Before, During and After Radical Prostatectomy Surgery

A guide for men having a radical prostatectomy at Victoria General or Royal Jubilee Hospitals.

Please:

• Read this booklet the day you get it.

• Keep it beside your phone to write down any further instructions.

• Bring it to all your appointments before and after your surgery and to the hospital the day of your surgery.

Your name: _____________________
Introduction

The information in this booklet is for men having Radical Prostatectomy surgery at the Victoria General or Royal Jubilee Hospital.

Knowing what to expect will help you be more involved in your care and better prepare you to go home. Following these instructions may help prevent your surgery from being delayed or cancelled. You can learn more about surgery at www.viha.ca/surgery.

If you have any questions regarding your surgery, please contact your surgeon’s office or the hospital Preadmission Clinic.

Contact Information for the Preadmission Clinics:

Victoria General Hospital
1 Hospital Way
Victoria, BC V8Z 6R5
Tel: 250.727.4049

Royal Jubilee Hospital
1952 Bay St
Victoria BC, V8R 1J8
Tel: 250.370.8499

IMPORTANT: The information in this booklet is intended solely for the person to whom it was given by the health care team. It does not replace the advice or directions provided to you by your surgeon.

Approved by: Division of Urology, South Island and Surgical Quality Council, South Island
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About Radical Prostatectomy Surgery

Radical prostatectomy surgery is done to remove the prostate gland when it contains cancer.

The prostate is a gland that surrounds the urethra, the tube that carries the urine from the bladder through the penis and outside the body. It is made up of two lobes that are covered by an outer layer of tissue called the capsule.
Radical prostatectomy is the removal of the entire prostate gland. An incision will be made in the lower part of your belly to allow access to the prostate gland. The prostate is removed from the area between the bladder and the external urethral sphincter (the area that allows you to stop and start your urine flow). After the prostate is removed, the bladder and external urethral sphincter are attached together with dissolvable stitches. A urethral catheter will be put in place for 10-14 days to allow these reattached tissues to heal.

Most patients will have the urethral catheter removed in the urologist’s office in 10-14 days. Some patients will need more time for their urethra to heal. The urologist will let you know if your catheter needs to stay in for a longer period of time.

The surgeon has three main goals when removing a prostate that contains cancer:

1. To remove the prostate without leaving any cancer behind.
2. To conserve the urethral sphincter to help avoid leaking of urine (urinary incontinence) after surgery.
3. To try to save the nerves that are needed to have erections.
Getting Ready for Surgery

Your surgery

Your surgeon’s office will tell you the:

- Date of your surgery: ________________________________
- Time of your surgery: ________________________________
- Hospital: ________________________________
- Check-in time: ________________________________

Please be on time the day of your surgery. Sometimes your surgery may be earlier or later than planned.

Preadmission Clinic (PAC)

You will go to the Preadmission Clinic before your surgery. A clerk will phone you in the weeks before surgery and make a PAC appointment. This appointment may include:

- Blood work, Electrocardiogram (ECG), X-ray
- An appointment with a nurse to talk about getting ready for surgery and planning for your recovery,
- An appointment with a pharmacist to talk about your medications

My Preadmission Clinic appointment is on:

Date: ____________________ Time: ____________________

Location: ________________
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Appointments with other specialists

Some people need to see a specialist (e.g. anesthesiologist, cardiologist) before surgery. Others are asked to take part in research. If any of these apply to you, your surgeon, family doctor, or hospital will make arrangements and let you know.

Appointment with: ________________  Appointment with: ________________
Date and time: ________________    Date and time: ________________
Location: ________________        Location: ________________

What to do if you are not feeling well before surgery

In the week before your surgery, contact your surgeon’s office if you:

• Are not feeling well
• Have a cough, cold or fever
• Have a scratch, pimple or open area on the skin around your lower belly.
• Have had a recent infection, including dental (teeth or mouth), bladder, or skin infection.

Plans for your hospital stay and for going home

You will be in the hospital for 2 nights. For example, if your surgery is on a Monday you will likely go home by Wednesday morning. Your surgeon and other members of the health care team will work with you to make sure you are ready to go home.

Before coming to hospital, please arrange for someone to pick you up when you are ready to go home. Discharge time is 9am. If you are having trouble making these plans, please talk with your surgeon or family doctor before your surgery.
**Private and semi-private rooms**

To help make your stay in hospital more pleasant, you can request a private or semi-private two-bed room at the Victoria General and Royal Jubilee Hospitals.

A daily charge applies; however, many extended health benefit plans cover a portion or all of the cost. Whenever possible, we bill your extended health plan directly. Some plans require that we bill the patient directly.

To request a room, you need to complete a Private and Semi-Private Room Request & Responsibility Form. This can be done in person at your Preadmission Clinic Visit or at the Admitting Desk when you check-in. You can also phone our Preferred Accommodation Clerk at 250.519.5300 Ext: 12407 to request a room or to get more information. A request does not guarantee you will get a private or semi-private room.

You can learn more about the Preferred Accommodations Program at: [http://www.viha.ca/finding_care/hospital/types_accommodation.htm](http://www.viha.ca/finding_care/hospital/types_accommodation.htm).

**Smoking, drugs and alcohol**

Effective March 1, 2008 a non-smoking policy is in effect for all Vancouver Island Health Authority properties. This means that smoking is not allowed anywhere on hospital property, inside or out.

