

## Lee Jackson, M.D.

Memorial Health Care System  
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### Post-Operation Information and Instructions

While a robotic prostatectomy is performed routinely, it is still a relatively major surgery that will take some time and effort to recover from. The following information will help you.

#### Leaving the Hospital

- Patients can generally be discharged from the hospital about 24 hours after surgery.
- All patients will be discharged from the hospital with a urinary catheter in place. This catheter is known as a Foley catheter and is held in place by a balloon inside the bladder. It allows continuous drainage of the bladder into a small external collection bag which is emptied as needed. Absolutely, do not try to remove this catheter on your own. It must stay in place until you heal enough that it is no longer needed. Continue reading below for additional information.
- Since you will not be cleared to drive yourself, you will need someone to drive you home.

#### Activity

- Please refrain from driving for 1 week after your surgery. After one week, you can resume driving and most activities. Refrain from *vigorous activity* (running, golf, exercising, **horseback riding, motorcycles, bicycling**) however, for *four to six* weeks after surgery to give yourself time to heal.
- You should attempt to walk and climb stairs as much as you can tolerate to help in your rehabilitation.
- Showering is fine 48 hrs. after surgery.
- When you may return to work depends on your occupation and how fast you recover. For most work you may return to in 2-3 weeks. Use common sense.

#### Medication

- Most patients experience only minimal discomfort, and we recommend that you try ibuprofen or Tylenol (acetaminophen) for pain first, as they usually work well. Stronger, prescription pain killers tend to be extremely constipating and so it is better to avoid them if possible. However, if you still have significant pain

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despite Motrin or Tylenol, contact Dr. Jackson for a prescription for stronger pain medication.

- You may resume any of the usual daily medications you may have been taking before surgery for other medical conditions, as soon as you are discharged.

### Food

- To make it easier on you immediately following the hospital, you may initially want to stick to a mostly liquid diet of broth, juices, Jello etc... until you get your first bowel movement. Avoid carbonated beverages.
- Once you have had a bowel movement, you should move to a soft food diet of things like soups, scrambled eggs, toast, oatmeal etc... and then work your way back to your normal diet as you feel comfortable.
- Avoid gas-producing foods such as flour, beans, broccoli.
- Try to spread out eating throughout the day with snacks and small meals, to avoid eating large meals at once for a few days after surgery.

### Clothing

- Immediately after surgery, your abdomen will be slightly bloated so you may have trouble fitting into your normal clothes. For comfort, wear loose fitting clothing such as sweatpants or other pants with an elastic (not button) waist. You will probably need to do so initially anyway to accommodate the catheter and collection bag.

### Wound Care

- **Two days** after surgery, remove the dressing and gauze covering your wound sites. You may now start showering. We encourage you to shower 1x a day. (For example, if your surgery was on Tuesday, you may remove the dressing and resume showering on Thursday.) After showering, gently pad the suture sites (do not rub or otherwise irritate them) with a towel.
- Sutures were utilized which will dissolve on their own, there is no need to have them removed. A small amount of redness at the edges of the incision sites, as well as a small amount of clear or bloody leakage from the wound, is acceptable.

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### **Catheter Care**

- As referenced above, you will be discharged from the hospital with a Foley catheter in place which continuously drains urine from your bladder. It must stay in place while your anastomosis heals. Do not attempt to remove this on your own. If it should accidentally fall out, you **MUST IMMEDIATELY notify** Dr. Jackson to have it replaced.
- You may use an antibiotic ointment to lubricate the outside catheter where it enters the tip of your penis (the urethral meatus.) This ointment will reduce inflammation to discomfort. Apply the ointment as needed.
- You will be provided with a strap around your thigh to hold the catheter tubing in place. Adjust this strap as necessary to prevent tension from being applied to the catheter.
- Alert Dr. Jackson if the catheter does not drain well, or if you have any other serious problems with it.
- This catheter will stay in place for 5-6 days while you heal, and can generally be removed by Dr. Jackson at the end of this time. Sometimes it may need to stay in place longer if you are not sufficiently healed, perhaps two weeks instead of one. You should have already scheduled a follow-up appointment for this purpose. Remember from above, that you will start taking your oral antibiotic on the morning of this day.

### **Regaining Urinary Control**

- Most men have difficulty with urinary control immediately after catheter removal. **You should bring an adult urinary pad (such as Depend Guards) with you the day your catheter is removed.** You should be prepared to wear these pads for a while because normal urinary control may not be regained immediately after your surgery. Remember, everyone is different. Some men regain control in a week, some take six months. Don't be discouraged! Also, remember you will typically leak more standing, moving, and straining, and less when lying down and sleeping.
- Some men may continue to have mild incontinence with straining even several years after surgery. Rarely, urinary control will be unsatisfactory even after a year.

## Regaining 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 three components to sexual function in men: sexual drive, sensation, erection and climax (orgasm). Although these normally occur together, they actually are separate functions. Losing one does not necessarily mean you will lose the others.
- 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 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 rid you of cancer, one or both of these nerves may have been resected. Recovering erections may be slow and vary. While you are waiting for erections to return, a number of approaches are available for achieving erections. Ask Dr. Jackson about these.
- Climax will not be affected by the surgery, but ejaculation (the release of fluid during orgasm) will no longer occur. You will still have the same sensations of pleasure, but no fluid will be discharged and you will have a dry ejaculation.

## Situations You Might Encounter After Surgery

- **Abdominal Distention, Constipation or Bloating:** Make sure you are taking a stool softener as directed, and drinking prune juice or milk of magnesia.
- **Bloody drainage around the Foley catheter or in the urine:** Under stress, such as during physical activity or bowel movement, this is not uncommon immediately after surgery. This should improve if you cease activity and rest for a short while. If it does not, or you have no urine output for greater than two hours, contact Dr. Jackson.
- **Bruising around the port sites:** This is not uncommon, and should not worry you. They will go away as you heal.
- **Perineal Discomfort** (pain between your rectum and scrotum): This may last for several weeks after surgery, but it should resolve on its own. If you are suffering significant pain despite pain medication, contact Dr. Jackson. You might also try elevating your feet on a small stool when you have a bowel movement,

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applying hemorrhoid ointment, and increasing the fiber and water intake in your diet.

- **Scrotal/Penile Swelling and Bruising:** This is not abnormal and is not cause for serious concern. You might notice scrotal/penile swelling anywhere from immediately after surgery to 5 days later. It should go away on its own in a week or two. You might try elevating your scrotum on a small rolled up towel when you are sitting or lying down to reduce swelling. Also, wearing supportive underwear (briefs, not boxer shorts) is advisable.

*Questions?* If you have any questions about these instructions contact our office at (423)697-0072. You should have received similar instructions verbally upon discharge from the hospital.

We recommend that you keep these instructions handy for easy reference during the time following your surgery. These instructions are given in your best interest and should be followed as carefully and closely as possible.

Websites that may provide additional information to help with your recovery:

[www.prostatedisease.org](http://www.prostatedisease.org)

[www.cancer.gov/prostate](http://www.cancer.gov/prostate)

[www.seekwellness.com/prostate](http://www.seekwellness.com/prostate)

*(Note: the above websites are not maintained by nor affiliated with Dr. Jackson. We are not responsible for the accuracy of their content.)*