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## INTRODUCTION

You are scheduled for admission and surgery to NYU Hospitals Center for a **Radical Prostatectomy**. Please read this handout, which discusses how you can prepare for your surgery as well as what you can expect during your stay in the hospital and when you go home. It describes how the members of the health care team -- physicians, nurse practitioners, nurses, social workers, and nutritionists -- will work with you, the most important team member, to ensure a smooth transition to home. Please share this information with your family members and/or friends.

**Bring the information packet to the hospital, as staff will be reviewing it with you.**

It is anticipated that you will be **ready for discharge 1-2 days after surgery**, although this will vary depending on your specific needs. Many people are surprised at how quickly they can return home after surgery. The discharge plan will be discussed with you starting in your doctor's office at your pre-surgery visit. The health care team will be helping you with any concerns you have about discharge. Included in this booklet is a list of questions to help you plan for your discharge. If you have any questions, please speak with your physician or nurse.

# BEFORE SURGERY

## **PRE-ADMISSION TESTING:**

Several days to a week before your surgery, you will be scheduled for an appointment at Pre-Admission Testing. At this appointment you will:

- Have an interview and an assessment with a nurse and a resident/nurse practitioner from your surgeon's service.
- Meet with an anesthesiologist who will explain the type of anesthesia you will have.
- Have blood test, EKG and in some cases, a chest x-ray.
- Sign a consent form giving your permission for the surgery after it has been explained to you.
- Have additional tests if they are indicated.

## **ADDITIONAL PREPARATION:**

- If you are taking Coumadin (warfarin), or taking aspirin once a day for heart, vascular or neurological reasons, check with you doctor for specific instructions.
- Avoid aspirin, aspirin containing products, medications from the class known as non-steroidal anti-inflammatory agents, and Vitamin E for one week prior to surgery.
- In most cases, antihistamines should not be taken.
- Discuss with your doctor what your options are for blood replacement.
- Do not eat or drink anything after midnight the night before your surgery.

- Shower the night before or morning of surgery.
- The morning of surgery take your medications with a sip of water as recommended by your physician. If you are taking diuretics (water pills) or medications for diabetes, make sure you get specific instructions.
- You only need to bring slippers and a robe to the hospital. Please do not bring any valuables, such as jewelry, cash, or credit cards to the hospital.

## DAY OF SURGERY

Before Surgery, you will be told whether you should report to the Same Day Admit Unit (SDA), 400 East 34<sup>th</sup> Street, 6<sup>th</sup> floor, or the Minimally Invasive Urology Unit (MIUU), 530 1<sup>st</sup> Ave, 2<sup>nd</sup> floor. You will also be told at what time you should report to either of these places. You will be admitted and final preparations for surgery will be completed.

- Immediately before you go to the Operating Room you will need to change into a hospital gown and remove all jewelry, including wedding ring, dentures, etc.
- You may be given a sedative to help you relax.
- The surgery will generally take 2-4 hours (preparation and actual surgery) and 3-4 hours in the Recovery Room.
- Before your surgery takes place, you will be instructed as to where your visitors can wait. It will be in either the Same Day Admit waiting area (maximum of 2 visitors), in the Stoler Family Waiting Area in the Tisch Hospital lobby, or the MIUU waiting area. It is advisable for one contact person to let the surgeon's office know where he/she can be reached so he/she can be contacted after surgery.

Immediately after surgery you will be taken a Post-Anesthesia Care Unit (PACU) depending upon where you have your surgery until the effects of the anesthesia wears off. Generally, from the PACU you will be transferred to a room on one of the surgical floors. Visitors are not allowed in the PACU but your family members or friends will be able to visit you soon after you are transferred to your room.

# AFTER SURGERY

## **ASSESSMENT**

- Most patients spend the first night after surgery in a Post-op Unit on a surgical floor. The Post-op Unit is a 4-bed, co-ed room with a nurse present who will closely monitor your condition.
- Initially after surgery, your blood pressure, pulse, and temperature will be taken frequently.
- Your nurse will check the incision and help you change position to make you comfortable.
- In addition, your nurse will monitor your urine output, drainage, and IV lines.

## **DIET**

- Immediately after surgery, you will be allowed a clear liquid diet.
- If you can tolerate, you will resume your normal diet the day after surgery.

## **ACTIVITY:**

- You will generally need to stay in bed until the morning after your surgery. Your nurse will help you turn side to side every few hours for comfort.
- The first time you get out of bed the nursing staff will assist you. You will progress to walking in the hallway independently.
- You will be encouraged to get out of bed as much as possible and increase your activity level as tolerated.

## **COUGHING AND DEEP BREATHING**

- Your nurse will show you how to do some simple deep breathing and coughing exercises.
- In addition, you will be shown how to use the Incentive Spirometer, or Inspiron. You should use it every one to two hours while you are awake in order to prevent lung problems after surgery.

