

Doing Your Part After Surgery:

What Dr. Catalona Expects You to Do After Radical Retropubic Prostatectomy

(*Please bring this guide to the hospital with you and refer to it daily during your stay).

In most cases, patients can help improve their recovery time and reduce their risk of complications after surgery by following the post-operative instructions described. Keep in mind that the symptoms described in this information are only those most commonly reported by patients following a normal surgery. **Please use this list as a set of guidelines regarding what to expect and do after surgery. Please keep your nurse informed of your pain and how you are progressing in the planned program throughout your recovery.**

Day of Surgery

How will I feel?

- 1) **When you wake up from surgery, you will likely feel the urge to urinate, have a bowel movement, or both. You may also feel abdominal pressure or gas pain. Gas pain occurring after surgery will last for three days, unless you take larger than normal quantities of narcotics or similar drugs that are “downers”.**
 - You will feel the urge to urinate because your bladder is trying to expel the newly placed catheter. This feeling should go away during the middle of the night on the day of surgery.
 - The abdominal and rectal walls have been manipulated during surgery and may be swollen. This can result in a feeling of abdominal pressure.
 - Undergoing general anesthesia for surgery causes the bowels to “relax” and they will not be fully “awake” for a few days. As the bowels begin to return to their normal functioning, gas pain will develop. The gas pain should gradually lessen with increased walking and avoiding the use of constipating pain medications such as morphine. It may also help to avoid drinking through a straw and limit consumption of carbonated beverages.

2) You may have pain in or around your abdominal incision.

- After surgery, a dressing is placed over the incisions to protect it, and a suction drain is put in place through the incision to remove any excess fluid in the surgical wound. Your abdominal muscles will be sore after surgery and you will feel pain in your incision particularly with activity (such as turning) that causes increased abdominal pressure. Holding a small pillow lightly against your incision while coughing or moving will help decrease your discomfort. However, you should not deliberately try to cough, as it is painful. Please use the incentive Spiro meter (blue breathing machine) instead to keep you lungs clear.

What will I need to do?

- 1) **You will need to get out of bed and walk at least once or twice during the day of your surgery (once if your surgery was in the afternoon, and twice if your surgery was in the morning).**
 - **Why?** Walking after surgery will decrease gas pain and help to prevent complications such as pneumonia or blood clots. ***You should ask for assistance at least the first time you get out of bed and as needed, thereafter.**
- 2) **You should lubricate your catheter generously with Bacitracin ointment prior to every walk**
 - **Why?** The antibiotic ointment will help prevent infection and keep the catheter from sticking to your skin.

Day of Surgery continued...

- 3) **You should turn at least once every hour while in bed and use your incentive Spiro meter 10 times per hour while awake.**
 - **Why?** Turning and deep breathing (enhanced by using your incentive Spiro meter) will help expand your lungs. This will help prevent pneumonia after surgery.

What else should I expect?

- 1) You will be given a clear liquid diet today and will likely not need to have a bowel movement until the third day after surgery.
- 2) You will get antibiotics through your IV to help prevent infection.
- 3) You will take a stool softener (Colace or docusate sodium) to help prevent constipation.
- 4) You will receive pain medicine (Toradol) every six hours through your IV. This can be supplemented with either morphine or Tylenol, if needed. **Try to limit the use of morphine, if possible, to help prevent increased pain and/or constipation.**

1st Day After Surgery (Post-Op Day 1)

How will I feel?

Today, you will likely feel slightly bloated and have more gas pain than yesterday. You may also be more aware of the incisional pain.

What will I need to do?

- 1) **You should get out of bed and walk at least once every 1 1/2 hours. Your first walk of the day should be no later than 8 a.m. Each walk should cover at least 100 yards (one lap around the hospital floor).**
 - **Why?** Walking after surgery will decrease gas pain and help to prevent complications such as pneumonia or blood clots.
- 2) **You should lubricate your catheter generously with Bacitricin prior to every walk.**
- 3) **You should continue to turn at least once every hour while in bed and use your incentive Spiro meter 10 times per hour while awake.**

What else should I expect?

- 1) If tolerated, your diet may be advanced from clear liquids to solid foods, but eat only half of what you think you desire.

What else should I expect continued...

