potomac UROLOGY

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Prostatectomy Post Operative Instructions

FOLEY CATHETER CARE

• **You WILL be discharged home with an indwelling foley catheter**.

The foley catheter is needed to allow the new connection between the bladder and urethra to heal. It is critical you ensure the catheter remains secured to your leg and does not get pulled or disrupted. Please keep your Foley catheter connected to the large bedtime drainage bag most of the time. The leg bag should ONLY be used occasionally if you plan to go out of the house.

Drink 4-6 glasses of water in a 24-hour period. This helps keep your urine clear. It is normal for your urine to be pink tinged to bloody during the next 2 weeks, especially with walking and bowel movements. Increasing fluids will usually make the urine clear again.

If your catheter is not draining, make sure that it is not kinked. If there are no kinks and the urine is not flowing, please notify our office immediately. Sometimes a blood clot can occlude the opening in the bladder and the catheter needs to be irrigated.

You may notice a pink colored mucus type discharge or some urinary drainage at the tip of your penis. This is normal. You can use a warm soapy washcloth to cleanse the area 3 times a day and then apply antibiotic ointment.

• **Foley catheter removal**

Your foley catheter should be removed approximately 10 days from the day of surgery. On the day you are going to have your catheter removed, drink plenty of fluids before you arrive at the office. The purpose of the visit is to ensure you can urinate with a strong stream following catheter removal; the recovery of total urinary control will come later (see Urinary Control section below).

MEDICATIONS

• **You may receive any of the following prescriptions upon discharge**:

(1) Pain Medication – take as needed for pain control. This can cause constipation, therefore it is encouraged for patients to start taking Tylenol once home if tolerated.
(2) Antibiotic – take twice daily once the catheter is removed to prevent infection. Begin this medication the day before your catheter removal, day of, and day after to complete the 3-day course.
(3) Stool softener – this can help prevent constipation
(4) Toradol – this is an anti-inflammatory medication to assist with pain control

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(5) Oxybutynin – this medication can help with discomfort associated from the catheter

• **You may resume any of your usual daily medications upon discharge.**

If you take Aspirin 81mg, then it is ok to restart that upon discharge. If you take Aspirin 325mg, then restart after the catheter has been removed. Please restart other blood thinners (Plavix, Coumadin, Lovenox) as per instructions from the prescribing doctor and your surgeon.

DIET

• **You may eat and drink as you wish upon hospital discharge**.

Adjust your diet so that you avoid constipation. If you have a problem with constipation, you can take Colace (an over-the-counter stool softener), for prevention of constipation. If you do become constipated, take Mineral Oil or Milk of Magnesia. It may be a few days before your 1st bowel movement. Abdominal cramping is normal, but nausea and vomiting are not. Please call your doctor if this occurs.

It is important to drink plenty of fluids while the catheter is in place; enough to keep the urine in the tubing (just past the catheter) clear. The urine in the collection bag will almost always be blood-tinged, but that is not important as long as the urine in the tubing is pink to clear.

ACTIVITY

• **AVOID vigorous exercise for FOUR weeks then slowly increase your activity**.

Avoid lifting heavy objects (greater than 10lbs) or vigorous exercise (calisthenics, golf, tennis, vigorous walking) for a total of FOUR WEEKS following surgery. After that, you can **gradually** build up to your pre-surgical level of activity. Do **NOT** ride a bike for EIGHT WEEKS following surgery. You may climb stairs slowly. Take frequent short walks during the day (about 6-8) for 5 minutes or so while the catheter is in place. After catheter removal, there is no limitation on walking.

While the catheter is in place, you will be more comfortable if you sit in a semi-recumbent position (reclining chair, sofa, comfortable chair with footstool). This allows (1) for your legs to be elevated, improving drainage and reducing the possibility of a blood clot in your leg and (2) it avoids placing weight on the area of your surgery in the perineum.

Do NOT drive while taking the Oxycodone pain medications. This may impair your ability to drive. It is ok to drive if NOT taking narcotic pain medications.

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If you are traveling by car, stop every 30-45 minutes and walk around the car to prevent the blood from pooling in your legs. If you travel by air, walk the length of the airplane at 30-40 minute intervals. Please see the section regarding **Deep Vein Thrombosis** below.

You will not have your "normal" stamina for up to 3-6 months following surgery, so use common sense in returning to pre-surgical activity. Activities that seemed effortless prior to surgery will bring on fatigue more quickly and you may need to rest more often.