Smoking raises your risk of serious problems. If you smoke, plan and try your best to stop one week before your surgery. Talk to your family doctor for help to quit. If you have not been able to quit before surgery, tell the nurse on admission so that nicotine replacement can be arranged for you.
Street drugs (e.g. cocaine, marijuana, LSD, Ecstasy) and alcohol will react with your anesthetic and can cause serious problems. It is best to avoid street drugs and alcohol for at least 3 weeks before your surgery. If you are not able to stop, please tell your surgeon, family doctor or nurse. Not telling your doctor may result in your surgery being postponed or in post-operative complications.
 Visitor guidelines

Help patients to recover quickly

- During the operation, family members are encouraged to go home or to the place they are staying. Make sure we have the phone number for your contact person so the surgeon can phone them after the surgery.

- Check with the family contact person before visiting to make sure you are up to having company.

- Ask the nurse for the best times to visit.

- Limit visitors to close family and friends. This helps the patient get enough rest. People who do not visit can show they care by sending cards or letters.

- Be considerate of other patients by being quiet.

- Respect the concerns of the nurses and end visits when asked.

- Check with the nurse before bringing food from home.

- Our staff share important information about your care during shift change. Shift change happens between 7-8 am and 7-8 pm every day. Calls from the family contact person are appreciated outside of these time frames.

Stop the spread of infection

- Please stay home if you are feeling unwell or have a cold, sore throat, cough, flu, fever, diarrhea, or infectious disease.

- Only enter the room of the patient you are visiting.
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- Wash hands when you enter or leave a patient room and the hospital.
- Do not bring animals into the hospital.

**Protect everyone’s health**

- Avoid wearing perfume, scented hairspray, cologne, aftershave or bring in heavily scented flowers.
- Do not bring in latex balloons.
- Smoking is NOT permitted anywhere on hospital property.

**Hospital conveniences**

Televisions are available in most patient care lounges. At the Royal Jubilee Hospital, bedside phones and televisions can be activated for a fee.

Pay phones are located throughout the hospital.

It is okay to use your cell phone. Wireless Internet is not available for patients at this time.

The hospital gift shop, vending machine, food outlets are available for patients and visitors.
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Just Before Surgery

Eating and drinking

Limiting what you eat and drink before surgery (also called fasting) helps keep the stomach empty during surgery. This helps prevent vomiting that could cause choking or vomit going into the lungs, leading to pneumonia. Your surgery will be postponed if you do not follow fasting instructions.

If you are not given directions for fasting from your surgeon or anesthesiologist, follow these directions:

NO SOLID FOOD after noon the day before surgery. This includes chewing gum and sucking on hard candies. You MAY brush your teeth the morning of your surgery. You may have only clear fluids from noon the day before surgery until 3 hours before your booked procedure.

Clear fluids include:

- Water
- Popsicles
- Jell-O (with no added toppings or fruit)
- Clear tea or black coffee
- Clear broth
- Fruit juice without pulp e.g. apple juice
- Carbonated drinks (pop)

Clear fluids DO NOT include:

- Milk, non-dairy creamer, protein beverages, dairy beverages, tomato or orange juice with pulp
- Alcoholic beverages
- It is best to avoid fluids that are red or purple in color

My surgery time is ______________ AM/PM

Clear fluids only until ___________ AM/PM
Cleaning your skin

Skin preparation before surgery helps to remove germs on the skin, prevent infection and to help incisions heal.

- Do not remove any hair from your surgical area for at least one week before your surgery. If hair removal is indicated, it will be done after you are admitted.
- Buy 2 antibacterial Chlorhexidine 4% (CHG) sponges and use them as described below.

<table>
<thead>
<tr>
<th>You can get these sponges at most local pharmacies or hospital gift shops.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The evening before surgery:</td>
</tr>
<tr>
<td>1. Wash hair with usual shampoo and rinse.</td>
</tr>
<tr>
<td>2. If showering, wet all of the body then move the showerhead to the side to minimize soap loss during lathering with CHG sponge.</td>
</tr>
<tr>
<td>3. If bathing, place a minimum amount of water in the tub so that the body can be soaped with the CHG sponge without washing away the suds. Sit down in the bath and be careful not to slip.</td>
</tr>
<tr>
<td>4. Open one CHG sponge and wet with a little water. Squeeze repeatedly to produce suds.</td>
</tr>
<tr>
<td>5. Wash body from neck to feet using the sponge. Avoid contact with the eyes, inner ear and mouth. If CHG gets into the eyes, rinse well with water.</td>
</tr>
<tr>
<td>6. Carefully wash the surgical area, armpits, navel, feet and in between toes (be careful not to slip), back and finish with genital</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>and anal areas. Do not rinse until your entire body has been washed and lather has been on skin for at least 2 minutes.</td>
</tr>
<tr>
<td>7. Throw away the sponge in the garbage.</td>
</tr>
<tr>
<td>8. Rinse the body thoroughly under the shower or in the bath.</td>
</tr>
<tr>
<td>9. Use a fresh, clean dry towel to dry the skin from head to toe finishing with the genital and anal areas.</td>
</tr>
<tr>
<td>10. Do not apply deodorant, body lotion, cosmetics, or powder afterwards. Dress in clean clothes. Do not put jewelry back on.</td>
</tr>
</tbody>
</table>

**In the morning, repeat steps 2-10 with the other sponge.**
Stopping medications

When you have your visit at the Preadmission Clinic at the hospital, you will get directions about stopping medications before surgery.

Bowel preparation (cleaning out your bowel)

It is important to clean out your bowel before surgery. If you do not properly clean your bowel, it will cause your surgery to be delayed or cancelled. Your surgeon’s office will tell you what you need. Please follow these instructions carefully.

