

Radical Prostatectomy

Patient Information



THE PROSTATE CENTRE
Serving Vancouver Island and the Gulf Islands

5th Revision November 2008

Table of Contents

Introduction 1

Your Health Care Team 2

Hospital Admissions 3

Hospital Information 3

Pre-Admission Clinic 4

Before Surgery Blood Donation 4

Medications 5

List of My Medications 6

What Happens When I am Admitted to the Hospital? 7

A Special Message to Family and Friends 7

How Do I Prepare for Surgery? 8

Kegel Instructions for Pre- & Post-Prostatectomy Patients 9

Breathing and Leg Exercises Before and After Surgery 9

The Operating Room 11

What Can I Expect After My Surgery? 12

Going Home 12

Catheter Care at Home 15

Recovery 18

Conclusion 19

Questions to Ask Your Doctor or Nurse Prior to Discharge. 19

Radical Prostatectomy: Patient Information

*Originally prepared by Bridget Utah, RN BSN in 1998 for
The Vancouver Island Prostate Cancer Research Foundation.*

Revised November 2008. Reprinted in 2008 by VIHA Printing Services

The Prostate Centre

Our Vision

To serve as a not-for-profit, independent but complimentary organization to the Vancouver Island Health Authority, by providing a community-based facility to:

- Supply information and support to men and their families about awareness, prevention, and treatment of prostate cancer
- Ensure the unreserved support of the medical community to men and their families affected by prostate cancer
- Initiate and support research programs that seek a cure for prostate cancer

Our Mission

To provide service to men and their families by:

- Supplying access to, and the understanding of, unbiased information about prostate cancer
- Creating public awareness initiatives about prostate health and prostate cancer
- Offering access to, and collaboration with, other organizations, support groups, and medical professionals to help enhance the quality of care
- Supporting research activities in the search for prevention of and a cure for prostate cancer



100 – 1900 Richmond Road, Victoria, BC V8R 4R2

Phone: 250-388-0214 Toll Free: 1-866-388-0214 Fax: 250-388-0215

www.theprostatecentre.info

Introduction

Dear Patient:

You are scheduled for radical prostatectomy surgery, which is intended to treat and ideally cure your early stage prostate cancer. You and your family may have questions and concerns regarding your hospitalization and recovery at home.

This booklet will give you information and instructions that will help you to prepare for your surgery. Also included is information to help you and your family prepare for your recovery from prostate surgery.

We hope that you will have an opportunity to read this information prior to your hospitalization, and write down any questions or problems that come to mind in the spaces provided. If you need clarification about specific details, you should contact your urologist's office. Please bring this booklet along with you to the hospital. Your urology team at the hospital can clarify specific details about your care and address any of your concerns.

If you would like more information about prostate cancer, please refer to:

- The Intelligent Patient Guide to Prostate Cancer, 3rd Edition, by Dr. Larry Goldenberg
- Cancer Information Service at 1-888-939-3333
- The Prostate Centre Suite 100 – 1900 Richmond Ave. Victoria, BC V8R 4R2 250-388-0214 or toll free from Vancouver Island at 1-866-388-0214
- The Vancouver Island Prostate Cancer Research Foundation (The Prostate Support Association) #107-1027 Pandora Ave. Victoria, BC V8V 3P6, 250-920-0772
- Various Prostate Cancer Support Groups on Vancouver Island and the Gulf Islands (contact information available at The Prostate Centre)

Our hope is that you approach your surgery and recovery with confidence and assurance of the knowledge and support of all of us who are committed to your care and well-being.

Your Health Care Team

A staff of highly skilled professionals will care for you throughout your hospitalization. Each member of your health care team has a role in your care and recovery. You and your family are considered to be at the centre of the health care team.

