



# Radical prostatectomy

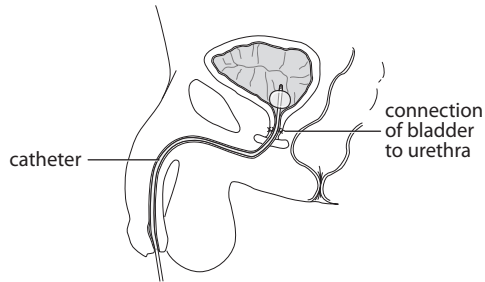
## Discharge instructions



You are being discharged from hospital after having a radical prostatectomy for control of prostate cancer.

**Y**ou are now ready to be discharged from hospital after having a radical prostatectomy for control of prostate cancer. The prostate was removed completely and the urinary tract was reconstructed by suturing the bladder to the urethra (“urinary passage”) over a catheter (bladder drainage tube).

Side view of catheter in bladder after prostate removal



### Activity

It is normal to feel the need for extra rest in the first few weeks after a radical prostatectomy. Gradually resume your usual activities over the next month and try to go for a short walk every day. Avoid heavy lifting (over 10 kg or 20 lbs) or straining for about six weeks from the date of surgery as these activities can injure the healing incision.

Travel is not advisable for about four weeks, until your energy level has returned to normal. Sexual activity may be resumed when your catheter is removed and you are comfortable.

### Wound care

There may be some bruising or swelling around the incision and into the base of the penis or scrotum. This should disappear gradually over several weeks. The incision should eventually fade over several months.

The staples or sutures closing your incision may be removed prior to your discharge from hospital. If not, you will be informed when they are to be removed, usually within a week of your surgery. The staples or sutures may be replaced with skin tapes which can be removed after one week.

A dressing may be applied to the incision for additional protection. This should be changed as necessary if it becomes soiled or wet.

### Catheter care

A catheter running from the bladder and out through the urethra out the end of your penis drains urine while the new connection heals. A balloon on the catheter tip in the bladder prevents it from falling out.

Before your discharge from hospital, you will be taught how to manage the catheter and urine collection bag. Bloody discolouration of the urine or small blood clots are not unusual. A “leg bag” can be fastened to the calf with straps and worn discretely under the trousers. A larger bag can be attached in the evening and placed at the bedside for overnight drainage.

It is not unusual for a small amount of urine to leak from the urethra alongside the catheter, particularly with straining or at the time of bowel movement. This happens because the muscular urine control “valve” makes a poor seal around the catheter. If this happens, you may need to wear a small pad in your underwear. You may have an urge to urinate from bladder spasms. This may be controlled with medication, if necessary.

A discharge, sometimes with blood or crusting, at the opening of the penis or on the catheter is common. It can be washed away daily with a facecloth and mild soap.

### Bowel function

Your normal bowel pattern should return when you resume your usual diet and activity. Avoid straining to have a bowel movement. A non-prescription stool softener, like docusate sodium (Colace™), is often helpful.

### Hygiene

You may bathe or shower as you like. Prolonged soaking in water, e.g. hot tub or swimming, should be avoided until your catheter is removed.

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## Discharge instructions



### Medications

Most men will be prescribed a strong painkiller such as acetaminophen with codeine (e.g. Tylenol #3™) to be used as needed. Milder painkillers such as acetaminophen (e.g. Tylenol™) or ibuprofen (e.g. Advil™) may be used for lesser discomfort.

You may be advised to take iron tablets to speed the restoration of any blood lost at surgery. Antibiotics may also be prescribed. Please take these medications as advised by your urologist.

You should be able to continue with your usual medications. If you are on blood thinners, you should discuss with your urologist when to resume these drugs as they may increase the risk of bleeding after surgery.

### Follow-up

Arrangements will be made for you to be seen usually within a few weeks from the date of surgery for removal of your catheter. **Your catheter should be removed only under the direction of your urologist.** This involves deflating the catheter balloon after which it should slide out easily with minimal discomfort. It is quite common to have dribbling leakage of urine for a while after the catheter is removed. An absorbent pad, purchased from any pharmacy, should be available when your catheter is removed. After the catheter is removed, should you have any difficulty urinating, you should contact your urologist.

Starting pelvic floor exercises (Kegel) soon after the catheter is removed may help you gain bladder control earlier. The success of these Kegel exercises depends on proper technique and some men have difficulty identifying and isolating the muscles of the pelvic floor after surgery. Care must be taken to learn to contract the correct muscles. These would be the same group of muscles that you would use if you needed to suddenly stop your urine stream (**you do not however normally do these exercises while you are voiding**). Often, men contract the abdominal or thigh muscles, while not working the pelvic floor muscles. Once you find the correct muscles, try squeezing them hard for a count of three to ten seconds, and then let them relax. Try increasing the number and time of these squeezes and continue these several times a day. For example, suppose you start by being able to do only five strong squeezes: try doing three sets of five once or twice a day for a week, and then try increasing your Kegel exercises to three sets of eight strong squeezes.

All of the tissue removed at surgery will be carefully examined to determine the extent of prostate cancer within the gland. The report of this examination will be discussed with your urologist at your follow-up appointment.

Please arrange your follow-up appointment as soon as possible after your discharge from hospital.

### Follow-up

Please contact your urologist's office within the next week to arrange for a follow-up appointment in \_\_\_\_\_ weeks/months.

or

Your follow-up appointment has been arranged for \_\_\_\_\_ (time)

on \_\_\_\_\_ (date) at \_\_\_\_\_ (location)



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