

ROBOTIC PROSTATECTOMY

Discharge Instructions & Frequently Asked Questions

How do I reach you if I have a question or problem?

Because of the unique nature of this operation, **if you have questions please call us first before calling your primary care doctor or going to an emergency room.** Our team is available 24/7, 365 days of the year.

Mon-Thurs 7AM-5PM call the Cancer Center and ask to leave message for Dr. Shah's nurse, **Eimen Ung** or **Maxine Yazzie** at 505-272-4946. Identify yourself as a patient who just underwent robotic surgery with Dr. Shah.

After 5PM or on weekends or holidays, call the UNM Hospital Operator at 505-272-2111 and **ask to page the urology resident MD on call (NOT the nurse).** Identify yourself as a patient of Dr. Shah with prostate cancer who just underwent robotic surgery. A urology resident will call you back.

How do I take care of the foley catheter?

You will be discharged with a large foley bag - the same one that was placed in the operating room. The bag typically does not need to be changed. We recommend letting soapy water fall on the catheter and the bag in the shower to keep it clean.

The main purpose of the foley is to keep the bladder empty of urine at all times. An empty bladder does not exert any pressure on the connection that was made between the bladder and the urethra. For that reason, if you see a large amount of urine in the tubing, you can manipulate the tubing to help it pass into the bag. **DO NOT** manipulate in a manner that causes the urine to back up in the bladder.

The catheter is **CRITICAL** to proper healing after surgery; please be careful with it at home. It **cannot** get accidentally pulled, stepped on, etc. It should be secured to your leg at all times in two locations – 1) on your upper thigh using the Stat-Lock device, and 2) on your mid thigh using tape, as instructed to do so by Dr. Shah. This gives you an extra level of security. As you shower, the tape may come loose, so reapply new tape to keep it secure. Please be careful with dogs and other animals at home which can create an infection risk with the catheter.

It is important to make sure the collection bag is always below the level of your bladder and that the tubing doesn't get kinked. The idea is to let urine flow freely via the direction of gravity. You may find it convenient to wear loose fitting

clothing and cut a hole in the side of your pants (near the knee) to allow the bag to exit there. Or you can thread it all the way down the leg. Again, remember the **tubing is not kink proof**, therefore be careful as you put your clothes on.

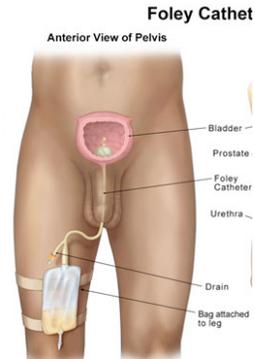
If you want to go outside your house many people conceal the large foley bag by putting it inside a grocery type bag. That way people will only see the tubing.



Overnight bag



Stat-Lock holds catheter



Leg bag (don't use)

If there are any problems with the catheter, it stops draining, or it becomes dislodged call us **IMMEDIATELY**. Only Dr. Shah, Eimen, Maxine, or one of our UNM Urology residents can adjust the catheter. Do not let any other physician or nurse manipulate or remove your catheter unless instructed to do so by Dr. Shah.

The catheter is bothering me. What do I do? (Bladder Spasms)

The foley catheter can sometimes cause discomfort by irritating the bladder. You may feel a strong urge to urinate or have pain at the tip of the penis. This can be normal. The best treatment is to try standing up and walking around which will allow more urine to drain out of the bladder. In some cases we can prescribe a medicine to help with this problem as well.

You can also put KY lubricant (available over-the-counter) at the tip of the penis, right where the catheter exits, which can help reduce catheter discomfort.

What about blood in the urine?

You may see blood in the urine periodically, especially after walking. This is normal. Try to drink more water so that the urine becomes more clear. If there are blood clots or the catheter is not draining, call us immediately.

Urine leaks around the catheter / there is discharge around the catheter.

A small amount of urine may leak around the catheter, especially when you are having a bowel movement. This is normal, as long as most of the urine is still

passing through the catheter. You may also notice some fresh blood around the catheter with bowel movements; this is also normal.

We recommend buying a package of Depend Guards for Men (www.depend.com/products) or Assurance Guards for Men which will be useful now, and for the initial period of incontinence after catheter removal. After catheter removal, some patients like brief (underwear type) guards, while other men prefer just a panty-liner type guard.

Sometimes you can also see a white or gray colored mucous discharge around the catheter, right near the tip of the penis. This is normal. This is generally NOT infection. Anytime you have a foreign body in the urethra (like a catheter), your body will produce mucous. Just try to clean this off gently in the shower.

What kind of clothes should I wear?

The main thing to be cautious of when wearing clothing is that the catheter tubing does not get kinked or bent. Also, remember the bag has to be below the level of your body so that urine can drain by gravity. You want to make sure that urine is able to freely drain into the bag.

Therefore you have three options in terms of clothes:

- 1) Shorts – if you are going to be home, this may be the easiest because the catheter bag will be easy to hold and won't get caught up in any clothing.
- 2) Pants with a hole cut near the right knee – Thread the catheter out this hole and this will make it easier to hold. REI also sells CONVERTIBLE pants (also called NO-SIT ZIPS) that work well for this purpose. Other companies make similar hiking pants that work well.
- 3) Wear loose fitting sweat pants – you can thread the catheter bag down so that the tubing exits near the ankle. Be sure the tubing doesn't kink.

When can I shower?