The rest of the team will consist of some or all of the following health care professionals:

- **Surgeon (Urologist)** – performs the surgery with an assistant and supervises your care before and after surgery.
- **Resident** – a physician who has recently completed medical school and works closely with your surgeon.
- **Anaesthetist** – a physician specially trained in administering the anaesthetic and who will keep you asleep during your surgery.
- **General Practitioner** – your family physician who may assist with your surgery and/or visit you while you are in the hospital.
- **Registered Nurse (RN)** – is responsible for your care and helps co-ordinate, plan, and assess your needs throughout your surgical experience. The RN works closely with your surgeon and helps in planning your care.
- **Orderly/ Nurses Aide** – a nursing assistant who may provide care under the supervision of a registered nurse.
- **Physiotherapist** – is responsible for and assists in teaching and coaching you in your deep breathing and post-operative exercises following your surgery.
- **Dietitian** – helps provide a well balanced diet. He or she will assess your nutritional health and recommend changes to your diet if necessary.
- **Pastoral or Spiritual Care** – is offered to all patients through the nursing staff and volunteers.
- **Clerks** – work throughout the hospital performing clerical duties.
- **Home Care Nurse/ Community Liaison Nurse** – a Registered Nurse working with the hospital to plan for your discharge home.

Volunteers are men and women of all ages who complement the care given by hospital staff. Volunteers do not administer direct patient care but can provide special extras to make a patient's day a little brighter.

The Seniors Serving Seniors Return to Health Program offers support, if desired, to seniors living within the Vancouver Island Health Authority – South Island. This program assists seniors with little or no personal support prior to, during or after a hospital stay. Contact (250) 382-4331.

Post-surgery Volunteers – are available at: The Prostate Centre 250-388-0214, and The Prostate Support Association 250-920-0772.

Hospital Admissions

You may have your surgery at either:

Royal Jubilee Hospital (RJH)
1952 Bay Street, Victoria, BC
Telephone: 250-370-8000

- Enter off Richmond and Bay, park in the visitor's parking lot on the right or in the parkade.
- Enter the hospital through the Main Entrance, go to the Reception desk on your right.

Or

Victoria General Hospital (VGH)
1 Hospital Way, Victoria, BC
Telephone: 250-727-4212

- Park in the Visitor Parking lot off Watkiss Way (off Helmcken Rd.)
- Enter the hospital through the main entrance and go to the Reception desk on your right.

Hospital Information

Visiting hours are from 3 pm to 8 pm. Rest period is from 1 pm to 2:30 pm to ensure that you get adequate rest to recover from your surgery. There is **no smoking** permitted at either hospital, to ensure the comfort and safety of patients and staff.

Please avoid calling the nursing unit during shift changes (7 am and 7 pm).

Please designate **one person** to act as a contact person for family and friends as frequent calls take nurses away from the bedside.

Parking lots are available at the hospital. Remember to bring change for parking. Long term parking can be arranged for families from out of town. Please speak to Parking and Security for more information. Pay telephones are available for your use. Private phones are also available for rental (VGH only). Applications for rental of phones and

televisions are available on the nursing units/wards.

Cafeterias are available at both hospitals for visitors. In addition, vending machines are available for snacks and drinks. Gift shops, operated by volunteers from the hospital auxiliary, are available at both hospitals and supply reading materials, flowers, candies, and small gift items. Proceeds from the gift shop are used to purchase equipment for the hospitals.

Your urologist's office will ask which hospital you prefer and every effort will be made to accommodate your choice. Your urologist's office will tell you the date and location of your surgery. You will be reminded to arrange an appointment with your family doctor 2–3 weeks before your operation for a pre-operative physical examination.

Pre-Admission Clinic

Before your surgery, you will be contacted by a clerk in the Pre-Admission Clinic from the hospital where your surgery will take place. Over the telephone, the Clerk will ask you some questions about your health history and arrange your appointment at the Pre-Admission Clinic.

You may wish to bring a family member with you to this appointment. Please tell the clerk if you wish to stay in a private room when you come in to hospital for your surgery. Depending on the limited number of private rooms available, the hospital will make every effort to arrange this for you. Please bring your B.C. Health Care Card, Extended Health Benefit Card (if you have one), and a list of **all** the medications you are currently taking. (See space provided in booklet on page 6.)