<table>
<thead>
<tr>
<th>One week before surgery</th>
<th>Stop taking:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Iron pills or supplements containing iron</td>
</tr>
<tr>
<td></td>
<td>• Fibre supplements (e.g. Metamucil, Citrucel)</td>
</tr>
<tr>
<td>4 days before surgery</td>
<td>Stop eating high fibre foods (e.g. bran, whole grain and seeded breads, foods containing seeds, fibre cereals)</td>
</tr>
<tr>
<td>At least 2 days before surgery</td>
<td>Buy 2 boxes of Fleet Enema from the drugstore. Directions for how to use them are below page.</td>
</tr>
<tr>
<td>The day before surgery</td>
<td>Do not eat any solid food, milk, milk products, non-dairy creamers, protein beverages or alcoholic beverages starting at noon the day before surgery. After that drink only clear fluids. A list of clear fluids is on page 13.</td>
</tr>
</tbody>
</table>

How to Give Yourself a Fleet Enema

The evening before your surgery:

1. Lie on your left side with both knees bent, and arms at rest.
2. Remove the protective shield from the enema bottle.
3. With steady pressure, with the tip pointing towards your belly button, gently insert the enema tip into your rectum. If you have
difficulty inserting the tip, try bearing down as if you are having a bowel movement. This helps relax the muscles around the anus.

4. Squeeze the bottle until nearly all of the liquid is gone.

5. Remove the tip from the rectum and stay in the laying position until you feel the urge to have a bowel movement.

**The morning of your surgery:**

1. Follow the same steps you did the night before.

<table>
<thead>
<tr>
<th>What can you expect after a Fleet enema?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make sure you are close to a toilet. The enema usually takes effect in 1 to 5 minutes.</td>
</tr>
<tr>
<td>• Side effects to Fleet enema are very rare. Abdominal cramping is considered normal. You may also develop thirst, have palpitations, urinate less often, or become nauseated.</td>
</tr>
<tr>
<td>• If for some reason you are not able to finish giving yourself the enemas, please tell your surgeon before coming to the hospital.</td>
</tr>
</tbody>
</table>
Packing for the hospital

Please be aware that you will be responsible for the care and safety of your personal property while you are in the hospital.

What to bring

- Wear loose fitting clothing and low heeled, non-slip shoes or slippers that are easy to get off and on.
- BC Care Card or proof of substitute Medical Insurance Plan. If you do not have these, bring another form of personal ID.
- A translator if you do not understand English.
- Glasses or contact lenses, hearing aids, walking aids and dentures with storage cases labeled with your name.
- CPAP, Bilevel or dental appliance if you have sleep apnea and use one for sleeping.
- Reading material, including this booklet.
- A few personal hygiene items such as toothbrush/toothpaste, brush/comb, ear plugs (to help decrease noise while sleeping), shampoo, razor and shaving cream, deodorant, dressing gown, slippers/shoes (low heels, non-slip and easy to put on). Please limit belongings to one small overnight bag. Family members can bring this and any other items you may need to the nursing unit after surgery.

What NOT to bring or wear

- All jewelry or body piercing items. These items cannot be worn in the operating room because they increase the risk of infection, injury to the body, and loss or damage to your belongings.
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- Personal items such as valuables, and credit cards.
- Cash in excess of $20.00.
- Large electrical appliances e.g. portable stereos, fan.
- Do not wear cologne, aftershave or other scented products.
BREATHING AND LEG EXERCISES BEFORE AND AFTER SURGERY

After any type of operation, especially abdominal surgery, there is a tendency for your lungs to produce more mucus than usual and also not to expand fully. This is partly due to the effect of the anaesthetic, and partly because you are not moving around as freely as usual following your surgery. So in order to keep the lungs clear of mucus and fully expanded it is important to practice deep breathing exercises & coughing frequently after your surgery especially in the first few days.

<table>
<thead>
<tr>
<th>NO.</th>
<th>EXERCISE AND POSITION</th>
<th>REPEAT TIMES</th>
<th>TIMES DAILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Breathing Exercises -</td>
<td>5 x</td>
<td>once/hr</td>
</tr>
<tr>
<td></td>
<td>By breathing deeply and using your lungs as fully as possible you will move the secretions and will be able to cough them up more easily.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Take a deep breath in through your nose expanding around your lower ribs. Pause.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Breathe out through your mouth until all the air is gone.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* When you are doing your deep breathing, it is good to hold your breath for 3 seconds on every few breaths. This helps to keep the lungs fully open.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you are able to, <strong>changing positions</strong> in bed is also important and helps keep the lungs clear. Moving from your back onto your side is good, as is moving from side to side.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Coughing - Coughing may be necessary to clear secretions accumulating in your lungs.</td>
<td>2 x</td>
<td>once/hr</td>
</tr>
<tr>
<td></td>
<td>To be done after the breathing exercises.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Bend knees and support your incision firmly with a pillow or your hands to make it more comfortable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) After several deep breaths, breathe in and cough sharply out.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) Clear sputum into a tissue. Rest for a minute then repeat so long as you have sputum to clear.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>YOU CANNOT CAUSE ANY DAMAGE TO THE INCISION BY COUGHING.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Leg Exercises - It is important to move your legs in bed plus do the following exercises to maintain good blood circulation in your legs.</td>
<td>10 x</td>
<td>once/hr</td>
</tr>
<tr>
<td></td>
<td>a) Pump the feet up and down at the ankles.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Make circles with the feet in each direction with the legs straight.</td>
<td>10 x</td>
<td>once/hr</td>
</tr>
<tr>
<td></td>
<td>c) Pull toes up and press your knees down into the bed. Hold 3 seconds. Relax.</td>
<td>5 x</td>
<td>once/hr</td>
</tr>
<tr>
<td></td>
<td>d) Bend one knee and straighten it. Alternate legs.</td>
<td>5 x</td>
<td>once/hr</td>
</tr>
</tbody>
</table>

