using Anusol or Preparation H ointment or a similar product.
- Eat plenty of fiber and drink plenty of water each day.

**Urinary Incontinence**
- Urinary incontinence (lack of bladder control) is a side effect of prostate surgery. This happens when the muscles around the bladder are weak. You may leak or pass urine on accident. Over time most men regain enough control and only need minimum protection. The amount of time this takes varies with each person.
- It may take you longer to regain control of urine if you had either of these conditions in the past:
  - an enlarged prostate
  - urinary control issues

**To help control urine leakage:**
- Kegel exercises help strengthen the weak muscles around your bladder. Do these exercises to help regain control of your urine. You will be taught how to do these exercises before surgery. You should start doing Kegel exercises 3 days after the urinary catheter is removed unless you are told not to.
• Incontinence pads can be used to absorb the leakage, mainly in the early recovery phases after surgery. These are available at pharmacies and many retail stores. Common brand names you may see are Depends®, Attends® or TENA.

Clothing
• After surgery your belly may be bloated. For comfort, wear pants with a relaxed elastic waist. Wear shoes you can slip on easily.
• Wear snug fitting underwear for support. Briefs are recommended. **Do not** wear boxer shorts.

Medicines After Surgery
• You may restart your daily medicines after you leave the hospital. **Talk to your surgeon about when it is okay to restart Aspirin or any blood thinning medicines such as Coumadin.**
• On the day of your discharge, an antibiotic will be prescribed for you to be taken by mouth. Follow the package directions.

Pain Management After Surgery
• You will be given a prescription medicine for pain when you leave the hospital. You may need to take this medicine for a few days at home to help with pain. Take your pain medicine with food.
• Continue to take a stool softener after surgery. Some pain medicines can cause constipation. Do not strain when you have a bowel movement.
• To minimize your use of prescription pain pills, you may take extra-strength Tylenol (acetaminophen) every 4 hours instead to control your pain.

Erectile Dysfunction (ED)
• It takes time for the ability to have an erection after a prostatectomy. During surgery nerves to the penis are disturbed and can be injured. These nerves need time to heal after surgery. The amount of time needed to recover sexual function varies with each person. If you were having erectile problems before surgery this can not be improved. The James has programs that can help with ED.
• After your urinary catheter is removed you will begin erectile rehabilitation therapy. The goal of this rehabilitation therapy is to support early return of sexual function.

Follow-Up Appointment
• You may have an x-ray test called a cystogram at your follow-up visit. This test checks your bladder and how well the surgical area between your bladder and urethra is healing.
• If you need a cystogram, a contrast material will be put into your bladder through the urinary catheter. After the x-rays are taken, the liquid will be drained out of your bladder through the catheter.
• Your doctor will review the results of the cystogram to decide if the suture area has healed enough for the catheter to be removed.

Long Term Follow-Up
• You will need a Prostate-Specific Antigen (PSA) test every three months for the first year. After 1 year, checkups will be done every 3 to 6 months, and this will later be reduced to once a year.
• You may have your PSA done by your local urologist or primary care doctor. The results can be sent or faxed to your surgeon’s office.
• You will need to bring a copy of your PSA test results with you to your clinic visits.