Before Surgery Blood Donation

Your urologist will discuss with you the possibility of using donated blood or pre-donating your own blood (autologous blood donation) for use during your radical prostatectomy surgery. Your urologist's office and the lab at the Royal Jubilee Hospital (RJH) will arrange this procedure which may be done

At the Pre-Admission Clinic, a Clerk and a Registered Nurse will see you. The Clerk will review general information. The Registered Nurse will review your health history, your medication list, and instructions regarding your surgery day and care after your surgery. You will have an opportunity to ask the nurse questions and discuss any concerns. You will be asked to sign a "Consent for Operation" form. During this visit, tests will be done in the hospital as requested by your urologist. The nurse will give you instructions about these tests. Your doctor may request that you have an additional meeting with an anaesthetist. This visit, if necessary, will be arranged by the Pre-Admission Clinic at the hospital and usually will occur at the same time as your visit to the Pre-Admission Clinic.

over four weeks before your date of operation. Your urologist might recommend that you take iron pills to ensure that you are in a healthy condition to donate blood. You will be asked to sign a "Consent for Blood Transfusion" form. Please discuss this issue with your urologist.

Medications

Tell your family doctor and the nurse at the hospital of all medications you take, including supplements or recreational drugs.

Normally, on the day of surgery, you will continue taking prescription medications as per your usual routine. **Do not take:** water pills, blood pressure medication, oral diabetes medication or insulin **unless advised by your doctor or anaesthetist.**

Diabetic Medications:

Tell your doctor and nurse that you are diabetic. Your doctor will decide how to adjust your diabetes medication during and after your surgery. If you take insulin, you may be required to see a Diabetic Specialist and/or the anaesthetist before your operation date.

Aspirin (ASA), Blood Thinners (Coumadin) or Anti-Inflammatory Medications:

Normally, if you take Aspirin (A.S.A), **stop** 7–10 days before your scheduled surgery, as this medication can affect your blood's ability to clot. If you take Coumadin, your doctor will decide if it is wise to continue or to stop your medication. **Ask your doctor.**

Medications containing A.S.A:

- Acetylsalicylic acid (A.S.A.)
- Alka-Seltzer Preparations
- APO-ASA
- A.C.& C (Various manufacturers)
- Anacin products
- Asaphen
- Aspergum
- Aspirin products
- Bufferin products
- C2 products
- 217 tablets
- 222 tablets
- Coricidin products
- Doan's Pills
- Dodds tablets
- Dristan products
- Ecotrin
- Entrophen
- Instantine
- Midol
- Nervine
- Norgesic products
- Novasen
- Pain-Aid
- Percodan
- Pepto-Bismol
- Robaxisal products

Anti-inflammatory medication (such as Ibuprofen) should be avoided for 3 to 5 days prior to your surgery. Some non-prescription brands of Ibuprofen are:

- Actiprofen
- Advil Motrin-IB
- APO-Ibuprofen
- Medipren
- Motrin-IB
- Novo-Profen

Stop all vitamins and herbal remedies 2 weeks prior to your surgery. For headache and other minor pain relief, acetaminophen products such as Tylenol are safe to take.

How Do I Prepare for My Surgery?

- You may have clear fluid only, after midnight until four hours prior to your surgery time, unless you are advised otherwise by your doctor or the Pre-Admission Clinic Nurse. (Clear fluids include: water, clear tea, clear coffee, apple juice, popsicles, carbonated drinks, Jell-O). Orange juice, milk, cream and coffee whiteners are not considered clear fluids. Do not chew gum or suck on candies.