* Try and practice these exercises before your surgery, so that you know them well. If you have any problems, please ask your physiotherapist or your nurse.
Admission to Hospital

It is good to ask

We welcome your questions! Every time you speak with a doctor, nurse, pharmacist, or other team member use the following questions to better understand your health:

1. What is my health problem?
2. What do we need to do?
3. Why do we need to do this?

Check in at the front desk at the time given to you by the surgeon’s office. You will be directed to the surgical admission area to:

- Have a hospital ID band applied to your wrist. Please do not remove it during your stay.
- Change into a hospital gown.
- Sign your Consent forms (if you have not already done so).
- Complete admission procedures.
- Receive pre-operative medications and have an intravenous (IV) started.

Your family member or friend will be asked to take your belongings home for safekeeping and bring them back after your surgery. If you are alone, the staff will transfer your items to your room.

Before going to the operating room, you will be asked to:

- Empty your bladder.
- Remove your glasses/contact lenses, prosthesis, wigs, body piercings and/or dentures.
You will be moved to the operating room “holding area”. You will be asked questions you have already answered. This is to double-check all your information. Your surgeon or anesthesiologist may visit you there.

You will be taken into the operating room when it is ready. A nurse will stay with you to explain what is happening, answer any questions and offer support. The surgical team will go through a safety checklist when you are in the operating room. This checklist ensures the entire team understands the surgical plan and all the necessary equipment is available. The checklist may include a discussion about the anticipated blood loss and if you have a difficult airway.

You will receive a general anaesthetic or a combination of general and regional anaesthetics. Your anaesthesiologist will decide which type of anaesthetic is best for you.

Radical prostatectomy surgery usually takes about 2 hours.

After surgery you will be moved to the recovery room where nurses will watch you closely. They will give you medication for pain and nausea as needed.

The length of time you are in the recovery room will depend on how you react to the anesthetic. It is common to not remember much of your time in the recovery room. When you are ready, you will be transferred to the nursing unit.

There are many things that can delay your arrival in your room after surgery. We request that family/friends allow extra time for you to get to your room.
What Can I Expect After My Surgery?

Recovering in hospital after surgery takes time to deal with pain, nausea, and constipation; to regain strength and stamina; and to gain the much-needed confidence to continue recovering at home.

Your doctors and other members of the health care team have taken this into consideration and have developed a recovery plan to help you feel well soon after surgery.

The roadmap to home

The next few pages describe what you and your family can expect during the first few days after your surgery. The information is written in the form of a “care pathway”, which is like a roadmap that outlines each step for your recovery.

Every day, the team will check to see how you are doing and will help you move along the “care pathway” to home. Your care may be adjusted to meet your specific needs and your hospital stay may need to be extended. You are encouraged to ask questions along the way!

Members of your health care team

Surgeon: Does your surgery and directs your medical care after surgery.

Anesthesiologist: Makes sure your pain is under control during and after your surgery.

Registered Nurse (RN): Directs, plans, and gives your nursing care. The RN also asks for input into your care from other members of the team as needed.
Licensed Practical Nurse (LPN): Works with the RN to plan and give your nursing care.

Unit Clerk: Works at the nursing station, answers the telephone, and complete paperwork.

Physiotherapist: Makes sure that you get moving and do your breathing and leg exercises as soon as possible after surgery.

Pharmacist: Makes sure that you get the medications you need while you are in hospital.
## Before, during and after radical prostatectomy surgery

