

POST RADICAL PROSTATECTOMY SURGERY INSTRUCTION SHEET

CATHETER CARE:

Your catheter is very important to allow healing of the bladder and the urethra. You may use either leg bags or external bags. Drain urine from the bag before it gets too full. The tip of the penis may get sore from the catheter rubbing. Use plain soap and water to wash this area daily or more often as needed.

DIET:

You may return to your normal diet immediately. Because of the raw surface in the bladder from the surgery, alcohol, spicy foods and drinks with caffeine may cause some irritation or sense of the need to void despite the fact that the catheter is emptying the bladder. However, if these foods don't bother you there is no reason to avoid them in moderation. More importantly is to keep your urine flowing freely, drink plenty of fluids during the day (8 - 10 glasses). The type of fluids (except alcohol) is not as important as the amount. Water is best but juices, coffee, tea, and soda are all acceptable. Food rich in protein will aid in wound healing. Fluid, fiber, and fruits in your diet will help prevent constipation. Follow dietitian recommendations if instructed.

ACTIVITY:

Your physical activity is to be restricted, especially during the first two weeks home. During this time use the following guidelines:

- a. No lifting heavy objects (anything greater than 10 lbs).
- b. No driving a car and limit long car rides (if you must, plan to stop, get out of the car every hour and walk a bit to reduce risk of blood clots in your legs).
- c. No strenuous exercise, limit stair climbing to minimum.

BOWELS:

The rectum and the prostate are next to each other and any very large and hard stools that require straining can cause bleeding. You will be given stool softeners (usually) but these are not laxatives. A bowel movement every other day is reasonable. Use a mild laxative if needed and call if you are having problems. (Milk of Magnesia 2-3 Tablespoons, or 2 Dulcolax tablets as example)

MEDICATION:

You should resume your pre-surgery medication unless told not to. You may be discharged with iron tablets to build up your blood count and stool softeners to keep the stool soft. Pain pills

(Tylox or Tylenol with Codeine) may also be given to help with wound and catheter discomfort. Tylenol (aceto-amenophen) or Advil (Ibuprofen) which have no narcotics are better if the pain is not too bad (and you can tolerate those medications!)

HYGIENE:

You may shower or bathe as soon as you get home.

PROBLEMS YOU SHOULD REPORT TO US

CALL IMMEDIATELY IF THE CATHETER FALLS OUT OR STOPS DRAINING.

- Any increase in redness, or swelling in the incisional area.
- If feeling chilled or feverish, take temperature and report if over 100.5 degrees.
- Nausea, vomiting, or abdominal distention.
- Persistent constipation, diarrhea, or blood in stool.
- Pain not relieved by pain medication and rest.
- Difficulty, frequency, or burning with urination.
- Shortness of breath, cough, or chest congestion/pain
- Drug reactions (Hives, rash, nausea, vomiting, diarrhea).
- Bleeding from incision

FOLLOW-UP:

You will need a follow-up appointment to monitor your progress. Call for this appointment at the number above when you get home or from the phone in your hospital room before leaving. Usually the first appointment will be about 5-7 days after your surgery to remove the skin staples and 10-14 days to remove the catheter. Most people will not have good urinary control at first. Come to the office with a small supply of adult underwear liners (ATTENDS or DEPENDS) that can be purchased at any drug store.

You should make the following plans prior to being admitted to the hospital:

PREPARATION FOR HOME CARE

-Have someone available who will be able to assist you at home following your discharge from the hospital. This can be any person such as a spouse, adult child, friend, or neighbor who will be available to you at your home

or can be reached by telephone.

Have help with:

-Heavy housework

- Grocery shopping

- Errands/ driving

-Make arrangements for someone to pick you up by 11:00 a.m. on the day of your discharge. You will probably be discharged 2 - 3 days after surgery.

FREQUENTLY ASKED QUESTIONS ABOUT SURGERY:

"Will I have pain?"

-Pain after surgery is normal and decreases over time.

" What Pain medication will I have?"