Your surgery time is:AM PM

Clear fluids until: AM PM

- Follow your doctor's instructions regarding medications. See "Medications – page 6". Please bring labeled prescription medications to the hospital. These will be returned when you are discharged.
- Your urologist will order a Fleet Enema to cleanse your bowels before surgery. Purchase this at your pharmacy and use it the night before surgery at 8 pm.
- Please have a bath or shower the night before or the morning of your surgery using unscented soap. Please do not wear any jewellery or aftershave.
- Please do not bring personal belongings at the time of your admission, if at all possible. Exceptions: hearing aid, glasses or contact lenses and their storage cases, labeled with your name.

- A suitcase or bag with the following items can be brought with you or prepared for your family or friend to bring in later: housecoat, slippers, personal hygiene items such as toothbrush, toothpaste, book/magazine to read.
- Please leave money, valuables, credit cards, cellular phones and jewellery at home. You may wish to bring quarters for the pay phone. ***The hospital is not responsible for valuables brought into the hospital.***
- If you are a smoker, do not smoke for 12 hours before your surgery. If your surgery is planned in advance, stopping for six weeks is preferred. For help dealing with smoking, please talk to your family doctor before surgery about the nicotine patch or gum.
- Complete any extra instructions given to you by your doctor's office and the Pre-Admission Clinic Nurse.

Please bring this booklet with you to the hospital so the nurse can review discharge instructions with you.

Kegel Instructions for Pre & Post Prostatectomy Patients

Pelvic muscles are layers of support muscles that help stop urine and stool leakage. After your operation, your pelvic muscles will be weak. Pelvic muscle exercises help you gain control. This section tells you how to do these exercises.

How to do pelvic muscle exercises:

1. Lie down with your knees bent and your feet and knees about 10 inches (25 cm) apart. (This exercise may also be done sitting or standing.)
2. Concentrate on your pelvic floor (rectal) muscles and relax all other surrounding muscles such as, stomach, buttocks and thighs. Imagine you are trying to stop yourself from passing gas. When you squeeze the muscles around the rectum, the rectal muscle should move but the buttocks, thighs and stomach muscles must stay relaxed. These muscles should not move at all. You should feel and see the base of your penis twitch and contract in.

3. Squeeze the pelvic floor (rectal) muscles with a firm hold. Hold for 5 to 10 seconds then relax for about 10 seconds.
4. Repeat the firm squeezes and relaxation for a total of 10 to 20 times in one session. Do a set of 12 to 20 muscle contractions three times a day.

In Three Easy Steps:

- ***Squeeze firmly*** for 5-10 seconds.
- ***Relax*** for 10-20 seconds. ***Repeat*** 12 to 20 times.
- Do the exercises 3 times a day.

Breathing and Leg Exercises Before and After Surgery

After any type of operation, there is a tendency for your lungs to produce more mucous than usual and for them not to expand fully. This is partly due to the effect of the anaesthetic, and partly because you will not be moving around as freely as usual following your surgery. In order to keep the

lungs clear of mucous and fully expanded, it is important to practice deep breathing exercises and to cough frequently after your surgery, especially in the first few days.

Detailed information on recommended exercises is on page 10.

Exercise and position	Repeat times	Times daily
<p>Breathing Exercises</p> <p>By breathing deeply and using your lungs as fully as possible, you will move the secretions and will be able to cough them up more easily.</p> <p>a) Take a deep breath in through your nose, expanding around your lower ribs. Pause.</p> <p>b) Breathe out through your mouth until all air is gone.</p> <p>When you are doing your deep breathing, it is good to hold your breath for 3 seconds every few breaths. This helps to keep the lungs fully open. If you are able to, changing positions in bed is also important and helps keep the lungs clear. Move from your back onto your side, or from side to side.</p>	5 x	Every Hour
<p>Coughing</p> <p>Coughing may be necessary to clear secretions accumulating in your lungs. It should be done after the breathing exercises.</p> <p>a) Bend your knees and support your incision firmly with a pillow or your hands.</p> <p>b) After several deep breaths, breathe in and cough sharply out.</p> <p>c) Clear sputum into a tissue. Rest for a minute, and then repeat (as long as you have sputum to clear).</p> <p><i>You cannot cause any damage to your incision by coughing.</i></p>	2 x	Every Hour
<p>Leg Exercises</p> <p>It is important to move your legs in bed. Do the following exercises to maintain good blood circulation to your legs:</p> <p>a) Bend your feet up and down at the ankles.</p> <p>b) Make circles with your feet in each direction keeping your legs straight.</p> <p>c) Pull your toes up and press your knees down into the bed. Hold for 3 seconds. Relax.</p> <p>d) Bend one knee and straighten it. Alternate legs.</p>	10 x 10 x 5 x 5 x	Every Hour Every Hour Every Hour Every Hour

