

After a Prostatectomy

After a prostatectomy, your urologist's goal is to keep you medically safe and to help you feel better and heal as quickly as possible. Your goal must be to follow these guidelines to help make it happen.

Walking and Volurex

Plan to walk every hour and a half, and rest when you need to. Walking is important for several reasons.

- **It helps prevent blood clots** by improving your blood circulation. Blood clots are a risk during the first few weeks after surgery. If you sit in a chair, prop up your feet because it also helps your circulation. Wear the elastic stockings in the hospital, on the drive home, and later at home only if you cannot walk every hour and a half.
- **It helps wake up your bowel** so you can pass gas.
- **It helps prevent pneumonia** by encouraging you to take deep breaths. Using your Volurex is another

way to prevent pneumonia. It's so easy, and the more you do it, the better you will be.

Diet

You will be able to begin drinking liquids the day after surgery. Drink a little at a time. Do not drink carbonated

Helpful Hospital Tips

- Ask for pain medicine when you need it.
- You need to walk and you need to rest.
- Until you pass gas, stay on a liquid diet: water tea...coffee...ice cream yogurt...soups that are not creamy or chunky... applesauce

drinks or eat solid food until you pass gas. It is common to feel bloated and have gas cramps until your bowel wakes up after surgery. When you begin to pass gas and feel hungry, you can begin to eat light meals. Stay away from meats and beans, fried foods, cheese, and other fatty or high fiber foods for a few days. Burping and hiccups are signs that your bowel

is not fully back to normal and that you should continue to eat small amounts of food. Walking can help your bowel get back to normal.

Controlling pain

Most men say that walking eases pain. You will be given narcotic pain medicine in the hospital and a prescription to take at home. This medicine causes constipation and makes you sleepy, so don't take it if you don't need it. However, your body heals better if you are comfortable. If you have pain, take either the narcotic or over-the-counter pain medicine or a combination. You can take ibuprophen or naprosyn (Advil®). Do not take Tylenol® if you are taking narcotic pain medicine.

Bowel slowdown

It may be several days or a week until you return to your normal bowel habits. Walking and staying on a liquid diet until you pass gas are the best way to get back to normal. A stool softener like Colace® or Senekot® once or twice a day may help prevent constipation caused by narcotic pain medicine. If necessary, take 1 or 2 tablespoons Milk of Magnesia® before bedtime or a Dulcolax® suppository in the morning. You can buy these medicines without a prescription.

Heartburn

Heartburn or bloating is also common after surgery. You will be given Nexium® in the hospital. When you are discharged, you will be able to return to your regular heartburn medicine or Prilosec®, Pepcid®, Tagamet® or Zantac®.

Spasms and swelling

You may have bladder spasms that feel like intense cramping pain in your lower abdomen and penis, with an urgent need to urinate. These spasms usually get easier over time as your bladder adjusts to having the Foley catheter. Standing up and walking around sometimes relieves the spasms, or you may need to call your doctor to get medicine to prevent them. Even though this medicine causes dry mouth and constipation, it can be helpful.



JP drain

The JP drain removes the wound fluid that collects beside your bladder. Normally, the JP drain is taken out before you are discharged from the hospital, but sometimes you need it for a few more days. If your JP drain has not been removed before you leave the hospital, you will be taught how to take care of it. Having the drain is not painful, although sometimes it can be a bit messy.

Foley catheter

When you leave the hospital, you will have a urinary catheter called a Foley catheter that will stay inside you for the next 10 to 14 days. It is held in place inside your body by a water filled balloon. The catheter drains urine directly from your bladder, allowing the new connection between your bladder and urethra to heal completely. Check to be sure that urine is collecting in your drainage bag. In the rare event that your catheter is not draining, call your doctor immediately.

Swelling

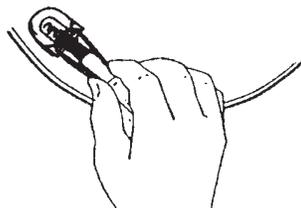
- You may notice swelling in your scrotum and penis for a week or two. Wear briefs type underwear to support your scrotum and feel more comfortable.
- It's not unusual to see blood in your urine while you have your Foley catheter. It's normal. The more you drink, the clearer your urine will be. If you see blood, stop to rest, put your feet up, and drink water.
- Also, it is normal to see urine or blood-stained fluid leaking from around the catheter, especially when you have bowel movements. Keep the catheter really clean, to prevent irritation. Every day when you shower, clean all the dried matter off the tip of your penis with a wet washcloth. When you have dried off, apply a tiny bit of Neosporin® to the tip of your penis.