<table>
<thead>
<tr>
<th>What I can expect</th>
<th>Day 0 (Day of Surgery)</th>
<th>Post Operative Day 1</th>
<th>Post Operative Day 2 (You go home today!)</th>
</tr>
</thead>
</table>
| **Pain**          | Pain medication may be given by an:  
|                   | - General Anesthetic and a Spinal, or  
|                   | - Intravenous (IV) in your arm.  
|                   | It is normal to experience some discomfort, but do not hesitate to tell your nurse when you are getting uncomfortable. You should be comfortable enough to turn, move your arms and legs in bed and to do deep breathing and coughing exercises. | Your pain will be controlled by oral medication (pills) or injectable medication.  
|                   | You will continue to receive acetaminophen and use the pain scale. | Get a prescription for oral medication (pills) if needed. Fill this on your way home. |
| **Eating and Drinking** | After surgery you can drink and eat a “full fluid” diet (cream, soups, custards, milk). | You can drink and eat a regular diet.  
|                   | Try to drink and eat at least 4 to 6 cups of food and liquid combined.  
|                   | You may also be given protein drinks. | Same as postoperative day 1  
|                   | Try to drink and eat at least 4 to 6 cups of food and liquid combined.  
|                   | You may also be given protein drinks. | Same as Postoperative Day 0.  
|                   | You will stop taking the medication to prevent blood clots when you go home. |
| **Medications**   | Right before surgery, you may be given an antibiotic through your IV to prevent infection.  
|                   | Right after surgery, you will be given medication:  
|                   | - Twice a day to prevent blood clots from forming in your legs.  
|                   | - To treat nausea and vomiting, if you need it.  
|                   | - A sleeping pill if needed.  
|                   | - Any medications that you are on at home. | Same as Postoperative Day 0.  
<p>|                   | You will stop taking the medication to prevent blood clots when you go home. |
| <strong>Intravenous Fluids (IV)</strong> | You will have an IV started in your arm before surgery and it will stay in place for a few days after. The IV helps to give you fluids and a route to give medication. | Your IV will be slowed down or stopped if you are eating and drinking enough. | Your IV will be removed if you no longer need it. |
| <strong>Oxygen</strong>        | You will get oxygen through a small tube that fits inside your nose. | Your oxygen will be removed in the morning. |  |</p>
<table>
<thead>
<tr>
<th>What I can expect</th>
<th>Day 0 (Day of Surgery)</th>
<th>Post Operative Day 1</th>
<th>Post Operative Day 2 (You go home today!)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital Signs</td>
<td>The nurses will check your vital signs (blood pressure, pulse, temperature, and breathing rate) regularly.</td>
<td>Same as postoperative Day 0.</td>
<td>Same as postoperative Day 0.</td>
</tr>
<tr>
<td>Washing</td>
<td>The nurses or your family will help you bathe at your bedside or in the bathroom.</td>
<td>Same as postoperative Day 0.</td>
<td>Wash by yourself.</td>
</tr>
<tr>
<td>Elimination</td>
<td>You will have a urinary catheter (tube) inserted into your bladder when you are asleep in the operating room. This tube will drain urine from your bladder into a collection bag and will stay in for 10-14 days.</td>
<td>Same as postoperative Day 0 and the nurses will ask if you are passing gas.</td>
<td>Your urinary catheter (tube) will be stay in for 10-14 days. The nurses will ask if you are passing gas.</td>
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<tr>
<td>Blood Tests</td>
<td>None.</td>
<td>You will have blood tests done in the morning.</td>
<td>You will have blood tests done in the morning.</td>
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</tbody>
</table>
| Incision and Bandages | A dressing (bandage) will be placed over your incision in the operating room. Your nurse will check them regularly and change them if needed.                                                                   | Same as Postoperative Day 0                                                                              | Same as Postoperative Day 0  
Your nurse will give you instructions about how to care for your incision at home. (See Going home section of this booklet). |
| Activity         | You will be encouraged to do:                                                                                         
  - Deep breathing and coughing exercises every hour while you are awake (page 20).  
  - Foot and ankle exercises every hour while you are awake (page 20).  
**10 to 15 minutes of activity including:**  
  - Getting in and out of bed by log rolling with help  
  - Sitting in a chair or at the side of the bed. | You will be encouraged to:  
  - Deep breathing and coughing exercises every hour while you are awake.  
  - Do foot and ankle exercises every hour while you are awake.  
  **1 to 3 hours of activity with help including:**  
  - Getting in and out of bed by log rolling.  
  - Sitting in a chair or at the side of the bed for meals.  
  - Walking 1-3 lap/length the nursing unit. | Same as Postoperative Day 1.  
Continue to exercise when you go home. |
Going Home

Follow-up appointments

When you get home, call your urologist’s office and make an appointment for _____ days after surgery.

Care of your incision

- Your incision(s) will be closed with staples, stitches or dissolvable stitches covered with Steri-strip tapes. If you have staples or stitches, make an appointment with your family doctor to have them removed 7 days after surgery. If you have Steri-Strips over your incision(s), do not remove them for 7-10 days or until you see your surgeon for your follow-up visit. Trim the edges with scissors if they curl up.

- You may change your dressing every 1-2 days following these instructions:
  - Wash your hands well before and after changing or removing dressings or touching your incision.
  - Keep the surgical area clean and dry at all times.
  - Apply oils, creams or lotions to your incision only if directed by your surgeon AND when the incision is well healed (at least 2 weeks).

- Expect some swelling and bruising around the incision. It can last a few weeks.

- It is not unusual for your incision to be slightly uncomfortable during the first 2 to 3 weeks after surgery.
Before, during and after radical prostatectomy surgery

- Apply an ice pack applied over the dressing to lessen discomfort, if you wish. Do this up to 4 times a day. Do not leave on for more than 10 minutes at a time.

**Bathing**

You may shower daily when you get home but follow these instructions:

- Wash your hands and remove any dressing before showering. It is okay to get the incision wet and to wash the area gently.
- Avoid aiming the showerhead at your incision.
- After showering, check your incision to ensure that there are no signs of infection. Gently pat the incision with a clean towel. Do not rub the area.
- Apply a new dressing only if the incision is draining or if you want to protect the wound from rubbing on your clothing.
- Avoid soaking your incision in a bath, hot tub or swimming pool for 2 weeks or until it is completely healed.

**Activity**

- Go directly home from the hospital
- When in a car, wear a seatbelt at all times
- Support your incision with a small pillow or towel when you cough or sneeze
- Gradually increase activities over the next few weeks. If your pain gets worse when you increase activity, you may be doing too much.
- Walk as much as you can, but rest often. Short walks will strengthen your abdominal muscles.
Before, during and after radical prostatectomy surgery

- After 6 weeks you can begin to build up your level of activity and exercise. Check with your surgeon before resuming any sports type activities.
- Do not to lift anything over 5 lbs. for 8 weeks after surgery.
- Avoid strenuous activities such as vacuuming, lawn mowing, window washing, lifting weights, carrying children, groceries or pets for 8 weeks.
- You may find that during the first 4 to 6 weeks that you will need to rest/sleep 2 to 3 times a day.
- You may resume sexual activity once the surgical area is comfortable, unless your surgeon tells you not to.
- Do not worry if you still have not fully recovered from your operation after many weeks. It can take 12 weeks or more and it may take longer if you need chemotherapy or radiotherapy.