Practice these exercises before your surgery, so that you know them well. If you have any problems, please ask your physiotherapist or your nurse for help.

The Operating Room

The Operating Room (OR) is a clean and safe environment; it is also a busy place full of machinery for monitoring patients during surgery. When you arrive, nurses will be in the room preparing for your surgery. The hoses, which hang from the ceiling, provide oxygen and anaesthetic gases, the machines near the head of the OR bed monitor vital signs and help the anaesthetist during the surgery. The OR may be brightly lit and feel very cold to you. The equipment can also make the room noisy.

Once you are in the Operating Room, you will be transferred to the surgical bed. You will be receiving a general anaesthetic OR a combination of general and regional anaesthetics during your radical prostatectomy surgery. Your anaesthetist will decide which type of anaesthetic is best for you. If

required, the regional anaesthetic (epidural) will be given first, while you are awake. It is administered by a tiny catheter placed into your lower back by the anaesthetist. This will be used to inject medication to control pain during and after your surgery. The anaesthetist will use freezing before inserting the catheter. A blood pressure cuff will be placed on your arm and other monitors attached to check your vital signs. Sometimes you will be given oxygen to breathe through a mask placed on your face. Your anaesthetist will begin injecting medication through your intravenous line for the general anaesthetic. General anaesthesia is a state of deep sleep with a loss of awareness and sensation. It is normal for patients to feel nervous at this time, please tell the nurses and doctor if you are feeling particularly anxious.

What Can I Expect After My Surgery?

- After your surgery, you will wake up in the Recovery Room. The staff will watch you closely. They will encourage you to breathe deeply and to cough. After your recovery period, you will be taken to your nursing unit.
- On the nursing unit, you will be given medication as needed to ease any postoperative discomfort or pain. To help to “measure your pain”, you may be asked to rate your pain on a scale of 0-10. Reporting your pain as a number helps the doctors and nurses know how well your medication is working and whether to make any changes.
- You will be on bed-rest for 24 hours. You will be helped out of bed as soon as it is appropriate.
- You will have a bandage over your incision that will be changed as directed by your doctor.
- You may have one or two drainage tubes to collect normal blood and fluids that drain when tissue is cut.
- Your diet will be increased as appropriate. Intravenous fluids (IV) may be used for a few days, until you can take fluids orally.
- You may become constipated because of the pain medication. Once you have resumed your regular daily diet and activity level, this problem should go away. Occasionally, laxatives can also help.
- You will have a catheter to drain urine from your bladder for approximately 2-3 weeks after your surgery. At first, the urine draining from your catheter will be red-tinged. This is expected.
- Instructions for doing Kegel exercises, breathing, and leg exercises are included in this booklet (page 9). These exercises will help with your recovery process.

Going Home

You will feel very tired when you arrive home from the hospital. It is recommended that you rest as much as possible and family members must be advised that you will not feel up to visitors, especially on your first day home. Be aware that feeling emotional can be a very common experience for patients.

You will be given a prescription at the hospital for pain medication. It can vary, but most patients do not require pain pills for longer than one week after surgery.

Diet and Bowels

When you have a wound, it is important to choose healthy foods which provide your body with the nutrition it requires to support healing. Depending on your bowels “returning to work” you may still be on a light, soft diet when you return home from the hospital. Remember to drink 6–8 cups of fluid per day, such as water, fruit juice, milk or soup. (Do not count coffee and tea in the 6–8 cups you drink). Avoid caffeine beverages as they have an irritating effect on your bladder.

