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A GUIDE TO ROBOTIC RADICAL PROSTATECTOMY

You have elected to undergo a robotic radical prostatectomy. The primary purpose of a prostatectomy is to cure the cancer by removing the prostate gland completely. Other key goals are to preserve sexual function (erections) and to preserve urinary control (continence). You should note that your physician has made recommendations for your treatment according to the grade of the cancer from the biopsy report, your general health, and other personal factors.

This booklet is aimed at helping you understand your surgery, what will happen in the hospital, and what you can expect when you go home. Remember, the understanding and treatment of prostate cancer continues to evolve as our knowledge of prostate cancer grows. You should talk to your surgeon or a member of your healthcare team any time you have questions or concerns. Please keep this information. You may want to read it again at a later time.

Robotic Surgery

Your surgery is called a robotic radical prostatectomy. A robotic prostatectomy is done using five to six small puncture holes in the abdomen. It involves the removal of the prostate and seminal vesicles. The entire prostate is removed because cancer cells tend to be randomly spread throughout the prostate. The seminal vesicles are attached to the prostate and store fluid until it is ejaculated. They are removed because sometimes they are one of the first places to which the cancer spreads. Also, by being able to examine the entire prostate gland, the pathologist can accurately assess the extent and aggressiveness of the cancer, and that assessment can help your physician decide if further treatment is necessary. It takes up to one week for the pathology report to be completed. It will be available when you return for follow-up or by a phone consultation, and a copy will be sent to your primary physician and your local urologist if you are referred to us. You are also welcome to request a copy for yourself.

Scheduling and Other Matters to Take Care of Before Surgery

1. **Scheduling of Surgery Date:** The robotic surgery scheduler will contact you after you have your consultation visit with your surgeon. The scheduler will arrange a specific date for your surgery and go over other pertinent information. Usually surgeries are scheduled six to eight weeks after the prostate biopsy in order to allow time for the prostate to heal.
2. **Pathology Report and Slides:** If your prostate biopsy was performed at a medical facility other than Mercy St. Louis, we will need to have the biopsy slides and pathology report sent to our office so that our hospital pathologists can review them. It is critical that we confirm the diagnosis of prostate cancer. We may need your written permission to receive these slides.
3. **Medical Clearance:** Before surgery, some patient's need medical clearance from their primary care physician or cardiologist stating that you are cleared for surgery. Please have your primary physician or cardiologist fax this letter to the robotic surgery scheduler at 314-315-9970. You will

be informed if you need this. All patients are required to have a pre-operative appointment and meet with an anesthesiologist or their assistant.

4. Pre-Operative Visit and Pre-Registration Appointment: 1-2 weeks before your surgery, you will undergo a pre-operative visit to ask any questions that you may have. You will also receive your information on your bowel prep at this time. You will also have a pre-registration appointment at the hospital and meet with an anesthesiologist.

Medications, Vitamins, and Supplements To Stop Taking Before Surgery

1. Please **do not** take PLAVIX at least **7-10 days** prior to surgery. (Will need to confirm)
2. Please **do not** take Coumadin for **5 days** prior to surgery. (Will need to confirm)
3. Please **do not** take any of the following for at least **7-10 days** prior to surgery: (This is not meant to be a complete list).

If you have any questions whether it is okay to take a medication, please ask.

Advil	Clinoril	Ibuprofen	NSAID's
Aleve	Ecotrin	Indocin	Nuprin
Anacin	Excedrin	Midol	Relafen
Aspirin (any brand)	Feldene	Naprosyn/Naproxen	Voltaren
Bufferin	Goody BC	Norgesic	

Also: All multivitamins and herbal supplements should be discontinued **7-10 days** prior to surgery.

PLEASE NOTE: Be sure to notify your surgeon if you are on any type of blood-thinning medications (Coumadin, aspirin, Plavix, etc.). We will need to confirm with your prescribing physician if this is OK.