- 2) You will get antibiotics through your IV to help prevent infection.
- 3) You will take a stool softener (Colace or docusate sodium) to help prevent constipation.
- 4) You will receive pain medication (Toradol) every six hours through your IV. This can be supplemented with either morphine or Tylenol, if needed. **Try to limit the use of morphine to help prevent increased gas pain and/or constipation.**

2nd Day After Surgery (Post-Op Day 2)

How will I feel?

You will continue to have gas and incisional pain. Your appetite may return, and you may feel like eating solid foods. Eat only about half the portion of solid food.

What will I need to do?

- 1) **You should get out of bed and walk at least once every 1 ½ hours. Your first walk of the day should be no later than 8 a.m. Each walk should cover at least 100 yards (one lap around the hospital floor).**
- 2) **You should lubricate your catheter generously with Bacitracin ointment prior to every walk.**
- 3) **You should continue to turn every hour while in bed and use your incentive Spiro meter 10 times per hour while awake.**
- 4) **You should watch the instructional video, “Catheter Care for Men after Urologic Surgery” which may be accessed via the On-Demand Patient Television system in your hospital room. (To view the video, dial 6-5957 on your bedside phone, and follow the instructions. The video title number is “90”. Your nurse can assist in ordering the video for your viewing).**
 - **Why?** You will have a catheter for 10-14 days following surgery and will need to learn how to care for the catheter before leaving the hospital.
- 5) **Read attached Discharge Instructions before leaving the hospital.**

What else should I expect?

- 1) You will be advanced to a solid diet (if you haven't already).
- 2) You will stop getting IV antibiotics when your drain is removed.
- 3) You will take a stool softener (Colace or Docusate Sodium) to help prevent constipation.
- 4) You will take Toradol and/or Tylenol 1-2 tablets every 4-6 hours for pain.
- 5) Today, the house staff will remove your dressing and drain. You should shower afterwards.
- 6) You may leave the hospital today, if you wish. Your IV will be removed at discharge.
Please read attached Discharge Instructions BEFORE leaving the hospital.

3rd Day After Surgery (Post-op Day 3)

How will I feel?

Your gas pain should be decreasing. You will probably have a bowel movement today. You may continue to have discomfort in your incision area, and this should gradually lessen over the next two weeks.

What will I need to do?

- 1) **You should continue to get up and walk at least once every 1 ½ hours**
- 2) **You should lubricate your catheter generously with Bacitracin ointment prior to every walk.**
- 3) **You should continue to turn every hour while in bed and use your incentive Spiro meter 10 times per hour while awake.**
- 4) **If you do not have a bowel movement today, take 1 tablespoon of Milk of Magnesia at dinner.**

3rd Day After Surgery (Post-op Day 3) continued...

5) After your bowel function has returned, you may start taking iron up to 3 times per day. (If the iron upsets your stomach, you can cut back to 2 or 1 tablets per day).

➤ **Why?** Taking iron will help rebuild your body's red blood cells after surgery.

6) You should watch the instructional video "*Catheter Care for Men after Urologic Surgery*" which may be accessed via the On-Demand Patient Television system in your hospital room. (To view the video, dial 6-5957 on your bedside phone, and follow the instructions. The video title number is "90". Your nurse can assist in ordering the video for your viewing).

What else should I expect?

- 1) You will take a stool softener (Colace or Docusate Sodium) to help prevent constipation.
- 2) You will take Toradol and/or Tylenol 1-2 tablets every 4-6 hours for pain.
- 3) You may leave the hospital today, if you wish. You IV will be removed at discharge. **Please read attached Discharge Instructions before leaving the hospital.**

Discharge Instructions

(Please review and ask questions BEFORE leaving the hospital)

- 1) **Wear TED hose (white compression stockings) on the trip home. You may then discontinue wearing them.**
- 2) **It is common to experience swelling and/or bruising/discoloration to the scrotum. Please elevate your legs as much as possible whenever you are not walking. Swelling may worsen if too much time is spent sitting upright in a chair with legs hanging down. If there is swelling, wear briefs that give support and lie down with your legs elevated above your heart.**
- 3) **Wear overnight catheter bag while in your home, but you may switch to the leg bag when you go out. You may not drive until the catheter has been removed.**
- 4) **Lubricate catheter generously with Bacitracin ointment before every walk (at least seven walks per day).**
- 5) **Genital and/or groin skin rash: Rarely, patients develop a yeast infection in the groin and scrotal area due to the combination of antibiotics given with surgery and the Bacitracin ointment used to lubricate the catheter. These antibiotics kill the normal skin bacteria and allow a yeast infection to move in.**

Discharge Instructions continued...