RETURN TO WORK

Most patients who do sedentary "office" activities can return to work gradually beginning around **2-4 weeks** following surgery. If you do strenuous work (e.g. heavy lifting), then you should **wait 4-8 weeks** from the date of surgery. For those men who travel a lot for business, it is reasonable to wait 4 weeks before returning to a busy travel schedule.

We are happy to address any work-related forms (FMLA) needed for time off and these can be discussed with the office staff.

COMMON PROBLEMS FOLLOWING SURGERY

- **Bleeding**

It is not uncommon to have a bloody discharge around the catheter when you strain to have a bowel movement – do NOT be concerned, it will stop. Also, do not worry about some blood in the urine – it may arise from vigorous walking or may occur spontaneously. Drink plenty of fluids if this occurs. This will dilute the blood so that it does not clot off the catheter and will encourage cessation of bleeding.

- **Leakage around the foley catheter**

This is very common, especially when you're up walking around. The tip of the catheter is not in the most dependant part of the bladder – the balloon that holds the catheter in the bladder elevates the tip of the catheter away from the bladder neck. For this reason, when walking, many patients have leakage around the catheter. This can usually be managed through the use of diapers or other absorbent materials.

If your catheter stops draining completely, lie down flat and drink plenty of water. If after 1 hour there is still no urine coming through the catheter tubing, it is possible your catheter has become obstructed or dislodged. You should call us immediately.

- **Bladder Spasm**

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While the catheter is in place, it is not unusual to have a strong sudden desire to urinate with pain over the bladder area and simultaneous leakage of urine or blood around the catheter. This is called a bladder spasm and commonly occurs at the time of a bowel movement. If it occurs, you should lie down until the discomfort passes.

If the bladder spasms become frequent and bothersome, Motrin or Advil can be used to help stop the spasm. These medicines should not be used if the urine is still bloody because it can lead to clotting off of the catheter.

• Wound

You may shower after leaving the hospital. The water will not harm the incision or the catheter.

Some patients develop drainage from the wound once they go home. This can either be clear fluid (a seroma) or a mixture of blood and pus. In either instance, it can usually be treated simply. If the wound should open or the edges separate, obtain some hydrogen peroxide and Q-tips – soak the Q-tip in hydrogen peroxide and place it through the opening in the wound to clean the open area then remove the Q-tip. This will keep the opening from closing until all the material has drained. It is ok to shower in the morning, washing this area thoroughly, then use the Q-tip following the shower and also again before bedtime.

• Clots in the legs

During the first 4-6 weeks after surgery, the major complication that occurs in 1-2% of patients is a clot in a vein deep in your leg (deep vein thrombosis, DVT). This can produce pain in your calf or swelling in your ankle or leg. These clots may break loose and travel to the lung producing a life-threatening condition called a pulmonary embolus.

A pulmonary embolus can occur without any pain or swelling in your legs – the symptoms are chest pain (especially with a deep breath), shortness of breath, the sudden onset of weakness or fainting, and/or coughing up blood. If you develop any of these symptoms and/or pain/swelling in your leg, please call immediately. If the diagnosis is made early, treatment with anticoagulation is easy and effective.

• Urinary Tract Infection

Urinary tract infections can occur with a catheter in place. They can be manifested in several ways. Before the catheter is removed, the urine may become permanently cloudy, there may be a purulent thick drainage around the catheter, and there may be continuous pain at the end of the urethra. This suggests you may have a urinary tract infection (drainage of mucus around the catheter is normal). Also, it is not unusual for some bacteria to be present in the urine.

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For this reason, you have been discharged with an antibiotic to take in preparation of catheter removal. It is common to have burning with urination after catheter removal and this does not indicate a urinary tract infection. The burning should improve within several days. It is also common to see passage of some blood or blood clots after catheter removal and this is of no concern unless it is persistent.

• Urinary Sediment

It is not uncommon to see some sediment in the urine. This can be manifested in a number of different ways. Old clots may appear as dark particles that occur after the urine has been grossly bloody. With hydration, these will usually clear spontaneously and are of no concern.

Also, the pH (acidity/alkalinity) of urine changes throughout the day. After a meal, the urine becomes alkaline and phosphates may precipitate and form cloudy masses in the urine. This is a normal phenomenon. If the urine is persistently cloudy, this may suggest an infection.

