

## UROLOGY SYDNEY

Level 1, St George Medical Centre  
1 South Street  
Kogarah NSW 2217  
Ph: 9587 4888 Fax: 9587 4899



### **Radical Prostatectomy Pre and Post Operative Care**

#### **Pre Operative care:**

##### **Preop investigations:**

Once your surgery date has been decided you will be sent for routine blood and urine tests, an ECG will also be performed at the same time. These blood and urine tests should be done two weeks before surgery.

If you are over 60 years of age, or have a cardiac history, you will be sent to a cardiologist for a stress test; if you have had a recent stress test please bring these results with you when you see your urologist.

##### **Hospital Admission Forms:**

These forms need to be filled out and returned to the hospital as soon as possible after seeing the urologist.

##### **Medications:**

At your pre op nursing consult you will be given a comprehensive list of medications that need to be ceased prior to surgery. All blood thinners (aspirin and anti inflammatory) medications will need to be stopped 10 days prior to surgery; these include natural supplements such as Omega 3, fish oil and krill oil. Your surgeon or nurse will advise you when you may recommence these medications.

If you are on anticoagulants such as Warfarin or Plavix, you may need to commence Clexane injection therapy prior to your surgery; your urologist will be in contact with your cardiologist where a decision will be made regarding these drugs.

Please bring all of your medications in their original packaging with you to hospital, so the nurses may dispense them to you.

Your doctor may have prescribed Viagra to be taken prior to your surgery. This is to be taken 2 weeks pre-op, twice per week, ½ a tablet (100mg dose) 2 hours before dinner. You do not take this medication again until your catheter is removed.

##### **Day of admission:**

The hospital will contact you the day prior to surgery regarding your admission time and fasting time.

You will arrive at the hospital at your designated time and will be shown to your room.

Reviewed Karen Keene 17/5/2013

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Your anaesthetist will come to the ward to see you before the operation.

### **The Operation:**

The operation takes between 2 – 3 hours, for open surgery and up to 5 hours for robotic surgery. When you return to your room from surgery you will have a urinary catheter in place; an abdominal drain and intravenous therapy.

If you have an open radical prostatectomy, you will have an 8cm incision from your belly button down to your pubic bone; this will be covered with a dressing. If robotic surgery has been performed you will have tiny incisions above and beside the belly button; these will be covered with a dressing.

Routine blood tests will be performed day 1 post operatively in hospital.

### **Length of Stay:**

If you are having open surgery your length of stay in hospital is usually 3 - 4 days, and robotic is usually 1 – 2 days. When you are pain free and progressing well, we like to get you home where you are able to recuperate more comfortably.

### **Pain Control:**

You will be given a slow release oral analgesia, IV Panadol, an anti-inflammatory medication and short acting pain reliever, if needed.

Sometimes you may have a PCA (patient controlled analgesia) attached to your IV over the first 12-24 hours. This is then removed and you will commence oral analgesia.

Please inform the nurses if your pain is not controlled, it is important to communicate to them your level of pain.

Pain relief requirements are very individual. Some patients require very little analgesia, others require more; whatever the case you will be sent home with suitable analgesia to take if required.

### **Physiotherapy:**

Most patients would have seen a specialist pelvic floor physiotherapist prior to surgery. You will have been instructed on how and when to do your pelvic floor exercises. Keep doing your exercises up until the surgery. You are unable to do them while the catheter is in place. When your catheter is removed you restart your exercise program, to help with regaining urinary continence.

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While in hospital you will be seen by the hospital physiotherapist to ensure you are able to deep breathe, use your tri flow and are able to get up out of bed and walk; they will be assisting you with this on day 1 and day 2 of your hospital admission.

### **Diet and Elimination:**

You are able to have ice chips and water as soon as you are fully awake. You will then progress to a clear fluid diet that night or the next morning.

Once you have passed flatus (wind) you will be able to have a light diet. This is a sign that your intestinal activity is starting to recover. We do not expect your bowels to be opened for 3-5 days; this is normal.

Many patients worry about the return of normal bowel function. Remember you have been fasting pre-operatively, then on clear fluids so it does take some time for things to start working again.

It is important that you do not become constipated; **do not sit on the toilet and strain.** A laxative and softener will be given to you in hospital and that medication will be given to you to take home with you. When you return home have a good fluid intake and eat an iron rich, high fibre diet.

### **The Catheter:**

The catheter will be in place for approximately 7-10 days, sometimes longer depending on the difficulty of the operation. It is held in place by a water filled balloon that is deflated prior to removal. It is necessary for the catheter to be left in place for this length of time to give the union between the bladder and the urethra time to heal.

It is important that the catheter be protected at all time; it is secured to your leg with a device called a "stat lock" it allows the catheter to move but not pull. Always wear your leg bag on the inside of your leg, this will avoid twisting.

### **Urine may leak around the catheter, a little is normal, also a little blood around the catheter is normal.**

Occasionally there is excessive leakage from around the catheter; if this is the case you will have a medication called Ditropan or Vesicare. These medications relax the bladder and reduce the bladder spasms causing the leakage. You will only require this drug if the leakage is excessive, a little is normal.

It is important that you stop this medication the day before the cystogram.