-Pain medication is available to you. It will not completely relieve your pain, but should allow you to increase your activity

-It is important that you tell your nurse when the pain medication is not working.

-Pain medication is given to you in different ways including PCA, Epidural and pills by mouth

What is Patient Controlled Analgesia (PCA)?

This is a machine that allows you to give pain medication to your self through your intravenous(IV) line by pushing a button.

Your nurse may give you IV pain medication as needed.

What is an Epidural Catheter?

Pain Medication is given through a small tube placed in your back during and after surgery by the anesthesiologist.

Oral medication (pills)

Once you begin eating you will receive pain pills. You will go

home with this kind of medication.

"When will I be getting up?"

-You will sit up in bed the evening of surgery assisted by the nursing staff.

-You will get up to a chair and walk a short distance with help at least three times a day the day following your surgery.

"What tubes will I have?"

You may have all or some of the following:

Intravenous lines (I.V.), to provide fluids until you are able to eat and drink

Oxygen until your blood oxygen level is normal

Urinary catheter, placed into your bladder during surgery, to drain the urine from your bladder. This helps the physician/nurse monitor kidney function. The catheter remains in place for two to three weeks. at home).

Small drains such as Jackson Pratt tube (JP) or penrose drain may be placed during surgery to remove extra fluid from the area operated on. They are usually removed before you go home.

(Possible) Epidural catheter, for pain control

"Will I be able to eat right away?"

Your diet will start with ice chips and progress to clear liquids. After you tolerate this well, your diet will be progressed as your doctor prescribes.

You may return to your normal diet as soon as you can tolerate it, usually by the second or third day after surgery. Because of the raw surface from your surgery, alcohol, spicy foods and drinks with caffeine may cause some irritation or sense of the need to urinate despite the fact that the catheter is emptying the bladder. If these foods do not bother you, however, there is no reason to avoid them in moderation. More important is the need to keep your urine flowing freely, so drink plenty of fluids during the day (8 - 10 glasses). The type of fluids (except alcohol) is not as important as the amount. Water is best, but juices, coffee, tea, and soda are all acceptable. An American Diabetes Association (ADA) diet will be provided for patients with diabetes. If needed, our dietitian will give you

information about your diet so that you can continue it at home.

"How can I speed my recovery?"

Caring for your Lungs

-It is important after your surgery and anesthesia to exercise your lungs

-Your nurse will listen to your lungs and instruct you in your deep breathing exercises. Use a pillow to splint your incision (the nursing staff will show you how to do this). Breathe as deeply as possible, 10 times every hour while you are awake. This will help to fully expand your lungs.

-You may get a breathing exerciser, called an "Incentive Spirometer" (IS). You will receive instructions on how to use it properly.

-Smoking is not allowed during your hospital stay. Information and support will be provided to smokers to help you manage without cigarettes during your hospital stay, and get started on a smoking-cessation program.

Promoting Circulation

-It is important to wiggle your toes and bend your ankles up and down frequently while in bed. This is called calf pumping. You should continue to do this at home until your activity level is normal .

-Avoid crossing your legs at the knees or ankles.

-Your doctor may order elastic anti-embolism stockings. Together with calf pumping, these will assist the return of blood flow from the legs and reduce chance of blood clots forming.

"What will my incision(s) be like?"

-Your incision(s) will probably be closed with metal staples. These will be removed at your doctor's office.

-The bandage on your incision is usually removed the morning following surgery. It is not unusual to have some oozing of clear or bloody fluid from your incision. Your nurse will keep your incision clean and dry. A light bandage may be applied to control oozing. Your nurse will show you how to apply it at home, if necessary.

-Showering over the incision can be done within 48 hours of the surgery. It does not usually need to be covered.

As an aside to your incision, the bruising may migrate down into your scrotum. Don't worry about the scrotal skin getting dark for the first week

after surgery. It is normal and represents the blood in the tissues finding the lowest spot of gravity to come to a rest. Like a black eye and it all goes away.

"Will I have difficulty with bowel movements?"