Instructions for the Day Prior to Surgery

Some surgeons require a bowel prep. This will be gone over at your pre-op appointment

If you have questions prior to surgery, please call 314-315-9914.

The Day of Surgery

On the day of surgery, you will need to arrive at least two to three hours before your scheduled surgery in order to be admitted to the hospital and prepare for surgery. A waiting room is available for family and friends. Your family will get updates from the operating room as the surgery progresses, and after the operation is completed, the surgeon or a member of the surgical team will come out and talk to the family. The surgery itself takes approximately two to three hours. You will spend anywhere from one to three hours after surgery in the recovery room.

Your Room

Once you are awake after surgery, you will be transported to the recovery room. Often the patient is alert by this time. However, some patients are still sleepy from the medications used during the operation. Occasionally, these medications make some patients nauseated. If you have pain or nausea, you may ask for medicine to help with this. Most patients find that they do not have a great amount of pain after surgery and only need to use oral medicine to relieve the pain. However, you must ask for your pain medicine. You will also receive antibiotics to prevent infection, and IV fluids to prevent dehydration. Patients will also be given a medication to relax the bladder. Frequently after prostate or bladder surgery, the bladder becomes irritated and undergoes uncontrolled squeezing.

This can be felt as sharp shooting pain or spasms in the lower abdomen. In all likelihood, you will have the strong feeling of the need to void. This is normal and should get better with time. Again, medications may be given to help control this. In the afternoon of your operation, patients may be allowed to have some Jell-O and clear liquids for dinner. While in your room, you will be asked to wear leg pumps (pneumatic compression stockings) which will squeeze your legs to prevent blood clots.

You will also be asked to use an incentive spirometer every one to two hours while you are awake. This is a breathing exercise device that helps to keep your lungs from getting an infection. The evening of surgery, you will be asked to start with sitting in a chair, then progress to moving around with assistance

The Hospital and Staff

The hospital is a busy place. Once you get to your room, people will be coming and going at all hours. You will have a primary care nurse who will frequently be helped by a nurse's aide. They will be responsible for getting your medications, checking your vital signs, and helping you with your daily activities. Other hospital personnel will draw your blood, start IV's, help with your food, and bring you a spirometer. Any specific questions you might have should be directed to your attending surgeon or nurse.

Day One After Surgery

You may or may not have blood drawn this morning to check your blood count and kidney function. Later in the morning, you should get out of bed and walk around. The first time you walk, there should be a nurse or a nurse's aide there to help you. Much of the day should be spent in the chair or up walking. Continue to use your spirometer. It is normal to have some discomfort. Ask for pain medicine if you need it. About 98% of patients are discharged by noon. Your nurse will also teach you how to take care of the catheter and how to perform catheter bag changes.

Recovery At Home After Your Prostatectomy

After you have been discharged from the hospital, you should walk around your house at least three times each day for exercise the first week and more if possible, slowly increasing this as you feel better. This activity will be very important as it will help your recovery as well as preventing blood clots. If you have any of the following problems, please report these to your doctor:

- No urine in your catheter bag and you feel your stomach is hurting down low just above the
 - pubic bone.
- Temperature > 101.5° F
- Constipation that does not respond to laxatives, or no bowel movement at all after several
 - days. Typically, you may have loose stools initially.
- Swelling in the calves or legs, or pain in the calves.
- Uncontrolled nausea and vomiting.
- Chronic coughing or coughing up fluid.
- Shortness of breath or chest pain
- Any skin rashes or hives.
- Pain not controlled by pain medication.
- Severe wound redness or drainage.
- The skin edges of your incisions sometimes come apart. This not a great concern. Just apply gauze and tape over the incision. Change this daily and as needed. These will heal up on their own.

In case of an Emergency, please call 314-364-5248 or Go directly to an Emergency Room.

The Catheter

Immediately after surgery, you will have a Foley catheter in your bladder which will drain the urine. It is essential that this catheter stay in place while the tissues connecting the bladder and the urethra are healing.