Driving

- Do not drive for about 6 weeks after surgery.
- If your car does not have power steering and is heavy to steer, you should not drive for at least 8 weeks.
- Before you drive you should sit in the car with your seat belt fastened and foot hard on the brake as if you are doing an emergency stop. If there is any discomfort at all, you must not drive, as you are considered unsafe to do so.

Work

Depending on the type of work you do, you may be able to return to work 8 weeks following your operation. Please discuss this with your surgeon.
Healthy eating

- After surgery, start with clear fluids: broth, fruit juices, jello, coffee, tea.
- Gradually increase to a well-balanced diet. It may take several weeks to regain your normal appetite.
- If you are taking narcotic painkillers e.g. Tylenol #3®, eat high fibre foods such as fresh fruits, vegetables, whole grain breads and cereals, or bran to avoid constipation.
- Drink at least 6-8 cups of fluid daily.

Going to the bathroom

- It may take a few weeks for your bowels to return to their normal routine.
- You may experience constipation.

If you have constipation:

- Avoid constipation and forceful straining during voiding and bowel movements
- Increasing fluids, activity, and fibre in the diet can help decrease the chance of constipation
- Sometimes a mild laxative may be needed. Ask your surgeon or doctor to recommend one. Milk of Magnesia is a safe laxative to try, but only under instructions from your surgeon.
Caring for your urinary catheter

Your urinary catheter will be in place for 10-14 days after surgery. It is usually removed by urologist at your post-op visit. Bring a pad to put in your underwear for after the urinary catheter is removed in case any urine leaks.

Recording urine output

A urethral catheter is connected to a urine drainage bag. You may be asked to record the amount of urine collected in the bag. When you empty the bag, record the time and the amount of urine in millilitres (mL). Be sure to drink plenty of water (8-10 glasses/day) so that you make enough urine. Avoid carbonated beverages (such as soda) as this can cause kidney stones to form.

Activities to avoid with a urethral catheter

These activities should be avoided while the urethral catheter is in place:

- Soaking in a bathtub, swimming pool, or hot tub (showering is fine).
- Sexual intercourse. If you have a long term urinary catheter in place, discuss how to deal with sexual activity with your doctor.
- Constipation – a stool softener or a mild laxative may be needed.

Urethral Catheter Care

- Wash your hands before or after handling the urinary catheter.
- Wash the urethral opening and top of the catheter daily with clean washcloth mild soap and water. Be sure to dry them with a clean towel.
- Check the skin surrounding the urethral catheter daily.
Caring for your drainage bags

- Secure the urethral catheter and drainage bag with Velcro® strap to prevent pulling and irritation.
- Keep the drainage bag below the level of your bladder to prevent urine from backing up.
- Wash your hands before and after emptying drainage bag. Empty the drainage bag at least every 8 hours or when it is full.
- Change your drainage bag once a day. Wipe the connections with alcohol swabs (available at pharmacies) when you disconnect the bag.
- Clean the used bag with a mild dish detergent and warm water. Use a small funnel to add the detergent and water. Swish the sudsy fluid around and then drain the fluid out the valve at the bottom of the bag. Next, fill drainage bag with one part vinegar and four parts water. Swish the solution and let sit for 10 minutes before emptying. Hang the bag to dry until next use.
- Drainage bags should be replaced every 2 weeks. You can buy them at pharmacies that sell medical supplies.
Potential urethral catheter problems

Urethral Catheter blockage

It is important that urine is able to flow through the urethral catheter into the drainage bag. Debris, blood, and catheter bending can cause the catheter to become blocked. This may cause irritation. Please speak to your doctor if this happens.

If no urine drains for 4 hours, check:

1. Is the tubing kinked?
2. Is the bag below the bladder level?
3. Is the bag connected the right way?
4. Have you been drinking enough fluids?
5. Are you constipated?
6. Have you been moving or walking?

Bladder spasms

At times, you may have the urge to urinate or an ache or cramp in your bladder areas, tip of the penis, or even your rectum. This is normal and is usually due to the bladder having a mild and temporary contraction (or spasm).

This can feel uncomfortable and is more common in the first few days after surgery. Resting, drinking lots of fluids, or placing a warm pack over the bladder area can help. Acetaminophen (Tylenol®) can also help.

If spasms are severe, talk to your family doctor or urologist about stronger medications.
Irritation of urethral opening

Catheters can cause redness, irritation and swelling around the urethra. This can be prevented with daily cleaning and by not pulling on the catheter. Putting a small amount of antibacterial ointment (such as Polysporin®) may help keep urethra lubricated and clean.

Bloody urine

Sometimes, you may see some blood or small, dark blood in the catheter tubing, drainage bag, or at the tip of the penis where the catheter goes in. This is not unusual. Drinking lots of fluids can help this to go away.

Pulling on the catheter can also cause bleeding. Make sure that you are not pulling on the catheter. Ask your health care provider about a thigh strap to support the tubing and prevent pulling especially when the bag is heavy. Be sure to drink plenty of water and reduce activity.

Sometimes you may have some leaking of urine around the catheter. This can happen when you cough or change your position. This is normal.

Gaining control of your urine

After your urethral catheter is removed it can take some time for your bladder function to return to normal. This is normal. However, if you are unable to pass any urine for 4 hours after your catheter is removed, contact your urologist or go to the Emergency Department.