The rectum and the prostate are next to each other. Any very large and hard stools that require straining to pass can cause bleeding. You will be given stool softeners but these are not laxatives. A bowel movement every other day is reasonable. Use a mild laxative if needed and call your doctor if you are having problems. Milk of magnesia, 2 - 3 tablespoons, or Dulcolax suppositories may be used.

Pain medication and decreased activity may lead to constipation. To prevent constipation:

- Keep active, take walks as instructed by your doctor.
- Drink plenty of fluids.
- Eat high fiber foods such as bran, raw fruits and vegetables.

"Will I be impotent?"

-For men who have had a radical prostatectomy for prostate cancer, the nerves that control the flow of blood into and out of the penis may be cut or removed. These nerves do not control the sensation to the penis, nor are they responsible for the orgasm that occurs with sexual intercourse. Only the firmness of the penis is affected.

-If nerve sparing was attempted during your procedure, the return of erections could take as long as six to 18 months. Partial erections may return earlier and may be a sign of subsequent complete return of function, although not a guarantee. Ask your doctor about other options for treatment.

"How do I check out of the hospital?"

-Discharge time is 11 a.m., or earlier if you are ready. Your discharge medications and instructions will be given and explained to you by your nurse.

-You will arrange a post-operative check-up with your surgeon after discharge.

"When can I drive?"

-Ask your surgeon when you can drive again. Average is about 3 weeks

post surgery - if you are ready!

-Pain medications cause drowsiness and slow responses. (Driving too soon may also harm your incision).

"Can I shower or bathe?"

-Yes. You may shower within 48 hours of the surgery. Bathing should be withheld until the catheter is removed..

"When can I resume normal activity?"

-Your energy level will be low for the first few weeks after surgery and return to normal in one to two months.

-Gradually increasing your activity is essential to your recovery.

-Activity restrictions for up to six weeks after surgery are:

- lifting anything over ten pounds

- pushing / pulling heavy objects (e.g., vacuuming).

- strenuous exercise; limit stair climbing.

"How will I care for my catheter at home?"

-Your catheter is very important to allow healing of the bladder and the urethra.

-You may use either leg bags or overnight bags. Drain the bag before it gets too full.

-The tip of the penis may get sore from the catheter rubbing. Use plain soap and water to wash this area daily and more often as needed.

"When can I return to work?"

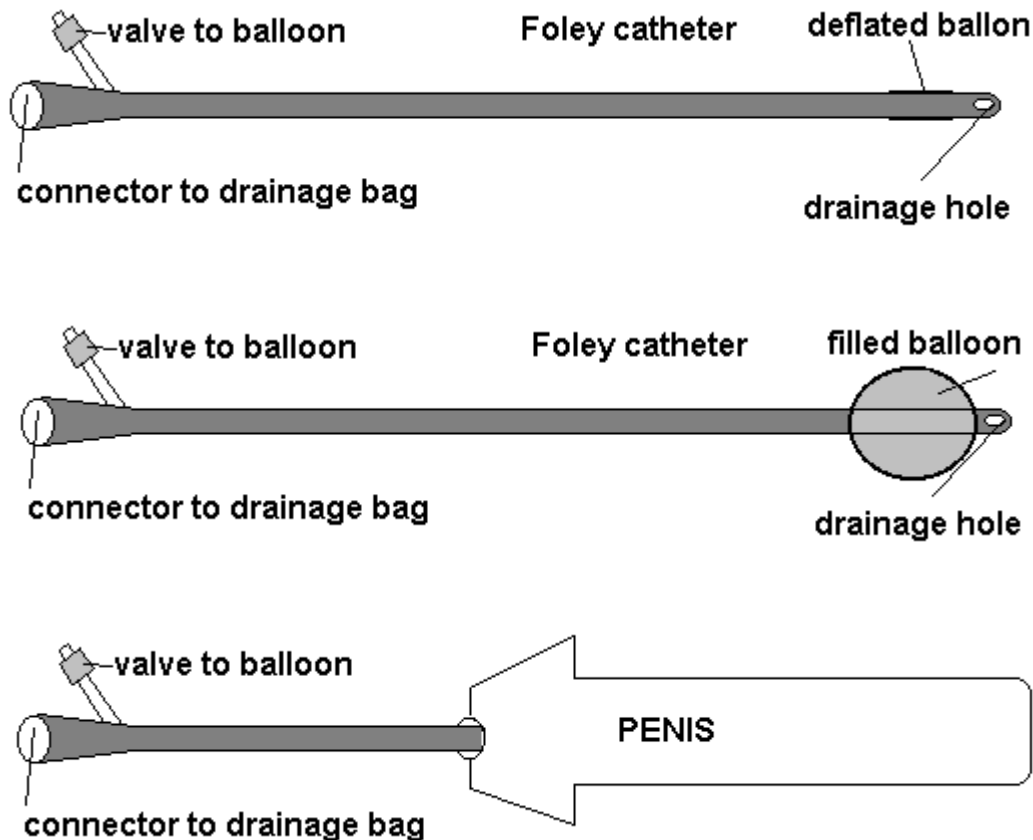
-It varies, depending on how physical your job is. If your job involves heavy lifting or long hours of physical exertion (e.g. nursing), a minimum of six weeks at home is required. If your job involves minimal exertion (e.g. physician), you may return sooner. Follow your doctor's instructions.