Drainage bags

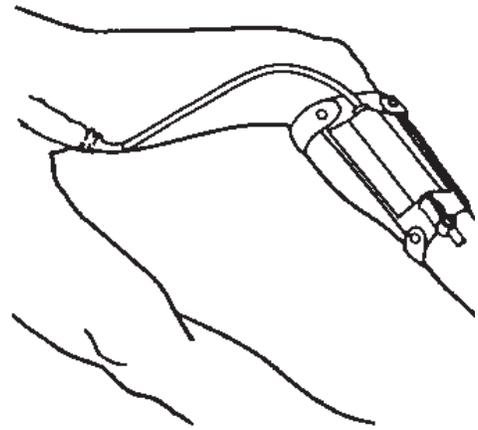
The Foley catheter drains into a urinary leg bag in the daytime and a larger bedside bag at night.

Bedside bag

You need to drain the urine from the bedside bag each morning. First, squeeze the green plastic wings and pull down. The silver clip holds the urine in the bag. To

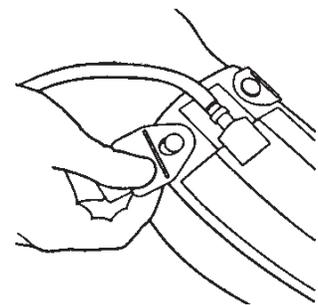


First, squeeze the green wings



The Foley catheter is attached to the leg bag in the daytime.

release the clip, lift up on the horizontal part. When you are finished draining the urine, close the clip and replace the green tube into the holder.



Bands hold the leg bag in place.

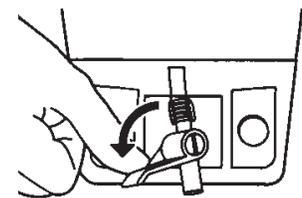
Leg bag

In the daytime, the urine from the Foley catheter collects in the leg bag.

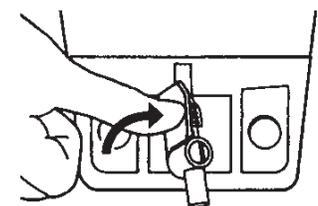
To drain the leg bag, pull down on the blue lever to open the valve. When you finish draining the bag, close the blue lever.

Bands hold the leg bag in place. If you wear the bag on the inside of your leg, you can drain it by putting your leg on the toilet and opening the valve. You don't even have to take off your pants.

When you want to change from one bag to another, sit on a toilet. Disconnect the catheter from the holder and get rid of the urine in the tubing. To drain it, first pinch the catheter shut. With your thumb, push the bag tubing away from the catheter.



To drain the leg bag, pull down on the blue lever to open the valve.

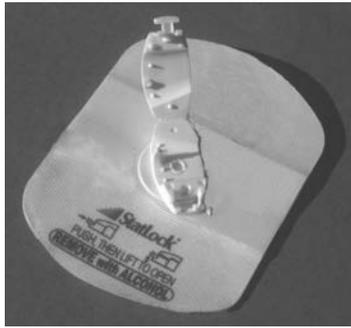


When you finish draining the bag, close the blue lever.

Statlock

A statlock fastens the catheter to your leg so it won't pull on your penis. Always keep it fastened. If you notice the white patch curling up, change to a new one.

To change a statlock, first shave your leg if it is hairy. Then open both adhesive skin preps. Wipe both skin preps where you want the patch to be. They will feel sticky. Let them dry, and then put on a new patch. Peel off one side first, put it on your skin, and then peel off the other side so you won't put your fingers on the sticky part.



To release the catheter from the statlock, squeeze the T-piece on one end and lift it up. To put the Foley catheter back in place, lay the catheter inside the Y and snap down the statlock.

Cleaning your bags

At home you need to clean out both bags every day. First, wash your hands. Empty the bag of urine, and drop a little liquid soap through the tubing. Fill the bag halfway with water and shake it around. Then drain the water into the toilet.

When your Foley is removed

When it is time for the Foley to be removed, some men will ask their local doctor to remove it, or your doctor at Vanderbilt can remove it. It is not painful. The doctor drains fluid from the balloon inside you, and the catheter slides out. Afterward, you will need to take antibiotics for three days.