There is a balloon on the end of this catheter which is inflated with water to prevent the catheter from falling out. It is difficult to pull out the catheter with the balloon inflated, but it is possible, so be careful! The catheter stays in place for about a week or so, depending on your surgery and your surgeon's preference.

The catheter is connected to a bag that holds the urine. You will be given two bags when you leave the hospital. One bag can be strapped to your leg during the day and hidden under long pants or sweat pants while walking around. The larger bag can be used at night or when at home. **Sometimes the catheter in the bladder causes irritation and bleeding.** It is not uncommon to see some blood or blood fluid mixed with the urine. Even with the catheter in place, some urine and fluids secreted by the glands in the penis, as well as blood can leak around the catheter. This is normal and very common. This happens more commonly during bowel movements.

It is important that you keep the catheter as it enters your urethra lubricated with Neosporin ointment so that it does not become dry and cause urethral irritation.

You may continue to have bladder spasms after you go home. You may feel these as intense cramping pain in the lower abdomen combined with a need to urinate. These are caused by the surgery itself, the irritation from the catheter and the catheter balloon inside the bladder, and should decrease with time.

Occasionally catheters become clogged and stop draining. Always make certain urine is collecting in your drainage bag. In the rare event it is not, call your physician or go to the local emergency room. It may need to be irrigated.

Catheter Removal

Your catheter will be removed about a week after surgery in our office. The balloon is deflated and the catheter slides out. **Bring a Depends undergarment (Depends Underwear) with you to the clinic** the day the catheter is removed and expect to wear pads for protection for a period of time until your urinary control returns. If you live a long distance from St. Louis, you may want to bring a pillow to sit on to ease post catheter removal discomfort. You will probably experience discomfort in the area between your scrotum and rectum for a few months after the surgery as you heal.

Urinary Control

Once the catheter is removed, it takes some time for the bladder to learn how to function properly again. As the bladder learns how to hold more urine and the muscles in the bladder and urethra heal, your control will improve. While some patients regain control more quickly, most men require a period of time before their control returns. By two-three months after surgery, the vast majority of

men are using 2-3 pads per day. Some men will continue to have mild leakage or stress incontinence when they bend over, lift, cough, or exercise vigorously. This gets worse when the bladder is full or when they are tired or drink alcohol. Leakage is usually worse in the evening when the pelvic muscles are tired. We recommend Kegel exercises to improve urinary control, and you will find detailed instructions for doing these exercises below. In the long term, you may leak occasionally with twisting, bending, sudden sneeze or coughs.

Kegel Exercises

KEGEL (Kay-Gull) exercises are exercises that strengthen the pelvic floor muscles and should be started **immediately** after your initial visit with your robotic surgeon. These muscles contract and relax under your command to control the opening and closing of your bladder. When they are weak, urine leakage may result. However, through regular exercise you can build up their strength and endurance and, in many cases, regain bladder control.

The Kegel exercises will be stopped right after surgery and re-started **One Day** after catheter removal.

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 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.

TIP: In order to find the correct muscle to squeeze, stand in front of a mirror and try to contract your muscles. You know you are exercising the correct muscles as the penis will be pulled in and/or raise up. If you see this, these are the muscles you are trying to isolate.

Now You Are Ready To Exercise Regularly: When you have located the correct muscles, set aside time each day for exercising. Each surgeon may have a different protocol on how to do these. Make sure he/she clarifies their protocol.

TIP: In the beginning, check yourself frequently by looking in the mirror or by placing your hand on your abdomen and buttocks to ensure that you do not feel your belly, thighs, or buttocks move. If there is movement, continue to experiment until you have isolated just the muscles of your pelvic floor.

Other Healthy Habits to Improve Your Bladder Control

1. Use the toilet regularly.
2. Wear clothes that are easily removed when it is time to urinate.
3. Train your bladder. Avoid “just in case trips” to the toilet.
4. 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.
5. Learn to squeeze before you sneeze, cough, laugh, get out of a chair, or pick up something heavy, etc.
6. Establish a regular bowel habit. Constipation affects bladder control.