MALE URINARY CATHETER CARE SUGGESTIONS

You have been discharged with a urinary catheter. These tubes (usually called "Foley", named after the inventor) are used to drain the urinary bladder of urine normally stored in the bladder. Your physician can explain the reasons for the catheter's use and its expected length of stay.

Design: The catheter is a hollow tube with a hole on each end. A side arm can be seen on the catheter and this allows a small balloon to be filled in the bladder so that the catheter does not fall out.

Design: The catheter is a hollow tube with a hole on each end. A side arm can be seen on the catheter and this allows a small balloon to be filled in the bladder so that the catheter does not fall out.



Connection: The catheter needs to be connected to a drainage bag to allow continuous and unimpeded drainage. It is important not to obstruct the flow of urine, unless you are specifically asked to do so.

Drainage Bags: These are the plastic bags to which the catheter is connected. The bags vary in design but all have a connection adapter for the catheter and a drainage port or spigot at the bottom to empty the bag. Larger bags have long tubes so that they can be attached to the bed or carried. Larger bags are used around the house and overnight because of their larger capacity. Small bags or 'leg bags' have no tubing and must be attached to the leg with straps. They must be emptied every 2-4 hours depending on how much you drink. Leg bags are easy to conceal under you pants and allow you to go outside with complete privacy.

Note: both bags must be kept below the level of your bladder to drain properly.

To change Bags: Patients will switch between bags as mentioned above. To change bags properly, good hygiene must be observed. Wash your hands first. Before disconnecting the current bag, clean the connector of the drainage bag that you wish to use with alcohol (if the end looks clean) or soap and water, then alcohol, if the end is dirty or crusted. Pinching the catheter end to prevent leakage pull and twist the catheter from the connector. Then firmly attach the catheter to the new bag connector. Wash the old bag with soap and water, if available, and rinse well. Store in a clean place for later use.

Care: The major cause of irritation is at the tip of the penis. You should wash this area daily with a mild soap and water at least twice a day. In most cases, you will have less irritation of the tip of the penis if the catheter is secured to the leg with a gentle curve. Tape is the best and least expensive way of securing the catheter. Movement or tugging on the catheter will then pull on the tape, not on the penis.

Cleaning the drainage bags: Rinse bags with warm water and soap every day or two, depending on how dirty and how much odor is present. One teaspoon of vinegar may be used in the rinse water to reduce the odor.

Emptying bags: Hold any bag over the toilet or suitable container and open the spigot at the bottom of the bag. Let urine flow until empty and then close the spigot.

Problems: The more urine that flows, the less the chance for a blockage. You should be drinking 4-8 ounces of water every hour while awake.

