



POST DAVINCI RADICAL PROSTATECTOMY SURGERY INSTRUCTION SHEET

CATHETER CARE (“Foley Catheter”):

- Your catheter is very important to allow healing of the bladder and urethra. You may use either leg bags or external bags. Drain before the bag gets too full. You and your family will receive instructions regarding care of the catheter before your discharge from the hospital.
- The tip of the penis may get sore from the catheter rubbing it. Use plain soap and water to wash this area daily or more often as needed. You may apply Neosporin or bacitracin ointment daily and as needed.
- **You may notice blood around the catheter or in your urine and you may also leak urine around the catheter intermittently.** Don’t worry, this is normal. As long as the catheter is draining you should be okay.
- You will want to wear pull up protective diapers/underwear to protect your clothes, bed, etc.

WOUND:

- You will have 6 incisions that will have skin glue (a skin closure glue that seals it), steri-strips or skin staples and Band-Aids and/or dry gauze dressings over them.
- Band-Aids and/or gauze can be removed the day after you go home. Steri-strips can be removed 7 days after surgery. Skin glue requires no special care.
- Once your dressings are removed, it is not uncommon to have a very small amount of drainage from the incision or on the dressings. If so, use Band Aids or gauze as needed until they heal. Also, you may see some stitch edges. After 14-21 days, you can trim these to skin level or trying gently pulling on them to remove them.
- One port site may have a drain coming out of it after the operation. Generally, this is removed before you go home, but rarely, you have to go home with the drain. If the drain is removed prior to discharge, you may have a small hole that may drain for a few days up to one week. Keep a dry gauze dressing over this area until it stops draining. You may shower, but leave the dressing on and change it after showering to keep it dry. Change this daily or more often if necessary.

DRAIN: You may go home with a drainage tube that comes out one of your incisions on your abdomen. You will be instructed on how to care for it and we will let you know when it will be removed. (This rarely occurs)

DIET:

- You may return to your normal diet. Alcohol, spicy foods, citrus juices, 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 and even after catheter removal.
- We recommend smaller, more frequent meals (5-8/day) until you feel less bloated. Bloating may continue for 2-3 weeks after surgery and foods like onions, broccoli and/or bean products should be avoided.
- More importantly, keep your urine flowing freely. Drink plenty of fluids during the day (8-10 glasses). The type of fluid (except alcohol) is not as important as is the amount. Water is best, but juices, coffee, tea, soda are all acceptable.

ACTIVITY: Your physical activity is to be restricted, especially during the first two weeks you are home. You are encouraged to walk as much as you can tolerate. During this time use the following guidelines:

- No heavy lifting greater than 10-15 lbs. for 4 weeks. Then, gradually increase as tolerated.
- No driving or machinery while having pain and taking narcotic pain medications. Generally, we recommend not driving a car until the catheter is removed and you are off of narcotic pain medications.
- Do NOT drive while the catheter is in.
- You may climb stairs, but be careful. No strenuous exercise for 6 weeks – weight lifting, abdominal exercises, etc.
- No bike riding, motorcycles, horseback riding, etc. for 12 weeks after surgery.
- Light gym activity such as treadmill/elliptical, swimming and golf are permitted 4 weeks after surgery, but gradually increase as tolerated.
- You may shower 48 hours after surgery. Let the soap and water run down over the incisions, but do not scrub the areas for a few weeks. **No Baths or Hot Tubs for 4 weeks after the catheter is removed.**

BOWELS: The rectum and prostate are next to each other and any very large and hard stools that require straining to pass can cause bleeding. You may take stool softeners (i.e. Colace, Surfak, etc.) as needed. A bowel movement every other day is reasonable. Use a mild laxative if needed and call if you are having problems. (i.e. MOM 2-3 tsp. Or 2 Dulcolax tabs, Magnesium Citrate, Miralax). Patients sometimes develop diarrhea probably secondary to antibiotics. You may use Kaopectate as directed (avoid Imodium). Eating yogurt with active yeast cultures or probiotics can help. If it persists, please call. **DO NOT** over strain to have a bowel movement. This can cause bleeding or other problems.

MEDICATION:

- You should resume your pre-surgery medication(s) unless told not to. You may be discharged with Iron tablets to build up your blood count. These may cause constipation, and will cause dark stools. You will also be discharged with pain pills (i.e. oxycodone, hydrocodone) for post-operative pain control from the incision and catheter. Tylenol (acetaminophen) or Advil (ibuprofen) which have no narcotics may be used if the pain is not too bad (and you can tolerate those medications!).
- Hold blood thinning medications such as aspirin, Plavix (clopidrogel), Coumadin (warfarin) in addition to vitamins and supplements. These may be resumed after the catheter is removed.
- Prostate medications will no longer be required.
- Start taking Aleve 1 tablet twice a day with food 1 day before your catheter is scheduled to be removed unless you have medical reasons not to take this. You may also start taking upon discharge in place of your narcotic prescription.

PELVIC EXERCISES (KEGEL'S):

- Start these 1 day after having your catheter removed. If you experience a lot of pain in the perineum (the area between the scrotum and rectum), hold off for a while and start Aleve 1 tab twice daily with food or ibuprofen 600 mg every 8 hours with food unless medically contraindicated. Ask if you are unsure if you can use these medications.
- Stop them if they cause a lot of pain or if you notice bleeding.
- Refer to your pelvic exercise information sheet that should have been given to you pre-operatively on how to perform these.

PROBLEMS YOU SHOULD REPORT TO US:

- Fevers over 101.5 degrees Fahrenheit.
- **You will notice blood in and around your catheter and in the bag which is normal, but if the catheter becomes plugged and not draining, please call. You will also leak around the catheter, this is normal. It is okay as long as the catheter continues to drain between the leaks.**
- Drug reactions (hives, rash, nausea, vomiting, diarrhea).
- **CALL IMMEDIATELY IF THE CATHETER FALLS OUT OR STOPS DRAINING.**

FOLLOW-UP:

- You will need a follow-up appointment in approximately 7-10 days. Call the office to schedule an appointment.
- Most people will not have good urinary control at first. Come to the office with a small supply of adult diapers or pull ups (ATTENDS or DEPENDS) that can be purchased at many stores (i.e. Walmart, Walgreens, Kmart, drug stores, etc.).

SEXUAL FUNCTION: During the rehabilitation process, you will be offered pills and/or penile injections and/or vacuum erection device, urethral instillations to assist in the recovery of sexual function soon after the catheter is removed. These sexual aides may cause erections. **Do Not attempt any sexual activity for at least 4-6 weeks after surgery.** Because the prostate and seminal vesicles are removed at surgery, you will no longer have ejaculate (semen) when you have an orgasm. It may take up to 24 months to regain erectile function.