7. Be aware of foods that can affect the bladder such as tomatoes, chocolate, spicy foods, and beverages like alcohol, coffee, tea, and those containing caffeine. Even beverages that say “Caffeine Free” still have some caffeine in them.
8. Watch your weight. Obesity makes bladder control more difficult.
9. Stop smoking. Smoking is irritating to the bladder, and a smoker’s cough may cause leakage.

Sexual Function

The operation may affect your sexual function in several ways, but it does not prevent you from enjoying a sex life after surgery. Usually men have some swelling and bruising in their scrotum and penis after surgery. This usually subsides within a couple of weeks. Some men prefer to wear briefs or a jock strap for support. Also, you can elevate your scrotum and testicles when lying down by placing a rolled washcloth or towel under them. It is not uncommon to feel occasional twinges or sharp pains in your penis or scrotum while the catheter is in place. You will be asked to put some Neosporin ointment at the tip of the penis where the catheter exits several times a day to help lubricate and protect this junction.

For men, sexual function involves erection, ejaculation, and orgasm. Ejaculation occurs when seminal fluid is expelled. This fluid is made and stored in the prostate and seminal vesicles so when these organs are removed, only a small amount of fluid, if any, will come out during ejaculation and orgasm. Initially, you may leak urine with ejaculation. If so, try doing a Kegel exercise with orgasm. The operation should not affect your ability to experience a pleasurable orgasm, even if there is no fluid ejaculation. Erection occurs when the penis fills up with blood. This usually occurs in response to nerve signals. These nerve signals are carried in nerve bundles that run along either side of the prostate. Attempts are made not to disturb these nerves during your surgery, but even preservation of these nerves does not guarantee the return of erections. The return of erections after surgery is usually slower than the return of urinary control. The average time until recovery of erections is 6 to 18 months, and it can improve as long as 2 to 3 years after the operation. However, each patient is different.

It is well-known that some patients develop penile shortening and fibrosis after radical prostatectomy. One theory proposed for this frequent postoperative occurrence is the absence of sexual and nocturnal erections and the oxygenated blood that regular erections bring to erectile tissues. Efforts to re-establish erectile tissue oxygenation and prevent this phenomenon have been called by some “penile rehabilitation.” While patients are waiting for the return of erections that are spontaneously firm enough for vaginal penetration, several methods can be used to help induce and improve erections. These include oral drugs (Viagra, Levitra, Cialis, etc.), penile injections, vacuum erection devices, urethral gels and urethral suppositories (such as Muse). The more aggressive you are with your rehabilitation; our hope is the better chance you have at a quicker return of function.

Discussion of rehabilitation options and therapy will be initiated at catheter removal. You may attempt intercourse around four weeks after surgery.

Please note that after this operation, you will not be able to father children by way of sexual intercourse. Therefore, if there is a chance you may wish to have children after your prostate surgery,

you may wish to consider storing your sperm before surgery (a process called cryopreservation).

Patient Information About Impotence Treatment After Prostate Surgery

One of our major goals is to restore your normal erectile function as soon as possible after your surgery in order to prevent scarring and shrinkage of the penis. The treatments and methods to obtain this goal are discussed below. We hope that this information will be helpful and reassuring.

Goals:

1.) Preventing the Deterioration of Penile Tissue

A. Oral Medications: We will place you on certain oral medications to help increase blood flow to the penile tissue and to keep the blood vessels from becoming scarred off. Most patients will begin taking these pills as soon as their catheter has been removed. This will promote nocturnal (nighttime) erections which exercise the tissue in the penis while you are asleep. We may keep you on these pills for one to three months and follow your response.

B. Vacuum Erection Device (VED): This device stretches the tissue of the penis and pulls blood into the penis, thereby preventing shrinkage and scarring. We rarely use these now but they are the least invasive option.