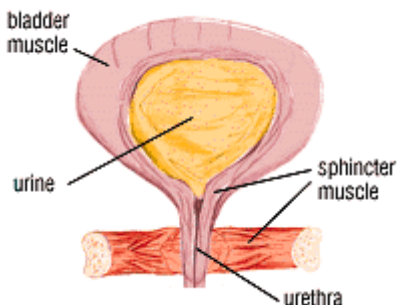
Bleeding: Bleeding can be seen on occasion with any catheter. Small amounts of blood or clots are usually of little concern. Bleeding sufficient enough to make it impossible to see through the urine should be brought to your physician's attention.

Blockage: Urine should drain constantly into the bags. If you see no flow for more than an hour and feel the need to urinate, a blockage of the tube may be present. Debris or blood clots are the most common causes and will need to be dealt with in your physician's office, if open, or the emergency room. The catheter will either be irrigated until it is clear or the catheter changed.

KEGEL EXERCISES

Pelvic muscle exercises, also called Kegel (kay-gull) exercises after Dr. Arnold Kegel, who developed them, strengthen the pelvic floor muscles. The actual name of the exact muscles are the 'pubococcygeus' muscles. These muscles contract and relax under your command to control the opening and closing of your urethral sphincters, or the muscles that give you urinary control. When they are weak, urine leakage results. However, through regular exercise, you may be able to build up their strength and endurance and, in many cases, regain bladder control.

Post Radical Prostatectomy Anatomy



Begin by locating the muscles to be exercised:

1. As you begin urinating, try to stop or slow the urine without tensing the muscles of your legs, buttocks, or abdomen. It is very important not to use these other muscles, because only the pelvic floor muscles help with bladder control.
2. When you are able to slow or stop the stream of urine, you have located the correct muscles. Feel the sensation of the muscles pulling inward and upward.

Helpful hint: Squeeze in the rectal area to tighten the anus as if trying not to pass gas. You will be using the correct muscles.

Now you are ready to exercise regularly:

1. When you have located the correct muscles, set aside two times each day for exercising: morning and evening .

Set # 1 Quick Contractions (QC) Tighten and relax the sphincter muscles as rapidly as you can.

Set # 2 Slow Contractions (SC) Contract the sphincter muscle and hold to a count of 3, (gradually increasing to 10 seconds per exercise daily) then RELAX completely before the next contraction. In the beginning, check yourself frequently by looking in the mirror or by placing a hand on your abdomen and buttocks to ensure that you do not feel your belly, thigh, or buttock muscles move. If there is movement, continue to experiment until you have isolated just the muscles of the pelvic floor. Your bladder control should begin to improve in 3 to 6 weeks. If you keep a record of urine leakage each day, you should begin to notice fewer marks in the bladder leakage column.

The notation

5 QC, 10 3 sec SC, 5 QC means 5 quick contractions, then 10 3 sec slow contractions, then 5 quick contractions. The 3 sec slow contraction means holding the contraction for 3 seconds.)

20 QC, 25 10 sec SC, 20 QC means 20 quick contractions, then 25 10 sec slow contractions, then 20 quick contractions.

KEGEL EXERCISES CONTINUED.....

Make pelvic muscle exercises a part of your daily routine: Whether you are doing pelvic muscle exercises to improve or maintain bladder control, you must do them regularly on a lifetime basis. Use daily routines such as watching TV, reading, stopping at traffic lights, and waiting in the grocery checkout line as cues to perform a few exercises.

These 10 healthy habits will help improve your bladder control:

1. Use the toilet regularly and make toilet facilities convenient, which may mean a bedside commode, bedpan or urinal placed near the bed.
2. Wear clothes that are easy to remove when it is time to use the toilet.
3. Train your bladder. Use a clock to schedule times to toilet. Every hour, then every 1 1/2 hours, etc. until you achieve a satisfactory schedule. Avoid frequent trips to the toilet "just in case."
4. Remain at the toilet until you feel your bladder is empty. Don't rush. If you feel there is still some urine in the bladder, move around or stand up if you were sitting, sit back down, and lean forward slightly over the knees.
5. Empty your bladder before you start on a trip of an hour or more. Don't try to wait until you get home or until it's more convenient.
6. Learn to squeeze before you sneeze --and before you cough, laugh, get out of a chair, or pick up

something heavy.