• Pain

Abdominal pain is common, but it is not located where you would expect it. It can be on either side of the midline. The pain is from irritation of the abdominal muscles and it is not uncommon to have decreased sensitivity to the incision sites for 3-6 months following surgery.

You may take the prescribed pain medication, but it is encouraged for patients to start with Ibuprofen or Tylenol as tolerated. You may notice sensitivity when you fasten your pants belt or seat belt. This is normal.

You may notice firm areas or lumps in the incision. This is part of the normal healing process. If you notice a hard area or lump at the top of the incision (near the umbilicus), this is where the suture material was tied and is also normal. It will resolve with time.

It is very common to have a deep feeling of discomfort in the perineum (between the scrotum and rectum), especially after sitting. The pain is coming from the area where the operation took place and will disappear with time but may persist for 1-2 months following surgery. Avoid sitting for a long time if it is bothersome or sit on a round cushion.

Discomfort in the testicles is very common after radical prostatectomy because the spermatic cord (attached to the testicle) is stretched during the operation. This discomfort will disappear in time but can last 3-6 months following surgery. If bothersome, use Motrin or Advil if the urine is clear.

• Swelling

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It is very common to have swelling and discoloration of the scrotum and penile skin after radical prostatectomy. This is simply fluid that has not been absorbed by the body. It is not harmful. If the scrotum is swollen, put a rolled hand towel underneath the scrotum to elevate it when lying down.

URINARY CONTROL

• **Problems are common once the catheter is removed. Do not become discouraged. Urinary control returns in 3 phases:**

(1) You are dry when lying down at night
(2) You are dry when walking around
(3) You are dry when you rise from a seated position. This is the last component of continence that returns.

Timed Bladder Emptying. In the early phases, your urinary stream may be weak if the bladder is not filling and most of the urine is leaking into a pad. You may also experience more frequent urination after surgery as the bladder capacity increases over time. Empty your bladder every 2-2.5 hours even if you do not have to go to the bathroom. This will help keep the bladder as empty as possible to minimize leakage and will not fatigue the muscle needed for continence.

Pelvic floor muscle exercise. To speed up your recovery, practice stopping and starting your urinary stream every time you void. See **Appendix 1** for more information on performing these Kegel exercises. Until your control returns completely, wear a pad or disposable diaper. You can obtain Depends, an adult diaper, or security pads from your local grocery store or pharmacy.

Practice without a pad. As urinary control returns, it is not uncommon for patients to continue to wear protective pads for "security" even when they don't need them. To make sure you do not become pad-dependant unnecessarily, experiment with not using a pad when you are at home and not working. Many patients will have the sensation that they are leaking urine when in fact they will find that there has been no urinary leakage on the underwear.

Avoid incontinence devices. Do not wear an incontinence device with an attached bag, condom catheter, or a clamp. If you do, you will not develop the muscular control necessary for continence. Until your urinary control returns, avoid drinking excessive amounts of fluids. Also, limit your intake of alcohol and caffeine – both will make the problem worse. Once the catheter is removed, limit fluids to the amount necessary to satisfy your thirst.

Potential Scar. It is common for the urinary stream to be slower after surgery. But if you notice a progressive decrease in the force of the urinary stream, this could indicate a scar. Do not wait until the urine stream is so slow that you have to strain or push to urinate. **Call immediately** if you notice a

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progressive slowing of the stream since a simple dilation of the scare where the bladder and urethra were joined can alleviate the problem if caught early.

Fungal Infection. If you develop a red painful rash while urinary control is returning, you may have a fungal infection, especially if you were treated with antibiotics. This usually responds well to treatment with Lotrimin cream, a non-prescription formulation that can be purchased over the counter at the pharmacy.

SEXUAL FUNCTION

• **Erections return gradually (much slower than urinary control)**. **This can improve up to 4 years following surgery. BE PATIENT.**

The return of sexual function varies depending upon the patient's age, extent of the tumor (whether nerves had to be removed), and the level of sexual functioning prior to the operation. Men who have declining sexual function prior to surgery will have a greater chance of problems with erections after surgery. There are some patients who don't recover potency until two years after surgery. Erections return gradually and quality improves month by month with effort.

Expectations. After surgery, it is important for men to have realistic expectations of the quality of erections. At first, erections will be partial and not likely strong enough for penetration. But a partial erection is a success! With continued effort, they will get strong enough for penetration. Most men do not have recovery of an erection that is "exactly" the same as before surgery. Men who recover erections strong enough for intercourse usually have erections that are more difficult to attain and maintain, and because of this, it is common for libido (desire for sexual activity) to decrease.