Sometimes pain medication can cause constipation. Keep track of your bowel movements. You may need to take a “stool softener” (which will make bowel movements easier). Remember to support your abdomen with your hands while you are having a bowel movement. This will help to protect the operation area and decrease discomfort.

For patients who are having difficulty with constipation:

- Eat foods high in fibre such as vegetables, fruit, whole grain cereals and legumes. Canada’s Food Guide suggests that you eat at least 5 servings of grain products each day. Add fibre to your diet slowly to give your body time to adjust.
- Try foods with a natural laxative effect, such as prunes, prune juice, or fruit lax (available in the frozen food section of your grocery store).

Your Incision

You may come home from the hospital with a bandage over your incision. The nurses at the hospital will give you extra bandages to change as needed for a few days, then you will need to purchase your own. If you still have your drain in place, the nurses will give you additional instructions. If not, you will notice that you have “clips” that close the incision and a small area where the drain has been removed.

Some urologists use special stitches that dissolve a few weeks after surgery. The small “drain” area heals on its own over a couple of weeks. Make sure to keep it clean and dry. If you have clips (rather than dissolving stitches) closing your incision, you can phone and make an appointment with your family doctor to have them removed approximately 7 days after your surgery date. While your “clips” or stitches are still in, you may have a shower. Just be gentle with this area (do not rub or wash) and carefully pat dry after. You do not have to keep a bandage over your abdomen if there is no drainage or oozing from the incision.

Notify your Surgeon if:

- Drainage increases in amount or is foul smelling.
- The skin is increasingly red, tender or unusually warm to touch.
- You develop a low or high grade fever.

Physical Activity

You will be especially tired your first day home from the hospital. Make sure you get lots of rest, and between rests, move around carefully and slowly. Take rests before and after activities. If you have pain when you are up and walking about, it means you need to still take a pain pill. Remember that the pain pills take about 20 minutes to work. After the first

Discharge Instructions for Patients with Indwelling Foley Catheter

Due to an inability to properly empty your bladder, a small flexible tube (Foley catheter) has been placed through the urethra to drain your bladder. When it comes time for removal of the catheter, the balloon is easily deflated.

This catheter will be with you for only a temporary period of time. Your Urologist will arrange your follow up plans. Further investigations may be required.

You may have the occasional sensation of an urge to urinate, or an ache or cramp in your bladder area, tip of the penis, or even rectum. This is normal and is usually due to the bladder having a mild and temporary contraction (or spasm). This uncomfortable sensation is usually most pronounced in the first few days of having the catheter, and can be relieved with bed rest and extra oral fluids.

week, you will be increasing your activities. Walking is an excellent exercise for you. You can start out short distances and increase as you feel you are able. Ask your urologist about resuming other activities. Most patients are advised to avoid strenuous exercises for 5–6 weeks after surgery.

Occasionally, a warm pack or warm hot water bottle over the bladder area is helpful. Tylenol (acetomenophen) can also be helpful for mild discomfort. If spasms are severe, occasional stronger medications may be required and your Family Doctor or Urologist can prescribe these for you.

You may occasionally note some blood (and sometimes small dark clots) in the catheter tubing or collection bag, and sometimes, out of the tip of the penis around the catheter. This is not unusual and should not alarm you. Drinking lots of fluids helps to prevent this.

You may also on occasion note some leaking of urine around the catheter. This may occur with coughing or changing of position. It is a normal occurrence and should not worry you.

Catheter Care at Home

Personal Care

- Drink at least 8-10 glasses of fluid each day. Your urine should be a very pale yellow if you are drinking enough liquids.
- Try to avoid constipation as this can prevent the catheter from draining properly. If constipation occurs, take a mild laxative.
- Empty the collection bag before it gets too full, and wear the straps on the leg bag loosely and comfortably.