7. Establish regular bowel habits. Constipation affects bladder control.

8. Consider avoiding foods that are known to affect the bladder, such as tomatoes, chocolate, spicy foods, and beverages, including alcohol and those containing caffeine. These make the bladder more irritable and therefore increase incontinence.

9. Watch your weight. Obesity makes bladder control more difficult. Ask your regular doctor about a sensible diet if you are overweight.

10. Stop smoking. Smoking is irritating to the bladder, and a smoker's cough may cause bladder leakage.

When you have the urge to urinate try the following:

Stop what you doing and sit down or stand still and remain quiet. Relax you body by taking a few deep breaths.

Do some quick Kegel squeezes (pelvic floor excercises) quickly 3 or 4 times without relaxing.

Concentrate hard on suppressing the urge to urinate and wait until the urge passes or subsides.

Once the urge has subsided, walk at a regular pace to the bathroom. Don't run. Continue to do the Kegel squeezes as you walk.

You can also get more information from the National Association for Continenence at 1-800-BLADDER or www.nafc.org. Address: PO Box 8310 Spartanburg, SC 29305-8310
Request their Male Pelvic Muscle Training Kit

KEGEL EXCERCISE CHART

FOR EXAMPLE: DURING WEEK 1, DO 5 QUICK CONTRACTIONS, 10 SLOW CONTRACTIONS TO A COUNT OF 3, AND 5 QUICK CONTRACTIONS

Week 1 Week 5

5 QC, 10 3 sec SC, 5 QC 20 QC, 25 10 sec SC, 20 QC

Date DAY AM PM Date Day AM PM

___	MON	___	___	___	MON	___	___
___	TUES	___	___	___	TUES	___	___
___	WED	___	___	___	WED	___	___
___	THURS	___	___	___	THUR	___	___
___	FRI	___	___	___	FRI	___	___
___	SAT	___	___	___	SAT	___	___
___	SUN	___	___	___	SUN	___	___

WEEK 2 WEEK 6

10 QC, 15 4 sec SC, 10 QC 30 QC, 30 10 sec SC, 30 QC

Date Day AM PM Date Day AM PM

___	MON	___	___	___	MON	___	___
___	TUES	___	___	___	TUES	___	___
___	WED	___	___	___	WED	___	___
___	THUR	___	___	___	THUR	___	___
___	FRI	___	___	___	FRI	___	___
___	SAT	___	___	___	SAT	___	___
___	SUN	___	___	___	SUN	___	___

WEEK 3 WEEK 7

15 QC, 20 5 sec SC, 15 QC 40 QC, 40 10 sec SC, 40 QC

Date Day AM PM Date Day AM PM

___	MON	___	___	___	MON	___	___
___	TUES	___	___	___	TUES	___	___
___	WED	___	___	___	WED	___	___
___	THUR	___	___	___	THUR	___	___
___	FRI	___	___	___	FRI	___	___
___	SAT	___	___	___	SAT	___	___
___	SUN	___	___	___	SUN	___	___

WEEK 4 Week 8

15 QC, 20 10sec SC, 15 QC 50 QC, 50 10 sec SC, 50QC

Date Day AM PM Date Day AM PM

___	MON	___	___	___	MON	___	___
___	TUES	___	___	___	TUES	___	___
___	WED	___	___	___	WED	___	___
___	THUR	___	___	___	THUR	___	___
___	FRI	___	___	___	FRI	___	___
___	SAT	___	___	___	SAT	___	___
___	SUN	___	___	___	SUN	___	___

CONTINUE AT RATE OF 50, MAY INCREASE MORE IF DESIRED. THE TOTAL NUMBER CAN BE DIVIDED UP OVER THE COURSE OF THE ENTIRE DAY.