On the day you have your Foley catheter removed, bring a Depends Undergarment® with you, and expect to wear pads for protection for a time. Incontinence or leaking is common just after the catheter is removed. You may want to wear a small absorbent pad inside a larger pad and change the smaller pad more frequently. Or, if you don't leak much, consider using Male Underguards®, a small pad that sticks to the inside of your underwear. It takes some time for your bladder to recover after surgery. It may take several months to quit leaking completely.

Stress incontinence

- You will notice also that you leak more when you move about, stand up or carry things. This is called stress incontinence.
- Toward evening, your leaking will probably be worse because your pelvic muscles tire.
- You will notice that during the night, when you are lying down, you will not leak. This is simply because of gravity. The weight of urine in your bladder is not pressing downward when you are lying down.
- You may have stress incontinence when you exercise vigorously, especially if your bladder is full or if you are tired or drink alcohol. You can avoid a problem in these situations by wearing a small pad. Most men have satisfactory urinary control within a year. If you don't, be sure to talk with your surgeon. Something can be done.
- Kegel exercises may be helpful. They are performed by tightening and releasing the muscles surrounding the urethra.

Skin care for incontinence

After the catheter is removed, it is important to try to keep your skin dry to prevent a rash around your scrotum. If you get a rash after the catheter is removed, take a shower at least once a day, and then use a hair dryer on the cool setting to thoroughly dry the area. Try to avoid tight fitting underwear. It is not a good idea to wear an external catheter or a condom catheter because they increase the risk of infection. Call the Urology Clinic if the rash fails to improve or gets worse.

Showering

At home, you may shower the day after you leave the hospital, but don't take tub baths until your catheter is removed.

Remove any bandages before you shower. When you take a shower, use the catheter plug and be prepared to take a short shower. When you finish, connect the

You Can Lift More Than 10 Pounds and *Begin* to Use Your Muscles

6 weeks after
open surgery

4 weeks after
robotic surgery

catheter to your leg bag or bedside bag.

Don't rub and scrub your incisions, even though you can't see any stitches. Just let the water wash over them and gently pat them dry. If you have Steri strips, you may remove them in a week if they have not already come off. Do not put any lotions, creams, or vitamins on your incisions. It's normal to see bruise marks.



Listen to your body

Activities at home

For the first four to six weeks at home, do not lift anything that weighs over ten pounds, and do not do anything that makes you strain, like digging or mowing the lawn, swimming, working out, playing golf, boating or hunting. It's okay to walk up and down stairs when you need to. Listen to your body. When you hurt or feel tired, rest.

- Avoid sitting for more than an hour with your feet on the floor. Keep them propped up on a footstool. Get up every hour and a half to walk. This is important to help your blood circulate and help prevent blood clots. Plan to walk at least 8 to 10 times a day. Walking will not hurt you.
- The area between your scrotum and anus, called your perineum, may be tender for several weeks or months, so avoid sitting on anything very hard or pointed such as a bicycle seat.
- You may feel fullness or tenderness in the rectal area when you have a bowel movement. This is normal and happens because your prostate gland formerly lived in this area and your body is adapting to swelling caused by the surgery. No treatment is necessary and it will soon go away.

Traveling

When you travel, stop every hour and a half and walk around. You **cannot drive** for two weeks after surgery.

SURGERY DATE _____

If you need the doctor to sign FMLA and short-term disability return-to-work forms, you must bring them to your doctor or fax them to 615-343-9815 **before your surgery**.



ONE WEEK AFTER SURGERY DATE _____

Call 615-322-2880 to get test results. These results tell you if you had cancer cells in your lymph nodes or outside your prostate.



You will probably be able to get back to most of your normal activities.

4 WEEKS AFTER ROBOTIC

SURGERY DATE _____

6 WEEKS AFTER OPEN

SURGERY DATE _____



Your surgeon will want to see you to make sure you are healing properly and to draw blood for a PSA test that all patients have after this surgery.

6 WEEKS AFTER YOU

ARE DISCHARGED DATE _____

Remember that your Vanderbilt health care team wishes you well. Please call if you have questions or concerns.

**Vanderbilt Urological Surgery Clinic
Vanderbilt Clinic, 3rd Floor**

615-322-2880

The phone is always answered, and you will be put in contact with a doctor or nurse.

