

Doing Your Part after Surgery

What Dr. Catalona Expects You to Do After a Radical Retropubic Prostatectomy

Please bring this guide to the hospital with you and refer to it during your recovery

In most cases, patients can help improve their recovery time and reduce their risk of complications after surgery by following the post-operative instructions described. Keep in mind that the symptoms described in this information are only those most commonly reported by patients following a normal surgery. Please use this list as a set of guidelines regarding what to expect and do after surgery.

Day of Surgery How will I feel? When you wake up from surgery, you will likely feel the urge to urinate, have a bowel movement, or both. You may also feel abdominal pressure or gas pain. Gas pain occurring after surgery will last for three days unless you take larger than normal quantities of narcotics or similar drugs that are “downers”. You will feel the urge to urinate because your bladder is trying to expel the newly placed catheter. This feeling should go away during the middle of the night on the day of surgery. The abdominal and rectal walls have been manipulated during surgery and may be swollen. This can result in a feeling of abdominal pressure. Undergoing general anesthesia for surgery causes the bowels to become partially paralyzed and they will not be fully “awake” for a few days. As the bowels begin to return to their normal functioning, gas pain will develop. The gas pain should gradually lessen with increased walking and avoiding the use of constipating pain medications such as morphine. It may also help to limit your consumption of carbonated beverages.

You may have pain in or around your abdominal incision. After surgery, a dressing is placed over the incision to protect it, and a suction drain is put in place through the incision to remove any excess fluid in the surgical wound. Your abdominal muscles will be sore after surgery and you will feel pain in your incision particularly with activity (such as turning) that causes increased abdominal pressure. Holding a small pillow lightly against your incision while coughing or moving will help decrease your discomfort. However, you should not deliberately try to cough, as it is painful. Please use the incentive spirometer (blue breathing machine) instead to keep your lungs clear. What will I need to do? 1) You will need to get out of bed and walk at least once or twice during the day of your surgery (once if your surgery was in the afternoon, and twice if your surgery was in the morning). Why? Walking after surgery will decrease gas pain and help to prevent complications, such as pneumonia or blood clots. You should ask for assistance at least the first time you get out of bed and as needed, thereafter.

You should lubricate your catheter generously with KY Jelly/Bacitracin ointment prior to every walk. The hospital will provide this. → Why? The antibiotic ointment will help prevent infection and keep the catheter from sticking to your skin. You should turn at least once every hour while in bed when awake and use your incentive spirometer 10 times per hour while awake. → Why? Turning and deep breathing (enhanced by using your incentive spirometer) will help expand your lungs. This will help prevent pneumonia after surgery.

What else should I expect? You will be given a clear liquid diet today and will likely not need to have a bowel movement until the third day after surgery. 2) You will get one day of antibiotics through your IV to help prevent infection. 3) You may receive low dose heparin postoperatively 4) You will take a stool softener (Colace or docusate sodium) to help prevent constipation. 5) You will receive pain medicine (Toradol) every six hours through your IV. This will be supplemented with Tylenol if needed.

First Day after Surgery (Post-Op Day 1) You may leave the hospital today if you wish. Your IV will be removed at discharge. 7) Please read attached Discharge Instructions BEFORE leaving the hospital. Discharge Instructions (Please review and ask questions BEFORE leaving the hospital). 1) Wear your TED hose (white compression stockings) in the hospital and on the trip home. You may then discontinue wearing them. 2) It is common to experience swelling and/or bruising/discoloration to the scrotum. Please elevate your legs as much as possible whenever you are not walking. Swelling may worsen if too much time is spent sitting upright in a chair with legs hanging down. If there is swelling, wear briefs that give support and lie down with your legs elevated above your heart. Avoid sitting while in the hospital. 3) Wear the large catheter bag while in your home or sleeping at night. You may switch to the leg bag when you go out. You should not drive until the catheter has been removed. 4) Lubricate the catheter generously with Bacitracin ointment before every walk (at least seven walks per day). May apply KY Jelly. 5) Genital and/or groin skin rash: Occasionally, patients develop a yeast infection in the groin and scrotal area due to the combination of antibiotics given with surgery and the KY Jelly/Bacitracin ointment used to lubricate the catheter. These antibiotics kill the normal skin bacteria and allow a yeast infection to move in. This can be avoided or treated by keeping the area clean and dry. Sometimes a topical antifungal medication is needed. Please make an appointment for your catheter removal 11 days AFTER surgery and a 4-6 week follow-up appointment prior to or shortly after being discharged from the hospital. You may schedule an appointment through our office or you may schedule with your local doctor's office if it is more convenient.