Tactile over visual stimulation. The stimuli for erection during the first year will be different. Visual and psychogenic stimuli will be less effective while tactile sensation will be more effective. Indeed, the major stimulus for erections during the first year postoperatively is tactile sensation. For this reason, do not be afraid to experiment with sexual activity – you can do no harm.

If you obtain a partial erection, then attempt vaginal penetration. Many patients find that erections are maintained better when upright (rather than lying down) and that vaginal penetration is easier from behind. Lubrication of the vagina with KY jelly can help. Vaginal stimulation will be the major factor that encourages further erections. Do not wait until you have the "perfect erection" before attempting intercourse. In addition, you should be able to have an orgasm even if you do not have an erection. With orgasm, there will be no emission of semen because the prostate and seminal vesicles have been removed.

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Tourniquet/"erection" rings. When erectile function begins to return, many patients complain that they lose their erections when they attempt intercourse. This is caused by a venous leak. This can be overcome by placing a soft tourniquet at the base of the penis before foreplay. The purpose of this tourniquet is to retain the blood in the penis once blood flow increases secondary to stimulation. Do not worry; the tourniquet will not impede the flow of blood into the penis. My patient have told me that rubber bands, ponytail holders, or "erection rings" (which can be obtained from novelty stores) work. The best product is made by UroSciences and is called the UroStop venous flow controller. You can read about it on the web site www.urosciences.com under product information and you can order by calling the number listed on the web site.

Prescription Assistance. Viagra (or another PDE5 inhibitor like Cialis or Levitra) can be very effective aid to improve erections during the recovery period. Do not take this medication if you are on nitrate to treat heart disease (coronary artery disease). Once you are ready to begin sexual activity, I suggest that you take a 100mg tablet 1-2 hours prior to activity on an empty stomach. Do not use Viagra more than once daily.

Experiment Early. It is reasonable to begin experimenting with sexual activity after catheter removal whenever you feel ready. Do not wait for erections to return on their own-they will not without a lot of persistence and perseverance on the part of both partners. Patients who are willing to continue attempts to produce erections- despite lack of a perfect erection- are more likely to have return of erectile function in the long run. Begin experimenting with erections as soon as possible after catheter removal and this will increase the likelihood for recovery in the long-term (use it or lose it).

OFFICE FOLLOW-UP

Time after Surgery	**3 months**	**6 months**	**12 months**	**Annually**	**Anytime**
Update on Urinary Control	X	X	X	X	X
Update on sexual function	X	X	X	X	X
PSA blood test	X	X	X	X	X

FREQUENTLY ASKED QUESTIONS

1. **Is it safe to wait before my operation?**

   The delay period of 6-8 weeks before surgery after your biopsy is recommended so that the area around the prostate and rectum can heal from the biopsy, if you have had a recent biopsy. This makes the operation easier and safer. Since prostate cancer is a slow growing tumor, this delay period is not felt to be significant.

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2. **What type of anesthetic will I have?**

   Most patients are given a general anesthetic. Your anesthesiologist will discuss this with you prior to the operation.

3. **How long does the operation last?**

   The operation takes approximately three hours but, in some circumstances, can take longer. Your lymph nodes will be removed and sent to pathology with your prostate. There is no frozen section done.

4. **What can I expect after the operation?**

   When you wake up, you will have a catheter in your penis draining the bladder, an intravenous line for fluids, and a drain removing excess fluid from your abdomen. You will be asked to get out of bed the evening of or the day after the operation and to exercise your lower legs each hour while in bed. This is to help prevent blood clots from forming after the operation.

5. **How long will I be in the hospital?**

   The hospital stay is usually one day, but you will not be discharged unless medically ready. Your pathology report will be ready in 5-7 days. This report will be discussed with you at your follow-up appointment. You should plan to wear comfortable pants to go home in as you will have a catheter in place.

6. **How long will I be out of work?**

   Convalescent periods will vary patient to patient, however; the average is three or four weeks. After major surgery, it takes time to recover your strength, so be patient. It is recommended that you do not return to work until the catheter has been removed.

7. **Can I ride in a car or take short trips?**

   The answer is yes, as long as you make the trips brief. As a general rule, you should not ride in a car for longer than about ninety minutes at a time until your catheter has been removed, which will be about 10 days. You are welcome to shower when you go home with the catheter in place. Do not sit in the bathtub until the catheter comes out.

