A DESCRIPTION OF THE HOSPITAL STAY FOR RADICAL RETROPUBIC PROSTATE SURGERY

## Introduction

You and your doctor have decided to proceed with removal of your prostate (along with the regional lymph nodes) for the treatment of your prostate cancer. The hospital stay usually lasts 2 days, but obviously, everyone is different and every operation is different. You will not be able to go home until you are able to eat and the intravenous feedings have been discontinued.

Hopefully, this pamphlet will answer most of your questions about your hospital stay. Perhaps not every question will be answered, so feel free to call us if more information is needed.

## Objective:

You have developed a cancer in the prostate gland which we feel is localized to just the prostate. That is, no spread from the prostate has been found. This means that removal of the prostate has a good chance of curing the cancer by removing all of the cancer.

## Preparation for the Operation

Any surgical procedure of this magnitude is done in a hospital. Unless there are some extraordinary circumstances, you will probably be admitted on the day of surgery. You may need blood tests, an electrocardiogram (EKG), and other tests done prior to your surgical date, or on the morning of admission. It is very important that you refrain from eating or drinking anything for at least eight hours prior to your scheduled operation time. In most circumstances this means nothing should pass your lips after midnight before your surgical procedure. If you have been on a special bowel preparation or diet, adhere to the diet until midnight before the surgery. You may take you regular medications until midnight. Any other medications should be checked out with us. You should NOT be taking any aspirin or aspirin products for 7 days before the surgery.

After coming through the admitting area and, perhaps, the blood drawing area, you will arrive at the nursing station on one of the floors and be given a bed and hospital gown. You may or may not be given an enema and have an intravenous line started to replenish your body's fluids. You will be brought down to a surgical holding area where an anesthesiologist will talk to you about the anesthesia, usually general anesthesia. General anesthesia means that you are completely asleep. This is usually induced by a fast-acting barbiturate, essentially an intravenous sleeping pill. Once asleep, you will be kept asleep by breathing an anesthetic agent, of which there are many kinds. Spinal anesthesia is not usually used with radical prostate surgery.

## The Operation and Recovery Room

You will be transported into the operating room when the room, the surgeons and anesthetists are ready. Special inflatable stockings to prevent blood clots in the legs may be put on before you are asleep. Monitor electrodes for the EKG and a blood pressure cuff will also be put on. The anesthetic is then started and the surgery is completed within 2-3 hours. After the surgery is completed the anesthetic will be discontinued and you will be taken to a recovery room.

In the recovery room nurses will watch you very carefully until your anesthetic effects have worn off. The nurses will apply an oxygen tube or mask to your face and start checking your blood pressure and pulse frequently. While asleep, the anesthetist may have inserted a special intravenous line into your neck. This line helps measure the blood pressure directly from your heart and usually will stay in place for two days or so. Your lower abdomen or belly will hurt from the incision. Pain medication will be given to you as needed. You will note that the nurses are constantly watching the rubber tube or catheter that leads from your penis to a drainage bag on the side of the bed. This tube has been placed through your penis (or urethra to be more exact), into your bladder, acting as a splint for the new

connection between bladder and urethra, now that the prostate is absent. It is held in position by a small balloon at the end of the tube which is inflated after it is placed. The nurses will be watching the tube drainage carefully. It will contain urine from the bladder and any bloody drainage from the operative site. The catheter is very important for your postoperative recovery. Occasionally clots will form and the tube will stop draining. The nurses will then use a special syringe with water to hand irrigate the catheter to free it of clots. Hand irrigation might be somewhat uncomfortable, but necessary, to clear any plugging of the channel and allow the urine to flow. Once your anesthetic has worn off and the urine is draining satisfactorily, you will be transported to a hospital room.

**Postoperative Care**

Once in your hospital room, the floor nurses will check your 'vital signs' (blood pressure, pulse and respiration) and set up your inflatable stockings and perhaps your oxygen tubes. Most often we use a PCA or Patient Controlled Analgesia for post-operative pain control. This means that you will have a push-button at your bedside that will allow you to give small amount of pain medication intravenously for relief. The push button is controlled so that you cannot give yourself too much. In some circumstances, you will not be getting enough narcotic to control your pain and we will be called to consider raising the amount delivered by the PCA.

You will not be able to eat a regular diet on the day of surgery, but you may be able to have sips of water that first evening. Usually by the next morning or day after you will be started on a light diet and this will be advanced slowly over the next 1 to 2 days. You cannot be fed until we believe your bowels are ready to move the fluids and food along. Otherwise the stomach will become distended and nausea and vomiting can result. The intravenous will be removed once you are taking in enough fluids by mouth (usually the second day).

You will probably stay at bed rest until the evening of surgery when the nurses will help you dangle your legs at the bedside. By the next morning the nurses will begin to get you out of bed. You will be sore, perhaps even sorer than the day of surgery, but we need to get you out of bed to allow the lungs to expand fully. You may also be given a special breathing apparatus that encourages you to breath deeply in order to keep your lungs well expanded and prevent pneumonia. If so, the nurses or respiratory therapists will instruct you on the proper use of the 'incentive spirometer'.

The nurses on the floor will continue to observe your catheter drainage. You may be started on antibiotics, pain medications and stool softeners when your can tolerate oral medication. Your usual other medications will be restarted (except aspirin-containing products). Once the intravenous line is no longer needed and you are eating normally, you will be ready to go home.

You will also notice a plastic tube or drain that exits the abdomen to the side of the incision. This is to help remove the fluids that collect internally around the surgical site. This tube and drain are removed usually on the second or third day when the drainage is stopped.

Your incision has been closed with steel staples. These will be removed by the nurse at the time of discharge (or more commonly by the nurse in our office the following week) and replaced with small pieces of tape or 'steri-strips' to keep the incision together. These will start to peel and fall off after the 7th - 10th day. You can remove them if your like after the 10th post-operative day.

**Getting Ready for Discharge to Home**

We have been particularly anxious to have patients take care of themselves at home as soon as the need for intravenous feeding and monitoring is not necessary. There are many reasons for this, including the sky-rocketing costs of medical care. Also bacterial infections generated in the hospital are much more difficult to treat than infections that occur as an outpatient. You will be taught how to take care of your catheter and the various types of drainage bags. You will probably be discharged from the hospital with

various medications including pain pills and antibiotics. Also, you will receive stool softeners, to keep the stool from becoming too hard and preventing you from having to strain to have a bowel movement.

**Post Operative Home Expectations**

You will be weak for a couple of months after a surgery of this magnitude. Expect to be tired often and to become fatigued easily. You may shower and walk some immediately after getting home. Every week you will be a little stronger and be able to do more and more. Figure on 6 weeks until you can do heavy lifting and three weeks to drive. You will be seen about two weeks after the discharge to have your catheter removed. Remember to bring diapers as your control will not be good when the catheter is initially removed. (Attends or Depends diapers, not shield or liners)