How will I feel? Today, you will likely feel slightly bloated and have more gas pain than yesterday. You may also be more aware of the incisional pain. What will I need to do? You should get out of bed and walk at least once every 1 ½ hour. Your first walk of the day should be no later than 8 a.m. Each walk should cover at least 100 yards. Why? Walking after surgery will decrease gas pain and help to prevent complications such as pneumonia or blood clots. 2) You should lubricate your catheter generously with Bacitracin prior to every walk. You may apply KY Jelly if Bacitracin causes a burning sensation. 3) You should continue to turn at least once every hour while awake in bed and use your incentive spirometer 10 times per hour while awake. What else should I expect? 1) If tolerated, your diet may be advanced from clear liquids to solid foods, but eat only half of what you think you desire. 3) You will take a stool softener (Colace or docusate sodium) to help prevent constipation.

Second Day after Surgery (Post-Op Day 2)

How will I feel? You will continue to have gas and incisional pain. Your appetite may return, and you may feel like eating solid foods. Eat only about half the portion of solid food. What will I need to do? 1) You should get out of bed and walk at least once every 60 mins. Your first walk of the day should be no later than 8 a.m. Each walk should cover at least 100 yards. You should lubricate your catheter generously with Bacitracin ointment prior to every walk. 3) You should

continue to turn every hour while awake in bed. Why? You will have a catheter for 10 full days following surgery and will need to learn how to care for the catheter before leaving the hospital. What else should I expect? You will be advanced to a solid diet (if you haven't already). You will take a stool softener (Colace or Docusate Sodium) to help prevent constipation. 4) You will take Toradol and/or Tylenol 1-2 tablets every 4-6 hours for pain.

Catheter Removal Visit Start taking antibiotics (Cipro 500mg) the night before your catheter is removed and continue twice/day until prescription runs out. This prescription will be given to you at the time of discharge. The catheter will be removed approximately 10 days after surgery. Bring some sort of adult pad to your "de-cath" appointment.

Resume the Kegel exercises after the catheter is removed. Do them only as Dr. Catalona directs in his instructions provided in your blue folder. You may drive after the catheter is removed.

Take a stool softener (Colace or Docusate Sodium) 100mg twice per day for at least one month after surgery. It is also permissible to take 2 tablespoons of Milk of Magnesia as directed on the bottle. It is also permissible to take Dulcolax suppository only if directed by the nurse or doctor. Remember, it is normal to leak urine and blood around the catheter, especially when having a bowel movement.

Take Toradol and/or Tylenol 1-2 tablets every 4-6 hours for pain. You should NOT take narcotics. Only use Toradol if needed since it can cause damage to the kidneys with prolonged use. You should remove the steri-strips from your incision the day the catheter is removed if they have not fallen off by then. No other bandage is needed unless there is rubbing against your clothing.

Avoid very strenuous exercise for 6-8 weeks. You may walk, do stairs, treadmill, and elliptical after surgery.

You may choose to begin penile injection therapy/erectile rehabilitation 4-6 weeks after surgery or at your first post-operative visit, however, this is not mandatory. There are several methods, including pills, vacuum erection devices, intra-urethral suppositories, and injections into the side of the penis. We will instruct you on this at your first follow up visit post-operatively. You may resume sexual stimulation 4 weeks after surgery, if able. You may begin to take Cialis 5 mg tabs, 5 days prior to surgery and continue taking daily until you complete the 30 day supply. You are to stop the pills before your office visit; therefore, it is ok if you run out of Cialis several days/weeks before your appointment.

Erections do not begin to return for 3 to 6 months. First, erections begin to return as partial erections. The erections improve in an unpredictable fashion for up to 36 months after surgery. By 36 months, erections usually are as good as they are going to get. During this 36 month period, anything that increases the blood flow to the penis is believed to be beneficial to the ultimate return of erections. The injection medication may be ordered for you the week before your follow-up appointment so you will have it available the day of the appointment.

Please have a PSA test performed approximately 1 month after surgery (or at your follow-up appointment) and have the results faxed to Dr. Catalona at (312) 695-7030 (if performed at an outside lab). The PSA should be repeated every 6 months for the next 10 years.

It is not uncommon for a hemorrhoid problem to develop or worsen following prostate cancer surgery due to the fact that some of the hemorrhoidal veins are sutured during the operation. When these sutures dissolve, this problem should resolve. It may be treated by taking a stool softener, avoid straining with bowel movements, taking up to three sitz baths a day, increasing your fiber intake and using topical Anusol or other over the counter products. 21) Please report

any of the following problems immediately to the office and/or your local doctor: • Fever over 101° F, severe or increasing flank pain, nausea or vomiting, redness, swelling, or tenderness in your incision, or pain and swelling in your lower legs when walking.

If you have any urgent medical concerns when our office is closed, please call the Urology Department @ (312) 695-8146 to speak with the physician on call. Follow-up Information Please notify Dr. Catalona of the following after surgery: 1) Postoperative PSA (1 month after surgery) AND follow-up PSA's (every 6 months after surgery for the next 10 years). 2) Sexual potency – when erections are sufficiently rigid for penetration (with or without medication). 3) Urinary continence – when you no longer need protection