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

- Eat small meals or snacks during the day, rather than 3 large meals.
- Do not eat foods that produce gas, such as beans and broccoli.
- Do not drink soft drinks or carbonated beverages until you can pass gas and feel less bloated.

Constipation

- It may take you 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, take Milk of Magnesia as directed on the package.
- Do not use Fleet enemas or suppositories.
- Call your doctor if you have a problem with constipation that lasts longer than 1 week after your surgery.

Activity

- Do not lift more than 10 pounds for 6 weeks. This is important when your urinary catheter is still in place. Do not push, bear down or strain when you have a bowel movement.
- Slowly increase your activity. Build up to the activity level you were at before your surgery. Plan periods of rest during the day. Do not strain or do too much activity.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

• **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.

• **Do not** use bathtubs, swimming pools or hot tubs for 4 weeks after your surgery.

• **Do not** drive for at least 1 week after your surgery or until your urinary catheter has been out for at least 1 day. **Do not** drive if you are taking opioid pain medicine.

• **Do not** have sexual intercourse for 1 month after your surgery.

**Your Skin and Surgical Incisions**

• The surgical incisions, called port sites will have special “glue” that holds them together. This glue will wear off in about 3 to 4 weeks. There are no staples or stitches to be taken out. It is normal to have a small amount of drainage from your incisions.

• You may bruise around your incision site. Bruising can develop 1 to 5 days after your surgery and should 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 bandage or dressing. Remove this dressing when you take your first shower after surgery.

**Swelling of your scrotum**

• To help reduce swelling, use a small towel or washcloth to prop up your scrotum when you sit or lie 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 your surgery, a urinary catheter will be placed in your bladder. This catheter is called a **Foley** and lets the surgical connection (anastamosis) between your urethra and bladder heal better. Sutures (stitches) hold the end of your urethra and bladder together.
• There is a small balloon on the end of the catheter that keeps it from falling out.

• You may have bladder spasms when you have a urinary catheter, or after your catheter is taken out. You may feel mild to severe bladder pain, cramping, an urgent need to urinate or 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 you rest and drink more fluids.

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

• It is normal to have some urine leaks around the catheter. Most of your urine should drain into the collection bag. You may want to put an absorbent pad in your underwear to soak up any urine that leaks.

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

• After your catheter is removed you may have blood or dark flecks in your urine after 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 your 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 your surgery. The pain and discomfort should go away over time. Call your doctor if your pain medicine does not help relieve the pain.

To help reduce pain when you have a bowel movement

- Use a small stool to put your feet on during a bowel movement.
- Use Anusol or Preparation H ointment or a similar product.
- Eat plenty of fiber-rich foods and drink 8 to 10 cups of non-caffeinated fluids each day to stay hydrated, unless told otherwise.

Urinary Incontinence

- Urinary incontinence (lack of bladder control) is a side effect that can happen after prostate surgery. This happens when the muscles around your bladder are weak. You may leak or pass urine on accident. Over time, you may regain enough control of your urine and only need minimum protection from leaks. 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 and regain control of your urine. You will be taught how to do these exercises before your surgery. You should start doing Kegel exercises 3 days after your urinary catheter is removed, unless your doctor tells you otherwise.

- You can use incontinence pads to absorb any urine leakage. This may be most helpful in the early recovery phases after your surgery. Incontinence pads are found at pharmacies and many retail stores.
Clothing

- After surgery, your belly may be bloated. For comfort, wear pants with a relaxed elastic waist and 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.**
- Before you leave the hospital, your doctor will order an antibiotic for you to take at home. Follow the package directions.

Pain Management after Surgery

- Before you leave the hospital, your doctor will give you a prescription for pain medicine. 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 your surgery. Some pain medicines can cause constipation. **Do not** push, bear down or strain when you have a bowel movement.
- To decrease your use of opioid pain medicine, you may take extra-strength Tylenol (acetaminophen) every 4 hours.

Erectile Dysfunction (ED)

- It can take time for you to have an erection after a prostatectomy. During your surgery, nerves to your 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 had erectile problems before your surgery, you will still have problems after surgery. If you have questions or concerns about ED, talk to your doctor or a member of your health care team. They can refer you to the Male Sexual and Reproductive Medicine Program.
- After your urinary catheter is removed you will begin erectile rehabilitation therapy. The goal of this therapy is to support early return of your sexual function.
Follow-Up Appointment

- You may have a x-ray test called a **cystogram** to check 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 your urinary catheter. After the cystogram, the contrast material will be drained out of your bladder through the catheter.

- Your doctor will review the results of the cystogram to decide if the surgical area has healed enough for your catheter to be removed.

Long Term Follow-Up

- You will need a Prostate-Specific Antigen (PSA) test every 3 months for the first year. After 1 year, you will have a check-up appointment every 3 to 6 months, and this will later be reduced to 1 follow-up visit each year.

- You may have your PSA test done by your local urologist or primary care doctor. Your test 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.