Catheter and Drainage System Care

- Wash hands with soap and water before and after handling the catheter or drainage bag.
- Wash the area where the catheter enters the body 2 times a day. This may be a bath/shower or washing by hand.
- Use soap and water, rinse, pat dry.
- Inspect skin around the catheter daily. Watch for crusting or discharge.
- Keep the connection clean between the catheter and the drainage bag tubing.
- Wear the smaller leg bag during the day and the larger bag at night.
- Always keep the bag below the bladder level for good drainage.
- Avoid bending or kinking the catheter tubing.

Daily Bag Care

- Clean the bags with a mild dish detergent (a small funnel is useful to help fill the bag with fluid).
- Fill the drainage bag with 1 part vinegar and 4 parts water and leave for 10 minutes.
- Hang to air dry.

Daily Cap Care

- Clean the drainage bag tubing cap by soaking it in soap and water or in a vinegar solution of 1 part vinegar and 4 parts water for 10 minutes. Rinse.

Every 2 weeks

- Replace the drainage bag.

Problems that you can solve

- Bladder spasms or cramps in the abdomen are common when a new catheter has been inserted. They are nothing to worry about and usually stop within one day.
- If no urine drains for 4 hours, check:
 - is the tubing kinked?
 - is the bag below the bladder level?
 - is the bag connected the right way?
 - have you been drinking enough fluids?
 - are you constipated?
 - have you been moving or walking?

Problems needing help



Your UROLOGIST is:

Dr.

Office phone #:

You should contact your Urologist, Family Doctor, or the Emergency Department if:

- you have chills or high fever
- the collection bag is not filling and your bladder is becoming full again
- the catheter falls out and you cannot pass urine yourself and the bladder becomes painful
- the catheter is in but no urine has drained in the past 4 hours and you have checked for solvable problems (see page 15).

Gaining Control

After your catheter is removed you may feel anxious about urinating. If, for some reason, you are unable to pass any urine for 4 hours after your catheter is removed; contact your urologist or the Emergency Department after hours. If you are unable to pass urine, your full bladder may cause your abdomen to feel sore.

Urinary incontinence or “leaking” of urine can be a side effect of your radical prostatectomy surgery. Coping with incontinence is one of the biggest concerns for patients. When your catheter is removed (2–3 weeks after surgery), you should expect to leak urine. Although it is different for every patient, you should be prepared to use some type of incontinent product such as Depends Undergarments after your catheter is removed. These pads are available at your local pharmacy. Patients differ with the amount and length of time they leak urine after surgery. As you regain control over your urinary stream, and the leaking slows down (over the first 3 months) you may require wearing a pad “ just in case”. This leaking will continue to improve over the 6–12 months following your surgery. In occasional patients (less than 5%), urinary incontinence can be ongoing and your urologist may advise other surgeries or treatments. Before your surgery, your urologist will have spoken to you about this possible complication.

Kegel exercises (page 9) are recommended for all patients who will be undergoing radical prostatectomy surgery and can be performed regularly even 2 months before the surgery. These exercises will strengthen the muscles that support your bladder and can help promote control with urination.

Stricture: a late complication

A few weeks after radical prostatectomy, narrowing of the urethra (stricture) can occur where the bladder and urethra were joined together, causing increased difficulty in emptying the bladder. This is unusual, occurring in one to two men for every hundred who undergo the operation. Minor stretching with a blunt-ended steel probe will alleviate it. This can be done at the urologist’s office under local anesthetic or occasionally in the operating room under a brief general anesthetic (Goldenberg, S. Larry. *The Intelligent Patient Guide to Prostate Cancer*. 3rd edition). Please contact your urologist during office hours or go to emergency.

Recovery

The partners of men with prostate cancer are often very concerned about their partner's health, specifically, about post surgery incontinence and erectile dysfunction. During this challenging time, it is important for patients and their partners to communicate with each other and seek additional support, if necessary. Your doctors, The Prostate Centre, Island prostate cancer support groups and the Vancouver Island Cancer Clinic all have services available. Just ask.

