



HALTON UROLOGY

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Discharge Instructions for an Open Radical Retropubic Prostatectomy

DIET: You may eat and drink whatever you wish after surgery. Alcohol consumption in moderation is acceptable. Adjust your diet so that you avoid constipation. If you do become constipated, please ask your pharmacist for an over the counter medication (e.g. docusate sodium, Senokot, bisacodyl, milk of magnesium). **DO NOT ADMINISTER AN ENEMA AT HOME.** It is very important to ensure that you are having regular bowel movements once you are discharged from hospital. It is important to drink plenty of fluids while the catheter is in place; enough to keep the urine in the tubing and bag pink to clear.

ACTIVITIES and AMBULATION: After you are discharged from the hospital you must avoid heavy lifting and vigorous exercise (e.g. lifting more than 20 lbs., hockey, golf, tennis, vigorous walking) for roughly 4-6 weeks. It takes at least 4-6 weeks for firm scar tissue to develop in both your wound and in the areas where you underwent surgery. You may climb stairs slowly. Take frequent short walks during the day like you did in the hospital while the catheter is in place. After catheter removal, there is no limitation on walking. When getting out of bed or doing any activity that would usually require your abdominal muscles, roll to your side first and use your arms to elevate yourself instead. Using your abdominal muscles will cause pain because there is a suture underneath the skin holding the wound together. Using these muscles prematurely may also increase your chance of developing an incisional hernia.

While the catheter is in place, you will be more comfortable if you sit in a semi-recumbent position (in a reclining chair, on a sofa, or in a comfortable chair with a footstool). This accomplishes 2 goals: 1) it elevates your legs, thereby improving drainage from the veins in your legs which will reduce the possibility of clot formation (see below); and 2) it avoids placing weight on the area of your surgery in the perineum (the space between the scrotum and the rectum). During the first 4 weeks that you are at home, you may find it uncomfortable to sit upright in a chair for more than 1 hour. This is normal and you will likely feel more comfortable sitting the semi-recumbent position. You may drive your car after catheter removal when you are no longer having any pain from the incision or in the area of the surgery. Shower every day after discharge from hospital and change all bandages or dressings. You may leave the wound open to air or replace the bandage as long as it is changed daily. It is important to keep the wound and catheter clean to avoid an infection. Soap and water is appropriate to clean both your wound and catheter.

POSSIBLE POST-OPERATIVE ISSUES OR PROBLEMS

*****NO ONE is to change or remove your catheter except me or another Urologist after your surgery.** If the catheter is changed or removed before the appropriate time after surgery, this could affect the healing process.

If you have any problems when you are at home, call my office directly at (905) 875-3920 between 9:00AM and 4:00PM. My staff will arrange for us to speak if necessary. If it is an emergency, my staff will get in touch with me. If you have an emergency at night or on the weekend, please go to your nearest Emergency Department and ask for the on-call Urologist.

BLADDER SPASMS: While the catheter is in place, it is not unusual to have a strong sudden desire to urinate with pain over the bladder area and simultaneous leakage of urine or blood around the catheter. This is called a bladder spasm and commonly occurs at the time of a bowel movement. If it occurs you should lie down until the discomfort passes. If bladder spasm becomes frequent and bothersome, Motrin or Advil can be used to help stop the spasm.

BLEEDING: It is not uncommon to have some bloody discharge around the catheter when you have a bowel movement; do not become concerned as it will stop on its own. Also, do not worry about some blood in the urine; it may arise from vigorous walking, the ingestion of aspirin or Motrin, or it may occur spontaneously. If this occurs, drink more fluids. This will dilute the blood so that it does not form a clot in the catheter and will encourage the cessation of bleeding. Blood in the urine usually has no significance and spontaneously resolves on its own. As long as the catheter is draining, do not be too concerned about the colour of the urine itself.

CATHETER REMOVAL: Your catheter should be removed approximately 7-10 days after surgery. On the day you are going to have your catheter removed drink a lot of fluids before you arrive at the office. This is not a painful procedure. Please make sure you bring pads with you as you will have very little urinary control initially which is normal.

CLOTS IN THE LEGS: During the first 4-6 weeks after surgery, the major complication that can occur in 1-2% of men is a clot in a vein deep in your leg (deep venous thrombosis). This can produce pain in your calf or swelling in your ankle or leg. These clots may break loose and travel to the lung producing a life threatening condition known as pulmonary embolus. A pulmonary embolus can occur without any pain or swelling in your leg- the symptoms are chest pain (especially when you take a deep breath), shortness of breath, the sudden onset of weakness or fainting, and/or coughing up blood. If you develop any of these symptoms or pain/swelling in your leg, call my office. **Also, you should immediately call your family physician or go to your nearest Emergency Department and state that you need to be evaluated for deep venous thrombosis or pulmonary embolism.** If the diagnosis is made early, treatment with anticoagulation is easy and effective. If you are traveling home from the hospital in a car, stop the car every 45-60 minutes and walk around the car to prevent the blood from pooling in the legs. To avoid this, frequent walks and moving of your legs is very important.

