

BRIGHAM HEALTH



BRIGHAM AND WOMEN'S HOSPITAL

For Patients Recovering
from

Robot Assisted Radical Prostatectomy

This is a guide on what to expect before, during, and after your surgery and hospital stay. These are general guidelines that apply to most patients, but some things may change based on your personal needs. Knowing what to expect and being an active participant in your surgical process are key to a successful recovery. If you have additional questions, please do not hesitate to ask your care team; we are happy to address your concerns!



A Guide to Your Daily Care

A Little About the Procedure:

- **Robotic Assisted Radical Prostatectomy** is a surgical procedure for patients who have localized prostate cancer.
- The surgeon removes **the prostate** and **seminal vesicles** (two small structures connected to the prostate). In some cases, **pelvic lymph nodes** are also removed.
- **During surgery**, you will receive **general anesthesia**, which means that you will be deeply asleep and will not feel any pain during the procedure.
- You will be **in the hospital for 1 night** after the surgery.
- **After surgery**, most men have difficulty holding urine and trouble getting or keeping an erection. Usually this improves over time.

>SURGEON'S BUSINESS CARD TO BE
STAPLED HERE<

Your Urological Surgery Team

Urological Surgeon:



This is the **attending physician** responsible for your care from admission through outpatient follow-up. All members of the Urology team report to your surgeon. Throughout the day, you will be cared for by the Urology team. There is regular communication between the team and your surgeon. Your surgeon approves all decisions about your care.

Residents & Fellows:



These are physicians training to be Urological Surgeons. They are an active part of the Urology Surgical team and will provide a large portion of your care, including assisting the attending physician with operations, performing procedures, writing orders and prescribing medications.

Physician Assistant & Nurse Practitioner:



These are team members that work similar to the residents and fellows by assisting the attending physician with your care, check your progress, address questions and concerns and provide medicine prescriptions.

Nurses:



Nurses take care of your daily needs, give you medicine, assist with treatments, provide education and communicate about your care with the Urological surgery team.

Care Coordinator:



The Care Coordinator will meet with you soon after admission and also after surgery to assess and plan your discharge options.

Preparing for Surgery



Before surgery, you will be scheduled for an appointment with our **pre-operative evaluation center**. This appointment must be within 30 days of your surgery, preferably 1-2 weeks prior. During this appointment, the clinical staff will conduct a health history and physical exam, anesthesia screening exam, and review your pre-operative instructions. This helps you prepare for surgery and allows the providers to be sure you are medically ready for surgery and anesthesia. Come prepared with any questions you may have.



** If you have any questions for your surgeon specifically, please **allow time** for us to get back to you depending on the urgency of your question.*



Please bring a **complete list of your medications and supplements** including doses and frequency. You will be instructed which medications to discontinue before surgery.



If you have been prescribed aspirin by a heart doctor, **check with your cardiologist before making any changes.**



If you take medication to thin your blood, this should be stopped prior to surgery. *Do not stop this on your own. You should contact the prescribing provider to ask about a plan for stopping this prior to surgery. Examples include: Warfarin, (Coumadin), Plavix, Lovenox, Xarelto. Other blood thinning medication includes over-the-counter Ibuprofen, Aspirin, and Aleve.



** If your blood thinning medications cannot be stopped, please contact your surgeon to discuss.*

One Day Before Surgery:



Please confirm your surgery time and arrival time by calling the last business day before your surgery (If your surgery is on a Monday, please call the Friday before):

Brigham and Women's Hospital:

617-732-7625
between 2:00PM and 6:00PM



Brigham and Women's Faulkner Hospital:

617-983-7179 option #1
between 1:00PM and 2:30PM



After midnight on the night before surgery, you may not eat any **solid foods**, including **candy, chewing gum, cough drops or mints.**

Please drink clear liquids only. Examples include water, black coffee, clear tea, apple juice, cranberry juice, and sports drinks.



If your doctor told you to take your medications on the morning of surgery, you may take them **with a small sip of water.**



During your pre-operative appointment, they will advise you on when to stop fluids on the morning of your surgery.

The Day of Surgery



Arrive at the hospital admissions office at your designated time.



Please choose one contact person. Your surgeon will contact this person following surgery with an update on your condition.



Before surgery, your surgical team will answer any questions that you may have. You can use the notes sections throughout this packet to write down any questions as they arise



After surgery, you will be in the **recovery room (PACU)** for at least 1 hour as you wake up from anesthesia. The PACU team will contact your family/friends when they can visit you.



You will have an **intravenous (IV)** line in your arm. You will have a tube in your bladder for urine that is called a Foley catheter. You will have a drain in your abdomen.



You will have **dissolvable stitches** that do not need to be removed. The stitches will be covered with either surgical tape (Steri-strips) or surgical glue (Dermabond).



It is important that you get out of bed and walk in the evening after your surgery



The evening after your surgery you can **only have small sips of liquid.** This is to prevent nausea and vomiting.

