University of Pennsylvania Health System | Penn Presbyterian Medical Center

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To Our Robotic Prostatectomy Patients,

The following sheets were written to help you through the postoperative process related to the surgery. Please review the information carefully.

Please don't hesitate to call with any questions.

Sincerely,

David Lee, MD

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ROBOTIC RADICAL PROSTATECTOMY
POST-OPERATIVE INSTRUCTIONS

Following radical prostatectomy, your attention to proper post-operative follow-up will contribute to the success of your surgery. You are being provided with written instructions and information that addresses common questions and concerns. Please review this information at home.

Wound Care

- You may start showering immediately. You are encouraged to shower 1-2 times daily at home. The catheter collection bag may be removed during showering. Gently pull the colored catheter straight off of the clear plastic tubing of the bag and allow urine to run into the shower. After bathing, suture lines should be padded gently with a towel. Application of antibiotic or other ointments to incisions is not recommended.
- Sutures were utilized which will dissolve on their own. A small amount of redness at the edges of the incision, as well as a small amount of clear or bloody leakage from the wound, is acceptable. Drainage of sufficient quantity to soak dressings or redness greater than ½ inch from the incision should be reported to a physician.

Catheter Care

- You will be released from the hospital with a urethral catheter in place. Application of a small amount of antibiotic ointment to the urethral meatus will facilitate sliding of the catheter along the penis and will reduce discomfort. The urethral meatus is the portion of the urethra at the tip of the penis where the catheter exits. This ointment should be applied as needed.
- You will be provided with a strap around the thigh to hold the catheter in place. This should be adjusted to prevent tension from being applied to the catheter. You will be provided with two catheter collection bags, a smaller bag to be worn during the day beneath trousers, and a larger bag to be used a night. These bags can be removed and exchanged as needed.
- Should your catheter fall out on its own, it is critical that you notify your urologist. Do not allow a non-urologist (nurse or doctor) to replace it.

Activities

- You are advised to refrain from driving for 1 week after your surgery. After 1 week, you can resume driving and most activities. You should refrain from vigorous activity (running, golf, exercising) for 3 weeks after your surgery. After 4 weeks, you may resume full activities.
- When you return to work depends on your occupation and your recovery from surgery. As stated above you may generally return to most duties at 2-3 weeks as common sense dictates.

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Urinary Control

- Most men have difficulty with urinary control after catheter removal. A nurse, medical assistant or physician's assistant will remove the catheter for you. **You should bring an adult urinary pad with you the day your catheter is removed**. The pads are usually Depends after catheter removal. Adult diapers may also be used early on. Within a few weeks change to a thinner pad should occur. Once the catheter is removed, blood in the urine and some burning with urination is expected. This will quickly resolve in the first week or so. You may notice that the stream is different than what you are used to. This too will normalize over the next few weeks as healing from the operation continues. You will probably not be able to hold as much urine as you did before the operation but this will normalize over the next few months. Keep in mind that everyone is different; some men achieve control within one week while others require 6 to 12 months to achieve normalcy. Don't be discouraged! You will typically leak more when standing, moving, and straining, and less when lying down and sleeping.
- The operation removed your prostate and affected your secondary urinary control mechanisms. Your external sphincter muscle must now take over all responsibility for control. You may be able to help this muscle by doing regular exercises. Try to identify and control the muscle you use to stop the urinary stream and then relax it and let the urine flow again. Then try to tighten and relax this muscle over and over again (after identifying the proper muscle, do not continue to interrupt your urinary stream). Establish a daily routine to work this muscle throughout the day. This may hasten the day when your control returns to normal. One suggested routine is to squeeze this muscle for 10 seconds, rest 10 seconds and repeat 10 times. This is repeated 3 to 4 times a day.
  If you are having trouble with the exercises we can refer you to Diane Newman. She is one of our nurse practitioners who has a world-renowned experience with biofeedback to help men with incontinence. If at anytime you wish to see her please call her office at 9 Penn Tower at (215) 662-2891
- Some men may continue to have mild incontinence with straining even several years after surgery. You can avoid a problem in these situations by wearing a small pad. Rarely, urinary control will be unsatisfactory even after a year. If so, something can still be done. Although they are rarely needed, there are techniques for restoring control such as collagen injections, sling procedures and placement of an artificial urinary sphincter.