Leaking of urine (urinary incontinence) can be a side effect of your surgery. Everyone is different, but most men need to use some type of incontinent product such as Depends™. You may need to use these pads, just in case, for up to 3 months. These pads are available at most drugstores.
The leaking will continue to improve over the next 6-12 months. Less than 5% of patients continue to have leaking after this time. Inform your urologist if this is happening to you.

Some urologists recommend Kegel exercises to help improve bladder control starting 2 weeks after the catheter is removed. Kegel exercises tighten and release the muscles around the urethra.

**Narrowing of the urethra: A late complication**

Narrowing of the urethra (known as a stricture) can occur a few weeks after surgery. This occurs where the bladder and urethra were joined together during the surgery, making it hard to empty the bladder. This only happens in one to two men out of every hundred who have this surgery. Please contact your Urologist during office hours or go to the Emergency Department if you have trouble emptying your bladder.

** Sexual function**

Radical prostatectomy may affect your sexual function in several ways, but it will not prevent you from having an enjoyable sex life.

For men, sexual function involves erection, ejaculation and orgasm. Ejaculation occurs when fluid is released during orgasm. This fluid is made and stored in the prostate and seminal vesicles. When these organs are removed, only a small amount of fluid, if any, will come out during ejaculation and orgasm. The surgery should not affect your ability to experience an orgasm, even if little fluid comes out.

Erection occurs when the penis fills with blood. This usually occurs in response to nerve signals. These nerve signals are carried in two nerve bundles that run along either side of the prostate. Your urologist will try not to cut these nerves during your surgery. However, even when nerves
are spared, there is no guarantee that your erections will return. The return of erections after surgery is usually slower than the return of urinary control. This can take 6 to 18 months, and can continue to improve for as long as 2 to 3 years after the surgery.

It is important to work on regaining your erections, starting about 4-6 weeks after surgery, despite the fact your erections may still be weak or absent. This will help to improve rigidity of your erections as well as improve blood flow to your penis. Improving blood flow helps to prevent corporal fibrosis, shortening and hardening of the penis.

There are several ways to help get and improve your erections. These include oral medications (e.g. Viagra®, Levitra® or Cialis®), injections (e.g. Caverject®), urethral suppositories (e.g. Muse®) or vacuum erection devices. It is best to wait at least 4-6 weeks before using any of these methods. Please do not hesitate to talk to your urologist if you have any concerns in this area.

You may attempt intercourse as soon as you feel well enough to do so after the catheter is removed, your incision is healed, and your urinary control is acceptable.

**Medications**

- You will be given a prescription for pain pills before you go home.
- It is not unusual to suffer cramping pains during the first few weeks following surgery. The pain will only last a few minutes.
- When taking pain medication, you may experience drowsiness or dizziness. Avoid driving or drinking alcohol while taking these medications. When the pain lessens, take fewer pain pills or stop taking them altogether.
Before, during and after radical prostatectomy surgery

Supplies/special equipment

- Dressings, if needed, can be purchased at your local pharmacy.

Managing stress

- Take the time to heal. Rest often, eat well, walk and generally take good care of yourself. This will help your recovery.
- Since you had surgery to remove a tumor, you may feel fear or other emotions. You may have trouble sleeping or eating, especially while you are waiting for the results of the tissue tests. These feelings are normal.
- While you are in hospital, you may ask to speak to a social worker or spiritual care worker to discuss any concerns.

Recovery

The partners of men with prostate cancer are often concerned about their partner’s health and about incontinence and erectile dysfunction in particular. During this challenging time, it is important for patients and their partners to talk to each other and get support, if needed. Your doctors, The Prostate Centre, Island Prostate Cancer Support Group and the BC Cancer Agency all have services available. Just ask!

Partners of radical prostatectomy patients often feel that they have to be “strong” to support their partner. Remember to express your concerns to your partner; both of you can take comfort in loving and supporting each other while you adjust. This can be a time for couples to strengthen their relationship.
Go to the Emergency Department if you have:

Severe abdominal pain, and generally feel unwell.

Call your surgeon if you have:

- Cloudy, foul smelling urine.
- Little to no urine in the drainage bag in the past 4 hours and you have checked for solvable problems.
- Drainage from your incision that changes in appearance or color, especially yellow or green
- Increased tenderness, redness, or warmth around the surgery site
- Irritation or blisters from your dressings or tape
- Pain that is not relieved by your medications
- High-grade fever (38.5C/101.3F and over) for 2 days or more
- Persistent nausea or vomiting
- Persistent diarrhea or constipation
- Shortness of breath
- Swollen leg(s) or achy and red calves
- Your catheter falls out. Do not remove your catheter without discussing this with your health care team.
- Pain when urinating.
- Ongoing bloody urine or blood clots.

If you cannot reach your surgeon:

- Call your family doctor
- Go to a walk-in medical clinic; or
- If it is after clinic hours, go to a hospital emergency.
Information about Prostate Cancer

- The Intelligent Patient Guide to Prostate Cancer, 4th Edition, by Dr. Larry Goldenberg
- Cancer Information Service: 1.888.939.3333
- Island Prostate Centre
  Suite 100-1900 Richmond Ave
  Victoria, BC V8R 4R2
  Tel: 250.388.0214
  Toll free from Vancouver Island: 1.866.388.0214

[www.islandprostatecentre.com](http://www.islandprostatecentre.com)

Island Prostate Centre is a resource centre dedicated to providing men with clear, comprehensive, unbiased medical information on prostate cancer and prostate health issues. Services include:

1. A library of books, DVDs, magazines and informational pamphlets on prostate cancer, prostate health, erectile dysfunction, incontinence, and other urological and oncological health issues.