C. Urethral Suppositories (Muse) or Urethral gels: These are inserted in your urine tube. The medications are absorbed by the penis. The medications induce blood vessel dilation and thus erections. We rarely use these currently but are options.

D. Penile Injections: You may want to try these injections if you are not responding to any of the above treatments. There is a minimal amount of pain involved, and these injections are very effective in helping to obtain an erection for sexual activity. We tend to use these much more frequently and they are much more successful

2.) Obtaining Erections for Sex

As soon as you are ready to try and have sex, all of the above treatments can be used to allow you to begin sexual activity. However, we do not want the tissue to deteriorate and the penis to shrink while you are waiting to attempt sexual activity.

Our robotic physicians want to follow you as long as necessary but will refer you back to your original physician if you so desire at any time and for your own convenience. However, we do wish that you continue to be followed regarding incontinence and erectile dysfunction at our clinic until we have you at a stable point or until you feel that you are satisfied with your function. If you have any questions or do not feel you are progressing as expected, please call for an appointment at 314-315-9914.

Skin Care

You may shower the day after you go home as we use Skin glue on your incisions. If you are sent home with Band-Aids, please remove these on the **second** day you are home and replace as needed for any continued drainage. At times, the skin edges separate. This is not cause for great alarm. Just apply gauze over the incision(s) and use tape to hold in place. Change these daily and as needed until it seals up. Avoid tub baths until the catheter has been removed and for a few weeks later until the incisions are completely healed. It is important to try to keep your skin clean and dry to prevent a rash around your scrotum. If you get a rash, use a hair dryer on the cool setting twice a day to keep the area dry. Some people use creams such as Desitin if they get a rash. You may want to use a topical antifungal cream or powder such as Nystatin if you think you are getting a yeast or fungal infection. These infections frequently present as itching or a red rash.

Diet and Bowel Function

When you go home, you may eat the foods you normally eat. It is important to avoid constipation. While it is generally acceptable to leave the hospital without having a bowel movement, you should have one within three to five days after surgery. It is normal to feel fullness or tenderness in the rectal area during bowel movements. This occurs because the prostate used to be in this area, and your body is adapting to the swelling caused by the surgery. Any symptoms of urgency or fullness will go away soon after the surgery. The narcotic pain pills can cause constipation. You can use an over the counter stool softener to take when you leave the hospital, but if you have trouble, you can take a mild laxative such as Milk of Magnesia or Magnesium Citrate or Dulcolax laxative tablets. Drink plenty of fluids. Do not take an enema or put anything in your rectum for at least four weeks after surgery.

Fluids

Drink plenty of fluids daily. This will help keep your urine clear, and it also helps avoid constipation. Avoid caffeine.

Driving

DO NOT DRIVE UNTIL YOU HAVE STOPPED TAKING THE NARCOTIC PAIN MEDICATIONS.

Most surgeons will also tell you not to drive until the catheter has been removed and possibly for 1 week after catheter removal.

Exercise

It is important to walk several times a day. This prevents blood clots from forming in your legs and keeps the blood circulating. Daily exercise such as walking or climbing stairs carefully will help you recover faster. Gradually increase your activity over the next several weeks. Your incisions are closed with absorbable sutures which do not need to be removed unless skin staples were used. After four weeks, you can gradually return to normal activity, other than riding a horse, bike, motorcycle, etc. for three months.

Work

Some patients return to light work as early as two weeks after surgery; however, recovery times vary from individual to individual as do work requirements. In some cases, you may be authorized for medical leave for up to six weeks.

Follow-Up

You will be asked to obtain regular follow-up PSA tests. Your physician will also want to see you regularly to evaluate your progress in urinary control and sexual recovery. If you are returning to your referring physician, it is **important** for you or your physician to fax or mail us a copy of your follow-up PSA reports, so we can follow your progress. Please fax or mail to:

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