DISCHARGE INSTRUCTIONS
Following Robotic Radical Prostatectomy
Peter Black

What to expect

It is normal to experience some pain and discomfort from the incisions, especially the lowest one on the right side of the abdomen. This is usually easily relieved with the oral pain medication. It is normal to have a small amount of drainage of fluid from the incisions – this may be clear, bloody or mucus-like. Large amounts of fluid drainage from the incision indicate a problem. Patients often notice bruising of the abdominal wall, which represents some blood tracking from the holes where the instruments were inserted into the abdomen – this is expected. It is also normal to have some leakage of urine, mucus (may look like pus), or blood around the urethral catheter ("Foley"). This is sometimes associated with bowel movements.

With the urethral catheter in place, some patients experience bladder spasms. These usually start while the patient is still in the hospital if they are going to happen. Bladder spasms are felt by some patients as a crampy lower abdominal pain; some patients feel the bladder spasms as a sense that they urgently need to empty their bladder but they cannot. There are medications that can be used to reduce the frequency and severity of bladder spasms, but most patients will not need these. It is also normal for a patient's urine to change color with the catheter in place and, on occasion, it may be slightly bloody like a rosé wine.

It is also normal for the scrotum to be swollen or appear bruised after surgery – this often gets worse after leaving the hospital. Elevation of the scrotum while sitting or lying will help reduce the swelling – a rolled up towel works well. Supportive underwear is also important when walking. The swelling usually goes away about 3 weeks after the surgery.

There are no dietary restrictions following robotic radical prostatectomy – but bloating is common so it is important to use common sense and avoid heavy, fatty foods. In general patients are encouraged to eat whatever appeals to them. It often takes 1 or 2 weeks for one's appetite to return fully to normal after major surgery. It is important to eat nutritious well-balanced meals with adequate protein for tissue repair during recovery. Patients may need to eat smaller amounts more frequently until appetite and bowel function return to normal. If you don't have a bowel movement within 48 hours after discharge from the hospital, take 2 tbsp. of milk of magnesia. If no result, call the office. If bowel activity is irregular more than 2 weeks after surgery, consider taking a probiotic to help the bowel bacteria return to normal

After patients have stopped taking pain medication, it is all right to drink alcohol in moderation.

Activity

It is important for patients to get up and walk regularly - at least 4 times a day. Walking and calf exercises will help reduce the risk of potentially serious blood clots in the legs. Calf exercises should be performed six (6) times per day. Lying flat, lift one leg from the hip 10° above the bed, keeping the knee straight. Flex and extend the, foot several times until the calf muscle tires and begins to ache slightly. Then repeat with the other leg. It is no problem for patients to go up steps. It is not a problem for patients to ride in a car, even for long distances. If patients ride long distances, then they should take frequent breaks to get out of the car and walk. Do not keep knees bent and legs stationary for more than 20 minutes at a time. Do not place a pillow under your knees at any time.

Patients are not to lift anything heavier than 10 pounds for 6 weeks after surgery. In addition, patients should not drive until the urinary catheter has been removed and until they do not have any significant residual pain and are moving normally. This usually takes 3 weeks or, in some cases, longer. Patients should definitely not drive while taking narcotic pain medication.

What problems to watch for

We do not anticipate any problems, but occasionally problems do arise.

- **Problem 1 - Fever**

It is normal for patients to have a temperature up to 38.5°C after surgery. It is abnormal for patients to have a fever over 38.5°C. If patients have fever over 38.5°F then they should call one of the phone numbers listed at the end of these instructions or go to a local physician. The most common cause of infection after surgery is a bladder infection or wound infection.

- **Problem 2 - Problems with the wounds**

There are several potential problems that can develop with the wounds including progressive redness around the incision, separation of the skin edges, or excessive drainage of fluid. It is entirely normal for the skin edge immediately adjacent to the incision to be red, but it is not normal for patients to have a progressive area of redness that extends away from the incision. If progressive redness around the incision develops, and if the incision feels warm to touch, then these may be signs of a developing wound infection. Sometimes the tape placed over the incisions causes tension blisters that can be unsightly, but otherwise do not represent a significant problem. Try to leave the blisters intact. If they rupture, cover with dry gauze and tape. Occasionally patients will develop fluid collections under the incision. These are most commonly seromas (like a blister) and usually are not serious. Occasionally patients may have collections of old blood under the incision. If someone has drainage of large amounts of either clear fluid (suggestive of a blister or seroma), chocolate-

coloured fluid (suggestive of old blood), or pus (suggestive of a wound infection) they should call one of the numbers listed below.

- **Problem 3 - Leg swelling**

A little bit of leg swelling on both sides is alright. When one leg is more swollen than the other, this needs to be evaluated in a local emergency room. This swelling can be due to a fluid collection in the pelvis, which can put pressure on the vein, or from a blood clot in the veins of the calf. Both are easily treated but need to be treated promptly.

Medications

Patients usually require 4 different medications after release from the hospital:

1. Tylenol and Ibuprofen pain medication (over the counter)

   Most patients will have excellent pain control with Tylenol and ibuprofen for a few days or perhaps a week or two after the surgery. Usually the pain from the incisions progressively decreases over a period of days to a few weeks

2. A stool softener (over the counter)

   It is important to take a stool softener while taking the narcotic pain medicine as the pain medication can be constipating. It is much better to anticipate constipation and take the necessary steps to prevent it rather than having to treat it. There are many types of stool softeners, but I prefer Senokot, which can be taken as a pill twice daily. *Stop taking this if you are having loose bowel movements*.