To the partners of radical prostatectomy patients: The feeling that you have to be "strong" to help your partner through his disease is common. Remember to express your worries and concerns to your partner; both of you can take pleasure in loving and supporting each other while you adjust to this change in your relationship. This can be a time for couples to strengthen their relationship. Remember, you both have fears and concerns.

Erectile dysfunction is the term used to describe the inability of men to achieve an erection satisfactory for sexual intercourse and is a usual side effect of radical prostatectomy surgery. Many patients receive information and counseling by the urologist before their surgery but have difficulty remembering the information because of the stress and pressure of the cancer and upcoming surgery.

Erectile dysfunction can be difficult for patients and their partners to adjust to. Although many patients find this subject embarrassing, please discuss it with your urologist after your operation. Fortunately, patients who experience erectile dysfunction can choose from several different options to bring back erections. Treatments include pills, pellets inserted into the urethra (opening in the penis), injections, vacuum devices and penile implants. If you are interested in learning about treatment options, ask your doctor. Treatments can start as early as three months after your operation and may be helpful to promote your recovery of erections. It is also helpful to remember that sexual pleasure can be achieved in a variety of ways. Ask to speak to one of the nurses at The Prostate Centre or speak to your urologist.

Conclusion

Even after the surgery, it is common for patients to feel anxious and stressed. Although these feelings will decrease over the first few months, it is important for patients and families to anticipate this reaction. Often frustration and stress can be reduced with information about aspects of your recovery, such as bladder control and sexual function. Although your doctor explained the side effects and complications prior to

your surgery, many patients are overwhelmed with their diagnosis at the time and unable to retain this information. As you and your family read this booklet before and after surgery, write down questions and review them with your doctor or nurse. Being able to communicate and feeling supported are extremely important factors in your recovery from your prostate cancer and surgery.

Questions to Ask Your Doctor or Nurse Prior to Discharge

Please review the following information prior to discharge.

The hospital nurses will be responsible for preparing you to go home by giving you instructions. Please make sure all of your questions have been answered to your satisfaction.

1) Medications on discharge

Your surgeon (urologist) will leave a prescription for you on the ward. The nurse will advise you on taking the medication prescribed.

.....

.....

.....

2) Wound Care

The nurse will give you instructions regarding wound care and bandages to use for your first few days at home. The nurse will remind you when to arrange with your doctor to have your clips removed and explain about your drain, if still in place.

.....

.....

.....

3) Catheter Care

The nurse will show you how to look after your catheter, including how to change from the larger bag to the leg bag and the care of both bags. You will be given an instruction sheet for caring for your catheter at home. Your catheter will be removed in the urologist’s office or by the Home Care Nurse.

.....
.....
.....

4) Diet

The nurses will advise you on diet and if a laxative is recommended. If the pain relief medications you are prescribed affect your bowels, a stool softener (e.g. Colace) may help. It is important to know that you must not strain to have a bowel movement. Straining can cause the catheter to leak and the urine in the catheter to become bloody.

.....
.....
.....

5) Bath or Shower

.....
.....
.....

6) Activities

Your nurse will advise you about your activity level.

.....
.....
.....

7) Return to work

Discuss with your doctor when you will be able to return to work.

.....
.....
.....

8) Home Nursing Care on discharge

If the Home Care nurse has been recommended by the nurses or your doctor, a visit will be set up before you leave the hospital.

.....
.....
.....

9) Follow-up Appointments

..... days with Urologist
..... with Home Care Nurse



Other questions

.....
.....
.....
.....
.....
.....



THE PROSTATE CENTRE
Serving Vancouver Island and the Gulf Islands

100 – 1900 Richmond Road, Victoria, BC V8R 4R2

Phone: 250-388-0214 Toll Free: 1-866-388-0214 Fax: 250-388-0215

www.theprostatecentre.info