Shower normally, taking care to clean around the catheter.

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You will be given a supply of leg bags and overnight bags to take home with you from hospital; you will also be given a spare stat lock to replace if needed.

The leg bag is able to stay in position for one week; a new overnight bag is to be attached each night then disposed of in the morning. Do not disconnect the leg bag from the catheter. Attach the overnight bag to the bottom of the leg bag; instructions will be given to you on discharge.

### **What to wear in hospital:**

Please bring comfortable pyjamas to hospital and a supply of undies. The undies that we recommend are the firm trunks with the legs in them. They come up high on your tummy, not cutting across the middle of the wound, and they are also firm, giving excellent scrotal support. It is not uncommon to have some scrotal swelling and loose undies or loose boxer shorts are unsuitable. Bring your firm trunks to hospital with you.

You will need Tena for Men level 2 pads when the catheter is removed. If they are required in hospital they are provided by the hospital.

TED stockings, which will be given to you on admission; these anti-embolus stockings are worn until your cystogram appointment.

### **Cystogram:**

Before the catheter is removed an x-ray is performed; this is called a cystogram. This x-ray is done to determine if the anastomosis (join between the bladder and urethra) has healed. You will be given a time and date for the cystogram before you leave hospital.

You will be given an antibiotic to take for this procedure; this is for prevention of an infection. It is called Noroxin and you will be given 6 tablets to take, twice per day, the day before the cystogram, the day of and the day after. If your catheter is unable to be removed and the x-ray is repeated you will be given a prescription for another course of 6 Noroxin tablets.

### **Cystogram appointment:**

Most of our cystograms are attended at Dr Carl Bryant's radiology. They are located at St George Private Hospital on level 2. On the day of your cystogram, go directly to Bryant Radiology, at your appointment time; your request form has already been delivered to them.

Once you have had the cystogram, wait for the results and bring them to Urology Sydney rooms on the 1<sup>st</sup> floor. They will be reviewed by one of our doctors. If they are happy with the result, your catheter will be removed in our surgery. If the anastomosis has not quite healed, you will be given a new appointment to take out your catheter on a designated day, or you may need to have the cystogram repeated.

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### **Removal of Catheter:**

If your cystogram shows no leak at the anastomosis, one of our nurses will remove the catheter in our rooms; this usually happens at our head office at Kogarah.

When your catheter is removed you will experience some urinary incontinence; the Tena for Men pads will be needed at this time. It is a good idea to bring a spare pair of undies to the appointment for removal of your catheter.

Once the catheter is removed, you will need to have a good fluid intake over the next couple of hours in order to fill your bladder and then be able to pass urine.

An ultrasound of your bladder will be performed in our rooms to ensure you are emptying your bladder well. When our nurses are happy with your progress, you may then return home.

A 6 week post-operative appointment with your surgeon will be made for you and you will be given a pathology request form for a PSA test. This PSA test is to be done a few days before your 6 week follow up appointment.

If you live more than 2 hours away from the hospital, you will need to make arrangements to stay overnight in Sydney.

A very small percentage of patients will have a problem passing urine the first night the catheter is removed; this is uncommon, but can happen. This is why we like you not to be more than two hours from the hospital.

Bezzina House is an accommodation facility attached to St George Public Hospital. It is affordable accommodation for patients who are undergoing treatment for cancer. Many of our patients have used Bezzina House for the overnight stay when their catheter is removed.

### **Activity after surgery:**

As mentioned, you will be assisted by the hospital physiotherapist to get out of bed on your 1<sup>st</sup> day post-op. If your blood pressure is stable the nurses will assist you with showering. The wound is covered with a waterproof dressing. The drainage tube is usually removed 1 or 2 days after the operation. While in hospital your wound will be covered, and may stay covered until your catheter is removed, or it will be removed on the day of discharge. This is surgeon preference.

You may shower normally; the wound may be washed with soap and water. A dissolving suture is used or occasionally staples. If you have staples they will be removed in our rooms on the day of your cystogram.

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You may walk, climb stairs, but for the first 4 weeks avoid lifting anything heavier than 5-10kgs. Wait for 4 weeks before beginning any heavy exercises such as jogging, strenuous swimming or lifting weights.

You are able to drive after two weeks, as long as you are not on strong analgesics and are relatively pain free.

When discharged, avoid sitting with your feet on the floor for long periods; move around and sit with your feet up on a stool.

Do not plan any long trips for 6 weeks after the operation to avoid prolonged sitting.

### **Problems or concerns after surgery:**

If you experience any problems or have any concerns after surgery you are always able to contact someone at Urology Sydney, during office hours.

If you have a problem or concern between 9 a.m. until 5 p.m. Monday to Friday, please call Urology Sydney rooms at Kogarah – Ph: 9587 4888.

We have a nurse to take your call. If she is busy with another patient a message will be taken and she will return your call later during the day. If it is urgent please inform the secretary and she will have the nurse call you back immediately.

If you experience a problem after hours, on the weekend or on a public holiday, please call the hospital where you had your surgery and they will inform your surgeon, or the surgeon on call for Urology Sydney.

If it is of extreme urgency, please call an ambulance and inform the hospital that you are taken to of your recent surgery, and ask them to contact your surgeon.