2. A Nurse Counseling Program whereby volunteer nurses provide counseling services for men in the pre-treatment decision-making stage, men who are in active treatment, and those men who are dealing with survivorship issues.

3. Our Prostate Support Association supports and encourages men who are living with prostate cancer through a monthly support group meeting and peer to peer support.
4. Our Cancer Recovery Exercise Program is a community-based program for prostate cancer patients and survivors designed to encompass exercise and education. It is designed to accommodate men going through treatment or who may be suffering from post-treatment side effects – arming them with the education, motivation and the tools to be physically active.

5. The Androgen Deprivation Therapy (ADT) Educational Program is a free educational program offered to any prostate cancer patient and their partner that are starting or are currently on hormone therapy. The program not only information about ADT, but specific exercises to help patients deal with both the physical and psychological side effects of this treatment.

All of these services are provided free of charge for anyone who has been diagnosed with prostate cancer, or who has other prostate health issues, or who is simply interested in becoming more informed about prostate health.
Checklist for Surgery

You can use the following checklist to make sure you have done everything you need to prepare for your surgery and recovery. Cross off the items that do not apply to you.

- Pre-op physical with family practitioner completed
- Appointment(s) with specialists attended (if required)
- Blood work and other tests completed
- Pre-admission Clinic attended
- Restrictions after surgery known and arrangements made
- Equipment/supplies rented or purchased (if required)
- Escort and ride to and from the hospital arranged
- Home help arranged
- Private or semi-private room requested (if wanted)
- Skin preparation completed
- Food and fluid restrictions followed
- Bowel preparation completed
- Medication restrictions followed
- Smoking and scent restrictions followed
- Overnight bag with personal items packed (including this booklet)
- CPAP, Bi-level or dental appliance packed if used for sleeping

After surgery:
- Discharge instructions received
- Prescription filled
- Follow-up appointment with surgeon or family doctor made
Before, during and after radical prostatectomy surgery

Urology Program

Name: __________________________________________

Surgery Date: ____________________

My responsibilities before my Radical Prostatectomy Surgery

☐ I have arranged for _____________________ (relationship) to pick me up on Day 2 (Discharge Day) and they know where to pick me up.

☐ I have prepared 2 weeks worth food in my freezer and stocked the pantry.

☐ I have organized some help (for grocery shopping, laundry, errands, etc.) for up to 4 weeks upon my return home from hospital.

☐ I will inform my Surgeon’s office immediately if I have an infection, open wound/weeping rash, or a cold/flu. I will call if I have any questions.

☐ I understand that I should avoid drinking alcohol for at least 3 weeks prior to my surgery to decrease my chances of post-operative _____________________________.

☐ Not applicable

☐ I understand that if I don’t stop smoking it will delay my wound healing. I know that I will not be able to smoke in the hospital. Not applicable

1 week prior to Surgery

☐ I will review my Guide book or handouts.

☐ I will prepare my home.

☐ I am aware of the importance of deep breathing and ankle pumping in reducing the risk of __________________ and __________________ (pg. 22 Before, During and Radical Prostatectomy Resection Surgery handbook).

☐ I will stop medications as directed by the Preadmission Clinic/Surgeon/family doctor.

Day Before Surgery

☐ I will prepare what I need to bring to hospital. (Pg. 18 Before, During and After Radical Prostatectomy Resection Surgery handbook).

☐ I will stop eating and drinking at ________________________.

☐ I will do my bowel preparation the evening before.

☐ I have read my shower instructions and understand them (see p. 15 handbook).
Before, during and after radical prostatectomy surgery

- My first pre-op shower will be: ________________________.
- My second pre-op shower will be: ________________________.
- I will arrive at the hospital as instructed by my surgeon’s office.

While I am in the hospital I need to:

- Be an active participant in my recovery.
- Start to eat and drink as advised by my health care team.
- Practice my deep breathing and coughing and/or use my incentive spirometer every hour.
- Walk! You will be up and walking with your nurse or independently everyday, to facilitate your recovery and prevent complications.
- Be positive about my progress and recovery.

Day of Discharge

- I have the prescriptions and discharge information I need to go home.

At Home After Surgery

- I will review my Guide book and other handout information.
- I am aware of the importance of pain management.
- (Who?) ___________________________ will pick up my medication(s) at this pharmacy-
  (where?) ________________________________
- I have arranged for _________________ to drive me to my surgeons/family doctor’s appointments.

I commit to completing all the above noted responsibilities in the process of preparing for my surgery. I am aware that this document will be shared with the Hospital Staff so they are aware of my plan of care through this process.

Patient Signature: ________________________________

Date: __________________
Tell us what you think!

After reading *Before, During and After your Radical Prostatectomy* please respond to the following statements. Your answers and comments will help us improve the information.

<table>
<thead>
<tr>
<th>Statement</th>
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<td>Comments</td>
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<td>The information is easy to read.</td>
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<td>Reading this information helped me prepare for and recover from my surgery.</td>
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<td>I would recommend this information to other patients.</td>
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<td>A book just like this one</td>
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<td>Separate handouts on each topic that I need</td>
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Comments

I would have liked MORE information about:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

I would have liked LESS information about:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What changes would you make in this book to make it better or please add other comments:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

I am:
__ a patient  __ a family member

Thank you!

Please give this evaluation form to your health care provider or mail to:

Quality Improvement Manager for Surgical Services
Surgical Services Administration,
1952 Bay Street
Victoria, BC, V8R1J8