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8. **Can I drive the car when I go home?**
   You should not drive the car yourself until after the catheter comes out. Then you should start slowly and only take short trips.

9. **Is there anything I should do about regulating my bowel movements?**
   It is important to make sure that you do not become constipated or strain when you are moving your bowels immediately after the operation. If your bowel movements are not loose, take one teaspoon of mineral oil at night and one teaspoon of milk of magnesia in the morning as long as is needed.

10. **What if I see blood in the leg bag when I get home?**
    Everyone has small amounts of blood appear in their urine during the period of healing when the catheter is still in place. Don't be alarmed unless this is continuous bleeding or large clots appear. If you have any doubt about the amount of bleeding you are observing, please don't hesitate to call the office.

11. **Is there a risk that I will develop trouble because of clots forming in my legs after surgery?**
    This is a serious problem that occurs in a very small percentage of patients. Blood clots forming in the legs after surgery can cause problems because they may migrate to the lungs and cause difficulty breathing. If you get pain, tightness, redness or swelling in the back of your calves or thighs, you should definitely call immediately. If you have a deep blood clot you must get blood thinning medication as soon as possible.

12. **When does the catheter come out?**
    The catheter will be removed approximately 1 week from the date of the operation.

13. **When should I have my PSA checked after surgery?**
    You should plan to have your PSA checked three months after the date of your surgery. Everyone needs a PSA check yearly after their operation.

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14. What about urinary incontinence and regaining control of my urinary stream?

Everyone recovers at a slightly different rate. On the day the catheter comes out, most patients will have some degree of control, although many patients do experience a variable amount of urinary incontinence. This can mean anywhere from a small amount of spotting in your underwear to a fair amount of leaking which would necessitate wearing a small pad to keep your clothes dry. Do not be discouraged if you leak initially. Some patients take up to one year to regain complete urinary control. In addition, you must understand that when you bear down, sneeze or cough, you will increase the likelihood that you will leak, particularly immediately after your surgery. The exercise that will help the most in recovering your urinary control is to interrupt the urinary stream once during voiding. This is the best exercise you can do and I encourage you to start doing it as soon as the catheter comes out.

15. How about the return of sexual function?

The return of sexual function depends, to a certain extent, on your level of sexual performance prior to the surgery as well as your age and the degree to which the neurovascular bundles were spared during your surgery. All patients are somewhat different and it takes months to know whether a patient will regain sexual function after a radical prostatectomy. Don't be discouraged if it takes several months before you begin to engage in sexual activity again. Everyone is different and you and I will stay in touch to make sure that your recovery goes as smoothly as possible.

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APPENDIX 2

PELVIC MUSCLE (KEGEL) EXERCISE INSTRUCTIONS

• How to Find the Pelvic Muscle

The muscle that you use to hold back unwanted gas is the one you want to exercise. Some people find this muscle by voluntarily stopping the stream of urine.

• Exercising the Muscle

Begin by emptying your bladder. Then try to relax completely. Tighten this muscle and hold for a count of 10, or 10 seconds, then relax the muscle completely for a count of 10, or 10 seconds. You should feel a sensation of lifting of the area around your perineum or of pulling around your rectum.

• When to Exercise

Do 10 exercises in the morning, 10 in the afternoon and 15 at night. Or else you can exercise for 10 minutes three times a day. Set your kitchen time for 10 minutes three times a day. Initially, you may not be able to hold this contraction for the complete count of 10. However, you will slowly build to 10-second contractions over time. The muscle may start to tire after six or eight exercises. If this happens, stop and go back to exercising later.

• Where to Practice These Exercises

These exercises can be practiced anywhere and anytime. Most people seem to prefer exercising lying on their bed or sitting in a chair.

• Common Mistakes

Never use your stomach, legs, or buttocks muscles. To find out if you are also contracting your stomach muscle, place your hand on your abdomen while you squeeze your pelvic muscle. If you feel your abdomen move, then you are also using these muscles. In time, you will learn to practice effortlessly. Eventually, work these exercises in as part of your lifestyle; tighten the muscle when you walk, before your sneeze, on the way to the bathroom, and when you stand up.

• When Will I Notice a Change?

After 4 to 6 weeks of consistent daily exercise, you will notice less urinary accidents; after 3 months you will see an even bigger difference.