The Day After Surgery

For breakfast you will have clear liquids.



For lunch you will have solid food.

When you can tolerate food or drink normally, you can **take pain medicine by mouth**.



It is important **to get out of bed and walk 4-5 times each day to help promote recovery**. Once you are able to eat, walk safely and take pain medicine, you can be discharged from the hospital. This is usually in the afternoon.



When you go home, the **Foley catheter** (the tube for urine) will stay in your bladder. Your nurse will teach you how to care for the catheter and empty the urine bag.

The drain is usually removed before you go home. In some patients, the drain will remain in place and will be taken out in the Urology clinic at a later date.



You will receive prescriptions for pain medicine and a stool softener.

Notes

When You Return Home

Symptoms

*These symptoms are **abnormal** – please contact the Urology office or call 9-1-1 if you have any of the below symptoms:*

- Fever of more than 101 F
- Vomiting
- Catheter is not draining or falls out
- Leg swelling
- Shortness of breath or chest tightness
- Pain is not controlled with medication
- Unable to urinate after the catheter is removed

*Do not panic – these symptoms are **normal!***

- Pain in the penis
- Blood in or around the catheter, especially with bowel movements
- Urine leakage around the catheter
- Feeling like you have to urinate
- Feeling tired
- Bruising and/or swelling of your abdomen, back, penis or scrotum

Activity



You should **walk at least 6 times per day**.
You may walk up/down stairs.



Do not lift more than 10 pounds, run or strain for 6 weeks. Examples include, but are not limited to:

- Groceries
- Laundry
- Infants & pets



Do not drive for 2 weeks. Do not drive until you are off of pain medication.



You may return to work when your pain level is very low and you can perform your work as usual. This will be different for each person. Please discuss with your doctor for further information.

Medicines for Pain & Constipation

For **moderate pain**, you should take Ibuprofen or Tylenol.



For **severe pain**, you can take the prescribed pain medication.

Take a stool softener twice daily.
Do not take it if you are having diarrhea.



Pain medications can cause constipation. Take a stool softener twice daily to prevent constipation. If the stool softener is not enough, you should take a gentle laxative, if needed, such as Metamucil, Miralax, or Milk of Magnesia.



Do not use suppositories or enemas.

Wound Care



You can shower. **NO tub baths or pools** until your doctor says you can. Clean your incisions gently with mild soap. Pat dry.



Keep incisions (the surgical cuts) clean and dry. If you have Steri-strips, they will fall off within 1-3 weeks.



You may see bruising and/or swelling of your abdomen, back, penis or scrotum.

Recovery after Catheter Removal

Prostate Cancer Follow Up



Pathology results will be **available in 7-14 days**. After surgery, ask your surgeon how you can expect to receive these results.



Your doctor will check your PSA 4-12 weeks after surgery.



Then your PSA will be checked every 3-6 months for the first year and every 6-12 months after that.

Urinary Incontinence



It is normal to have difficulty holding your urine after the catheter is removed. This is called urinary incontinence. Most patients use pads or adult diapers to control leaking urine.

Try not to get discouraged. Urinary control will improve throughout the first year. You will be given instructions on how to do Kegel exercises, which help strengthen the pelvic floor muscles and improve control of urine.

Fertility



You will be infertile following this surgery, which means you will not be able to father a child by natural means.

Sexual Activity



All patients will have difficulty with erections at first. For most patients, erections will begin to improve around 3-6 months after surgery.

Erections will continue to improve gradually for 2-3 years after surgery.

We encourage you to be sexually active, even if erections are not perfect.

You will still be able to have an orgasm. However, you will not see any semen.

Your surgeon may recommend to start treatment for erectile dysfunction early. **This is called penile rehabilitation.** This may consist of pills and/or a vacuum pump device.

By starting on treatments early, we hope to improve your overall recovery.

Overview of Erectile Dysfunction Treatments

- **Pills:** Examples are Cialis or Viagra.
- **Vacuum erection device:** A plastic tube with an attached pump that is placed over the penis. The pump pulls blood into the penis. A band can be placed around the base of the penis to hold the erection in place.
- **Intraurethral suppository:** A small pellet that is pushed into the urethra. The most common side effect is urethral burning.
- **Intracavernosal injections:** An injectable medication that goes into the side of the penis. The most common side effect is soreness at the injection site.

Contact your Surgeon's Office
or visit your local Emergency Room
if:

- You have a fever of more than 101 F.
- You are vomiting.
- Your catheter is not draining or falls out.
- You experience leg swelling.
- You experience shortness of breath or chest tightness.
- Your pain is not controlled with medication.
- You are unable to urinate after the catheter is removed.



If the Urology office is closed,
please call: 617-732-6660
and ask to have the Operator page
Urology Resident-On-Call.

This information is not intended to replace the medical advice of your doctor or health care provider. Please consult your health provider for advice about a specific medical condition.

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BRIGHAM HEALTH



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