This can be avoided or treated by keeping the area clean and dry. Sometimes topical or oral antifungal medication is needed and should be started as soon as possible to avoid letting the yeast infection get out of control.

- 6) Please call the Joy Harmon @ (312) 695-6126 to schedule any follow-up appointments. ***Please make appointment for your catheter removal and follow-up doctor's visit prior to or shortly after being discharged from the hospital. You may schedule an appointment through the office or you may schedule with your local doctor's office if it is more convenient.**
- 7) Start antibiotic (Cipro 500mg) the night before your catheter is removed and continue twice/day for 1 week after catheter is removed.**
- 8) Begin pelvic floor (Kegel) exercises after catheter is removed. Do only as Dr. Catalona directs in his instructions provided in your blue folder.**
- 9) You can drive after the catheter is removed.**
- 10) Take a stool softener (Colace or Docusate Sodium) 100mg twice per day. You may need to continue the stool softener as long as you are taking iron since the iron may cause constipation. It is also permissible to use a Dulcolax suppository or a tablespoon of Milk of Magnesia.**
- 11) After your bowel function has returned, you may start taking iron up to 3 times per day. (If the iron upsets your stomach, you can cut back to 2 or 1 tablets per day). Continue the iron for 6-8 weeks after surgery, if tolerated.**
- 12) You may resume taking aspirin, if applicable, after the catheter has been removed if you have no obvious signs of bleeding (such as blood in the urine).**
- 13) Take Toradol and/or Tylenol 1-2 tablets every 4-6 hours for pain. You should NOT take narcotics, as they cause constipation, which is a problem with a catheter in place.**
- 14) You should remove the steri-strips from your incision one week after surgery if they have not already fallen off by then. No other bandage is needed unless there is rubbing against your clothing.**
- 15) Avoid strenuous exercise for 6 weeks; do not lift more than 25lbs for 4 weeks after surgery.**
- 16) You may begin erectile rehabilitation using Cialis, Levitra, or Viagra approximately 1 month after surgery. (Please refer to "Recovery of Erections Document" in your blue folder for more specific information). You may obtain prescriptions through our office or your local doctor. You may resume sexual stimulation 6 weeks after surgery, if able.**

Discharge Instructions continued...

Remember, no erections are expected for 3 to 6 months. First, erections begin to return as partial erections. The erections improve in an unpredictable fashion for up to 36 months after surgery. By 36 months, erections are as good as they are going to get. During this 36 month period, anything that increases the blood flow to the penis is believed to be beneficial to the ultimate return of erections.

- 17) Please have a PSA test performed approximately 1 month after surgery (or at your follow-up appointment) and have the results faxed to Dr. Catalona @ (312) 695-1144 (if performed at an outside lab).
- 18) Our office will mail the following reports to the doctor(s) you have specified: operative note, discharge summary, history & physical, discharge letter, and pathology report.
- 19) If you have NOT received your final pathology report by one week after surgery, please call the office (312) 695-6126 and request the report. Dr. Catalona (or a nurse) will provide you with the results.
- 20) It is not uncommon for a hemorrhoid problem to develop or worsen following prostate cancer surgery due to the fact that some of the hemorrhoidal veins are sutured during the operation. When these sutures dissolve, this problem should resolve. It may be treated by keeping the stool soft to avoid straining with bowel movements and topical Anusol ointment.
- 21) Please report any of the following problems immediately to the office and/or your local doctor:
 - Fever over 101° F, severe or increasing flank pain, nausea or vomiting.
 - Redness, swelling, or tenderness around your incision and/or legs.
 - If you have urgent medical concerns when our office is closed, please call the Urology Department @ (312) 695-8146 to speak with the physician on call.**Please note – you may have blood or urine leak around the catheter from your penis when your bowels move and this is normal.

Follow-up Information

Please notify Dr. Catalona of the following after surgery: (You may call the office @ (312) 695-8146 and ask to speak to a nurse or you may fax updates/results to Dr. Catalona @ (312) 695-1144, or you email Dr. Catalona, wcatalona@nmff.org).

- 1) Postoperative PSA (1 month after surgery) AND follow-up PSA's (every 6 months after surgery).
- 2) Sexual potency – when erections are sufficiently rigid for penetration (with or without medication).
- 3) Urinary continence – when you no longer need protection.