You may shower and get the incisions and foley catheter wet as soon as you get home. The best way would be to sit (use a step stool) or stand in the shower. Do not scrub the incisions. **Do not soak in a tub!** Also, avoid hot tubs and swimming pools which can predispose you to infection. Do not scrub the incisions, which can cause the surgical glue to separate.

What can I eat and drink after surgery?

After any major surgery, it takes a bit of time for your bowels to recover back to normal. Therefore, start with liquids like water, juice, soup, broth, jello until you are able to pass gas regularly. You can also eat some soft foods, but do so in small quantities. Things like yogurt, oatmeal, pasta, salad, eggs, mashed potatoes, cottage cheese, bananas, diced apples would all be okay. We

recommend eating less than half the amount of food you might normally eat. You **do not** want to go home and eat a steak or lots of meat because these are hard to digest and may cause you to become nauseated or even to vomit.

Once you've passed some gas you may eat more solid food and meat, but keep eating fruits and vegetables as well. Make sure to drink at least 8 glasses of water daily. Avoid sodas and other carbonated beverages. Water, fruits, and vegetables will also help prevent constipation, which can put unnecessary stress on your body.

What if I have pain at home?

You will be discharged with oral pain medications such as Vicodin, Percocet, Hydrocodone, or Oxycodone which should be used primarily for abdominal and incisional pain. Try to switch to extra-strength Tylenol after a few days, which is easier on your stomach and less constipating. For catheter discomfort, it's better to try walking around because pain medication may not help this. Also note, a full bladder will cause pain, therefore empty the foley catheter when you have pain which often gives relief.

What medications can I take? What medications do you give me?

You may now resume your regular medications, except blood thinners such as Aspirin, Coumadin, or Plavix.

You will be discharged with 3 types of medication 1) Pain meds 2) stool softener, and 3) antibiotic. The colace is a stool softener. **The antibiotic (such as Cipro or Keflex) is to be started on the morning of the day of catheter removal.** Over the counter medications that are sometimes helpful include Gas-X (simethicone), Milk of Magnesia, Tylenol extra-strength, and Dulcolax suppository.

I'm not able to pass gas or have a bowel movement.

You may have some gas pain for 1-2 days after discharge. Walking and taking Gas-X may help. If you haven't passed gas by day 3, you may need to take an over-the-counter Dulcolax suppository. However, check with Dr. Shah before you take a suppository.

It may take you 3-4 days to have a bowel movement. This is normal. You may take over the counter milk of magnesia starting day 3 if you haven't had a bowel movement. Continue taking the colace. Please call us if the problem persists.

Sex

We recommend waiting at least 4-6 weeks before resuming sexual intercourse. You will be able to climax but there should be very little or no ejaculate. The recovery of erectile function is variable for each patient – some have immediate return (while the catheter is still in place), while others can take years to recover this function.

When can I start walking?

Walking is **CRITICAL** after surgery because it prevents blood clots and helps you recover faster. Once discharged, you must walk at least 5 separate times each day. A short 5-10 minute walk is all that is necessary each time. While walking try to take deep breaths.

What about the Incentive Spirometer (breathing device)?

Take the Incentive Spirometer (breathing device) we gave you in the hospital home and continue using it for the next 2 days about 5-6 times per hour. This will help you to take deep breaths and expand your lungs.

How about exercise and lifting?

We recommend no lifting more than 15 lbs for at least one month. Absolutely no vigorous exercise (running, weight lifting, bicycling, horseback riding, skiing) until 6 weeks after your surgery. Also avoid swimming, tub baths, and jacuzzi which can predispose you to infection.

When can I go back to work?

Most people are able to resume work on a light duty basis within 2-3 weeks. Most people will want to wait until the foley catheter has been removed. Some can go back to work much sooner as long as it is on light duty with no heavy lifting. The decision is really up to you.

When can I drive?

We recommend waiting until you no longer require pain medication. If possible, wait until after your catheter has been removed.

How do I care for my incisions?

The sutures used in your incisions will dissolve on their own (absorbable). In most cases, we use a purple colored surgical glue to aid in skin closure. If you have any dressings over your incisions, you can remove them before your first shower. Some bruising or discoloration of the area around the incisions is normal and should resolve within a few weeks. Do NOT apply any ointments such as neosporin to your incisions.

It is difficult to sit for long periods. I have discomfort between the scrotum and anus.

This can be normal. Try a soft doughnut shaped pillow. This may take a few weeks to resolve.

I have swelling and/or bruising in the scrotum.

This is normal after surgery and should resolve within a few weeks. We recommend wearing brief type supportive underwear rather than boxers. This will provide support and compression.

What do I need to buy or have available for my recovery at home?

PRESCRIPTIONS	OTHER MEDS	INCONTINENCE	COMFORT
1. Vicodin or other med for pain 2. Antibiotic 3. Colace (stool softener)	1. Tylenol extra-strength (acetaminophen) 2. Gas-X (simethicone) 3. Milk of Magnesia 4. Dulcolax suppository 5. KY lubricant	Depend Guards for Men or Assurance Guards for Men	Doughnut shaped pillow

When will I know about the final pathology?

After surgery, the prostate is carefully examined by our pathologists. This takes about 1-2 weeks. Dr. Shah will review the pathology report with you when you return for the 1st postoperative visit, or he will call you if it is available sooner.

I don't remember seeing the robot; do you give tours?

Because of the anesthesia medications, most patients don't remember the operating room or robot. We now have a "video tour" of our robot and our program, which is available on the Internet at roboticsurgeryNM.com