LEAKING AROUND THE CATHETER: This is very common, especially when you are up walking around. The tip of the catheter is not in the most dependent part of the bladder; the balloon that holds the catheter in the bladder elevates the tip of the catheter away from the bladder neck (bottom of the bladder). For this reason, when walking or moving, many patients have leakage around the catheter. This can usually be managed through the use of diapers or other absorbent materials if necessary. If your catheter stops draining completely, lie down flat and drink more water. If after 1 hour there is no urine coming through the catheter it is possible that your catheter has become blocked or dislodged. If this occurs, then either contact my office or go to your nearest Emergency Department.

PAIN: Abdominal pain is common, but it is not always located where you would expect it (i.e., in the midline). It can be along the midline or localized to one side of the midline (it rarely hurts equally on both sides). The pain is from irritation of the abdominal muscles; sometimes it is where the drain tube was removed. It will resolve spontaneously and is part of the normal healing process. Try to avoid activities that exacerbate the pain. It is very common to have a deep feeling of discomfort in the perineum (between the scrotum and rectum), especially after sitting. The pain is coming from the area where the operation took place and will resolve with time. Avoid sitting for a long time if it is bothersome. Discomfort in the testicles is also common after a radical prostatectomy.

SWELLING AND BRUISING: It is very common to have swelling and discoloration of the scrotum and the penile skin after radical prostatectomy. It is not harmful and will resolve over a few weeks. If the scrotum is swollen, put a rolled hand towel underneath the scrotum to elevate it when lying down. Alternatively, you may choose to wear supportive underwear, which may also help with the discomfort.

URINARY SEDIMENT: It is not uncommon to have some sediment in the urine. Old clots may appear as dark particles which occur after the urine has been previously bloody. With hydration these will usually clear spontaneously. If the urine is persistently cloudy this suggests that an infection may be present (see below).

URINARY TRACT INFECTION: Urinary tract infections are not uncommon when a catheter is in place. For this reason, you will be placed on an antibiotic until the catheter is removed. It is important that you keep the catheter clean. When you shower, use soap and water to clean the catheter from where it enters the urethra.

WOUND: Please take all bandages off when you get home. The wound should heal satisfactorily with the staples serving to hold the skin edges together and they will be removed 7-10 days after your surgery unless otherwise indicated. Many patients develop some drainage from the wound once they go home; this is normal. Keep the wound clean daily with soap and water to minimize the risk of a wound infection. You must shower every day even with the catheter in place; you cannot damage or hurt anything. You may cover the wound with a bandage after showering if you wish, but ensure that you change it every day. Please contact my office if you are concerned there may be a wound infection (worsening redness around the wound or drainage of pus).

URINARY CONTROL and LEAKAGE (INCONTINENCE): Problems with urinary control are common once the catheter is removed. Do not become discouraged. Urinary control returns in 3 phases: Phase I - you are dry when lying down at night; Phase II - you are dry when walking around; Phase III - you are dry when you rise from a seated position. This is the last component of continence that returns. Everyone is different and, for this reason, I cannot predict when you will be dry. To speed up your recovery, practice stopping and starting your urinary stream every time you void. To do this, you must stand up to urinate. To shut off your urinary stream, contract your pelvic urinary control muscles, which are identified when you see your urinary stream stop. You can do these exercises when you are not urinating as well to retrain your muscles. Until your control returns completely wear a pad or disposable diaper. Until your urinary control returns, avoid drinking excessive amounts of fluids. Also, limit your intake of alcohol and caffeine - both will make the problem worse. I will discuss with you during your follow-up visit a referral to a pelvic physiotherapist who will ensure that you are doing the exercises correctly. Seeing the pelvic physiotherapist following your surgery is very important, as it will accelerate your progress towards becoming continent again.

SEXUAL FUNCTION: Erections return gradually. Be patient. As I have explained to you before the operation, the return of sexual function varies depending upon sexual function prior to the operation, the age of the patient and the extent of the disease. There are some patients who don't recover potency until 2-3 years after surgery. Furthermore, most patients continue to experience improvement of erections over the long term after the operation. The stimuli for erection during the first year will also be different. Visual and psychogenic stimuli will be less effective and tactile sensation will be more effective. For this reason, do not be afraid to experiment with sexual activity - you can do no harm. If you obtain a partial erection, you can attempt intercourse. Do not wait until you have the "perfect erection" before attempting intercourse. In addition, you should be able to have an orgasm even if you do not have an erection. With orgasm there will be no emission of semen because the prostate and seminal vesicles have been removed. There are many effective medications (e.g. Viagra, Cialis) that can be used to optimize your erections and we can discuss your options in the office.

COMMUNICATION WITH YOUR SURGEON: If you have any problems when you are at home, call my office directly at (905) 875-3920 between 9:00AM and 4:00PM. My staff will arrange for us to speak if necessary. If you have an emergency at night or on the weekend, please go to your nearest Emergency Department and ask for the on-call Urologist.

FOLLOW-UP and LONG-TERM EVALUATION: Once you are discharged from hospital, I will see you in the office about 7-10 days after the date of surgery to remove your catheter and staples. Please remember to bring some pads or a disposable diaper at the time of catheter removal as you can expect to have urinary leakage. You should have received a prescription for antibiotics, pain medications and a stool softener with your discharge papers. Please remember to take the antibiotics daily from the time of discharge until your catheter is removed.

You will have your first PSA measurement 6 weeks after the date of surgery. Following this, you will have your PSA measured every 3 months for the first year after surgery. After the first year, your PSA will be measured at 6 month intervals for the following two years and then yearly thereafter.

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