Sexual Function

- The operation will affect sexual function in several ways, but it should not prevent you from having a fulfilling sex life when you recover. There are four components to sexual function in men: sexual drive, sensation, erection and climax (orgasm). Although these normally occur together, they are really separate functions.
- Erections occur due to a complex sequence of events involving stimulation of the cavernosal nerves and engorgement of the penis with blood. The cavernosal nerves run

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alongside the prostate, only millimeters away from where cancer often occurs. Prostate cancer also tends to spread along these nerves. For these reasons, although it may have been technically possible to spare the nerves, it may not have been done.

- Since the primary goal of the surgery was to cure you of cancer, one or both of these nerves may have been resected. There is a chance of recovering erections, but recovery may be slow. The average time to recovery for erections adequate for intercourse is 6-18 months, but in some men is even longer. While you are waiting for erections to return, a number of approaches can be used to achieve erections. Information on these approaches is available in our office.
  If these methods are unsuccessful, a penile prosthesis can be placed to restore sexual function.
- Climax will be largely unaffected by the surgery, but ejaculation (the release of fluid during orgasm) will no longer occur. This is because the seminal vesicles, which store fluid for ejaculation, and the vasa deferens, the tubes that carry sperm to the prostate, are removed and cut during the operation. In addition to creating a dry ejaculation, this means that you will be infertile (no longer be able to father children).
- We typically start men on Viagra after the catheter is removed. A large randomized study has shown that the regular use of Viagra after radical prostatectomy aids in the recovery of erectile function. The usual schedule is 2 to 3 nights per week at bedtime. The intention of this is not to have intercourse immediately but to aid in the long term recovery of erections. Samples and a prescription will be provided at a follow-up visit.
  • Another possible aid to the recovery of erectile function is the vacuum erection device. This device is a hollow cylinder into which the penis is placed. A vacuum is created within the chamber and an erection can be caused. Although the use of this device may allow intercourse, the primary goal in the postoperative period is to fill the penis with healthy blood for 5-10 minutes, once or twice daily. This may also aid in the recovery of erections and/or prevent penis shrinkage that is sometimes noticed after radical prostatectomy. For men interested in more aggressive therapies such as penile injections we refer to Dr. Andrew Axilrod, our erectile dysfunction specialist, at (215) 662-2891.

<u>Medications</u>

- Most of our patients have minimal discomfort and it is recommended that you try ibuprofen or Tylenol (acetaminophen). If you still have significant pain despite Motrin or Tylenol, try the light narcotic that has been written. Remember however this medication can be extremely constipating.
- You will be given a stool softener (Colace) to be used for constipation. We recommend taking the stool softener as well as prune juice or milk of magnesia until you have your first bowel movement after surgery. You may continue to take these medicines as needed to prevent constipation.
- At the time of your discharge form the hospital, you will be given a prescription for an

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antibiotic pill, which is most likely going to be Cipro or Levaquin. You will take this antibiotic once a day for 3 days, which will be a total of 3 pills. Start with the first antibiotic pill the morning of your urology appointment to get your catheter removed. You will continue on this medication for 2 days after your catheter is removed. If your appointment for catheter removal is on Thursday, start with the first pill Thursday morning. Take 1 pill a day until all pills are finished. Your last dose should be Saturday night.

- You may be provided with a prescription of Detrol LA to be used in the event you develop bladder spasms. Bladder spasms typically are associated with a sudden onset of lower-abdominal discomfort, a strong urge to urinate, or with sudden leakage of urine from around the catheter. This must not be taken within 24 hours of catheter removal, as it can prevent you from properly voiding.

Follow-up

- In general, you will be seen in the office one week after surgery for catheter removal. If your surgeon is not in the office that day another followup appointment will be scheduled for you at which time the pathology is reviewed. After that, you will be seen at 3 months for your first post-operative PSA. The goal is to have the PSA read less than 0.1 (<0.1). Our routine is to follow the PSA every 3 months the first year, every 6 months the second year and annually thereafter. If prostate cancer cells (which produce PSA) slipped out of the prostate before the operation and starts growing in a different area of the body, this will make the PSA go up in the long run. If you have your primary care MD following this for you, please have a copy also sent to our office. If it reads anything other than <0.1 please let your local urologist or our office know right away.
- You should alert your surgeon if your catheter does not drain well, or if you develop fevers of
  > 101 degrees, chills, nausea, vomiting, abdominal pain, flank pain, chest pain, shortness of breath, or leg pain or swelling in the first few months after your surgery.
- If you have any additional concerns or questions, please do not hesitate to call our office at **(610) 662-8699. {However, for any emergency just go to your nearest ER or call 911.}**