3. Cialis (prescription)

   Cialis is given to patients who have had a nerve-sparing prostatectomy and who are motivated to regain erections after surgery. It is to be taken at 5 mg daily. This will not necessarily cause any noticeable change in the penis, but it will help with the recovery of erections later on. *Start taking this approximately two weeks after surgery*. Side effects include facial flushing, nausea and headache. The medication is quite expensive and is generally not covered by insurances. The evidence to support the use of Cialis is weak, so if you find it to be excessively expensive do not worry that you are missing something. It is best used in combination with the vacuum pump, which Dr. Black will discuss with patients on the phone when he calls to report the pathology findings two weeks after surgery.

4. Polysporin to apply to the tip of the penis

    The catheter may rub at the tip of the penis, especially with walking. Polysporin or another ointment like Vaseline can be applied to the tip of the penis 3 times daily to prevent this rubbing.

In addition, some patients may require 2 additional medications, namely a bladder spasm medication and iron tablets. Iron tablets can cause constipation and are usually to be avoided in the first week or two after surgery. Iron tablets are not routinely recommended. Antibiotics are only rarely prescribed at discharge.

Return visits and follow-up

The urethral catheter (Foley) is left in place for 7-10 days. You can remove this yourself very easily, or your GP can remove it. If you live close-by, this can also be removed in my office. You will usually see one of the office nurses but not me at the time of this visit. Patients will usually have to make all appointments themselves - the office will generally not call.

I will email each patient when I receive the pathology report. It usually takes approximately 3 weeks for this email. This will tell us exactly how extensive the cancer is - for example, whether it is limited to the prostate, whether it extends through the capsule, or if it is into the lymph nodes. The pathology report will help us decide whether radiation is necessary after surgery. If we decide that radiation should be considered, there will be no hurry to do this - we will want you to heal completely from surgery, and would consider referral to a radiation oncologist after approximately 3 months. Please call my office if you do not hear from me within 3 weeks.

I like all patients to check their PSA approximately 10 weeks after surgery so that we are certain that it goes close to zero. If able to travel back to the office, I like to see patients for follow-up 3 months after surgery to go over the pathology again, make sure the continence is returning appropriately and discuss rehabilitation measures for sexual function. If there is a need for radiation therapy, we would arrange it at this time.

You will likely be able to return to work approximately 6 weeks after surgery. You will be able to resume lifting and exercise at this time as well.

Routine follow-up usually includes a PSA every 3 months for the first year. If everything is going well, I will usually see patients 6 months after the 3 month visit. The later follow-up depends on the stage and grade of the cancer.

Feel free to e-mail the office if you have a non-urgent question or a concern (clinic@ubcurology.com). There is always somebody available to help you, even if I am out of town. If you prefer to call, the phone numbers are listed below. It is sometimes difficult to get through to the office at busy times of the day – earlier in the morning and later in the evening are the best times. Generally, if a patient calls or e-mails, a message will be left with me and I will call back. If a concern is urgent, e-mail is unreliable and the patient must call, go to a local emergency room or come to VGH.

Contact information:

Office -	604-875-5003 (9am to 4:30 pm)
VGH Switchboard -	604-875-4111 (after hours and on weekends)
Office e-mail -	clinic@ubcurology.com

After Catheter Removal Care

After removal of your catheter, the bladder, urethra and pelvic floor muscles may be weakened

Possible urinary symptoms after removal:

- Involuntary leaking of urine is common after catheter removal - it can last a few weeks to months until muscle control is maintained
- Urinary frequency
- Burning or pain with urination
- Waking up at night to urinate
- Sudden need to urinate immediately
- Blood or small blood clots in your urine

Management of urinary symptoms:

- Urinary leakage
  - Do your pelvic muscle (Kegal) exercises twice daily
    - Squeeze the muscles used to stop your urine midstream
    - Contract, tighten and hold the muscles for 5 to 10 seconds
    - Relax for 10 to 20 seconds
    - Repeat contractions 10 to 20 times twice daily
  - Avoid constipation
    - Constipation may make incontinence worse
    - Use over-the-counter stool softeners or take fiber supplements (such as bran or Metamucil)
- Urinary frequency
  - Maintain daily liquid intake of 4 to 6 (8 Oz) glasses per day
  - Avoid drinking after 7pm
  - Empty your bladder before bed
  - Avoid or decrease caffeine, alcohol and artificially sweetened drinks
- Blood in your urine
  - This happens because surgical incisions inside your body are healing and scabs are coming off
  - May take 1-2 weeks to resolve
  - Can increase with activities or straining with bowel movements
  - We advise you drink more liquids and limit your activities until the blood clears

Go to VGH ER if you are unable to void or if you have severe pain in your lower abdomen. This may mean that the catheter may need to be put back in.

Notify us at604-875-5003 or clinic@ubcurology.com

For any further concerns contact your urologist:

Urology Clinic: Monday to Friday 9:00am to 4:30pm at 604-875-5003

Vancouver General Hospital: After 4:30pm, weekends & holidays at 604-875-4111 (ask for the urology person on call)

Urology Email: clinic@ubcurology.com