

# **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 daily during your stay).**

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?

**1) 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.

**2) 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.**

**2) 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.

**3) 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?**

- 1) 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 48 hours of antibiotics through your IV to help prevent infection.
- 3) You may receive low dose heparin post-operatively if you have a family history of blood clots
- 4) You will take a stool softener (Colace or docusate sodium) to help prevent constipation. You should discontinue it after discharge and eat fruit instead.
- 5) You will receive pain medicine (Toradol through your IV and extra strength Tylenol) every six hours. **We prefer a non-narcotic pain control regimen as narcotics can cause constipation, increased gas pain, and prolong hospitalization.** The majority of our patients never require narcotics during their hospital stay.

## **1<sup>st</sup> Day after Surgery (Post - Op Day 1)**

### **How will I feel?**

Today, you will likely feel slightly bloated and have more gas pain than yesterday. You will also be more aware of the incisional pain.

### **What will I need to do?**

- 1) **You should get out of bed and walk at least once every 1 ½ hours. Your first walk of the day should be no later than 8 a.m. Each walk should cover at least 100 yards (one lap around the hospital floor).**

- **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 you tolerated, your diet may be advanced from clear liquids to solid foods, but eat only half of what you think you desire.
- 2) You will get antibiotics through your IV to help prevent infection.
- 3) You will take a stool softener (Colace or docusate sodium) to help prevent constipation.
- 6) You will receive pain medicine (Toradol through your IV and extra strength Tylenol) every six hours.

## **2<sup>nd</sup> 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 (one lap around the hospital floor).
- 2) 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 and use your incentive spirometer 10 times per hour while awake.
- 4) You should watch the instructional video, "Catheter Care for Men after Urologic Surgery" which may be accessed via the On-Demand Patient Television system in your

hospital room. (To view the video, dial 6 - 2585 on your bedside phone, and follow the instructions. The video title number is "272". Your nurse can assist in ordering the video for your viewing).

- 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?**

- 1) You will be advanced to a solid diet (if you haven't already).
- 2) You will stop getting IV antibiotics when your drain is removed.
- 3) You will take Toradol and / or Tylenol 1 - 2 tablets every 4 - 6 hours for pain.
- 4) Today, the house staff will remove your dressing and drain. You should shower afterwards.
6. 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). You may apply bacitracin**
- 5) **Genital and / or groin skin rash: Occasionally, patients develop a yeast infection in the groin and scrotal are due to the combination of antibiotics given with surgery and the KY Jelly / Bacitracin ointment used to lubricate the catheter. These antibiotics kills 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.**

- 6) Please call (312) 695 - 8146 to schedule any follow – up appointments, including the removal of your catheter.

**\*\*\*Please make an appointment for your catheter removal 10 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.**

- 7) 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 on or after 10 full days after surgery. Bring some sort of adult pad to your de – cath appointment.
- 8) Resume the Kegel exercises after the catheter is removed. Do them only as Dr. Catalona directs in his instructions provided in your blue folder.
- 9) You may drive after the catheter is removed.
- 10) It is also permissible to take 2 tablespoons of Milk of Magnesia as directed on the bottle if needed. Remember, it is normal to leak urine and blood around the catheter, especially when having a bowel movement.
- 11) You may resume taking aspirin, if applicable, after the catheter has been removed if you have no obvious signs of bleeding such as blood in the urine.
- 12) Take extra strength Tylenol around the clock for the few couple of days at home, you will be sent home with oral toradal to take as needed.
- 13) Your steri strips may fall off at home, this is OK. If they are still on at your visit for catheter removal they will be taken off then. No other bandage is needed unless there is rubbing against you clothing.
- 14) Avoid very strenuous exercise for 6 – 8 weeks. Avoid lifting more than 10-15 pounds until follow up visit for catheter removal. You may walk, do stairs, treadmill and elliptical after surgery.
- 15) 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. If you are seeing

your local doctor for your first visit, please let us know so that we can send the appropriate information to him/ her. 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*

**Remember erections usually do not begin to return for 1 year after surgery. 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 but sometimes continue to improve for a longer period. 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.**

16) 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 4-6 months for the next 10 years, depending on the final pathology report results.

17) Our office will mail / fax the following reports to the doctor(s) you have specified: operative note, discharge summary, history & physical, and pathology report.

18) If you have NOT received your final pathology report by one week after surgery, please call our office @ (312) 695 - 8146 and request the report.

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 avoiding 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.

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

Pain in your lower legs when walking.

If you have any urgent medical concerns when our office is closed, please call the Urology resident assigned to Dr. Catalona's service (they will provide with a number after surgery). If resident is not available contact 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 4-6 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.

You may call the office at (312) 695 –6174 to speak with the nurse, or you may fax updates / results to Dr. Catalona at (312) 695 – 7030. You can also email Dr. Catalona at [wcatalona@nm.org](mailto:wcatalona@nm.org).