## **ELASTIC STOCKINGS (TEDS)**

- You may be instructed to wear elastic stockings (TEDS) while you are on bed rest in order to improve circulation and minimize the formation of blood clots in your veins.
- In addition, you will be instructed to perform simple leg exercises in order to maintain adequate circulation. It is very important that you do these exercises as recommended.

## **MEDICATIONS**

- You will have an IV line and will receive some medications, such as antibiotics, intravenously. Antibiotics may be given by mouth the next day.
- You will receive your routine medications as well. Notify your nurse if medications are not given. The nurse will obtain a medication order from the doctor. **DO NOT TAKE YOUR OWN MEDICATIONS.**

## **PAIN MANGEMENT**

- You need to let the staff know your level of pain/discomfort after surgery so the nurse can give you pain medication.
- To help the staff assess your pain level you will be asked to rate your pain on a scale of 0 -10 with 0 being no pain and 10 being unbearable pain. Taking pain medication before the pain is excessive provides better relief.

- Immediately after surgery, pain medication is by injection or intravenous catheter. When you are able tolerate your diet, it will be given in pill form and the catheter removed.
- In addition, since it is important that you get out of bed on the day following your surgery, it may be helpful to take pain medications prior to this activity.

### **SURGICAL DRAINS**

- You will have a surgical drain called a Hemovac in place on the lower abdomen. The drain removes fluid that collects in the surgical area.
- The doctor will remove it when the amount of drainage decreases. It will be most likely removed 2 days after surgery.

### **BLADDER AND BOWEL FUNCTIONS**

- You may experience some constipation after surgery. Increasing fluids and fiber in your diet can minimize this. You will also be given a daily stool softener or laxative to prevent or treat constipation.
- A catheter is inserted during surgery to drain urine from the bladder.

### **DISCHARGE TIME AND PROCEDURE**

- You will generally be discharged 1-2 days after surgery. Your nurse and physician will discuss specific discharge information at this time, and you will receive any prescriptions you need.
- Discharge time is usually at 9:00am.

## **GENERAL DISCHARGE INSTRUCTIONS**

### **DIET**

- No special diet is ordered after a radical prostatectomy; however, a balanced diet with adequate fluid intake is important for your recovery.
- Continue to drink adequate fluids and eat enough fiber to prevent constipation. If you are on a special diet for another medical condition and would like to speak to a nutritionist, please notify your nurse.
- Avoid alcohol for now.

### **ACTIVITY AFTER DISCHARGE**

As with all major abdominal surgery, activities will be restricted for a while. Spend the first week in and around your home. Allow for plenty of sleep at night and naps during the day. The following are general guidelines but you should discuss specific recommendations with your physician.

- You will be encouraged to remain out of bed for most of the time and walk as tolerated. Do not exert yourself. Allow yourself to increase your activity level slowly. Your physician will discuss any restrictions to activity.
- Avoid driving for 1-3 weeks based on your doctor's instruction. You can ride for short trips.
- Avoid any heavy lifting (*greater than 5-10 lbs*), strenuous exercise, or housework (*vacuuming, etc.*) until your physician grants permission.
- Climbing stairs is generally permitted but it is usually recommended that you climb them slowly and pause after every few steps.

- Your doctor will tell you when you can resume driving, light housework, and sexual relations. You can discuss this with him at the office when he takes out your catheter.

### **BOWEL FUNCTION**

- You may experience some constipation after surgery. Increasing fluids and fiber in your diet can minimize this. Continue taking Colace until you have a normal bowel movement.

### **HYGIENE**

- Discuss with your doctor when you can shower. You should not take a **bath** while you still have the urethral catheter.

### **BLADDER FUNCTION**

- You will be discharged with a Foley catheter attached to a leg bag, in place. Small dark clots may pass through the catheter.

### **FOLEY CARE**

- After you are permitted to shower, shower daily with your catheter attached to your leg bag **after** you have emptied out the urine.
- Cleanse the catheter daily with soap and warm water. It is not unusual to experience leakage of urine around the tip of the penis. This can be due to bladder spasm.
- Call your physician if no urine appears in your bag in a 4-hour period.

### **DRAINAGE BAG**

- Use the small leg bag during the day and the larger drainage bag at night. Be sure to tape the catheter securely or use a Velcro strap at all times to avoid unnecessary pulling at the catheter.

- Clean drainage bags daily by rinsing it with warm water and non-detergent soap. Rinsing the bag with diluted vinegar (1/2 water; 1/2 vinegar) may reduce odor.

### **CARE OF INCISION SITE**

- You will have an external incision visible on your abdomen. You will notice little strips of adhesive “band-aids” across your incision. These strips are called “steri-strips.”
- Ask your doctor for specific instructions about how to care for your incision. It is important to look at your incision so you can report any signs of infection to your doctor.

### **REST AND SLEEP**

- Your recovery will take several weeks depending upon your age, general health, and reason for surgery. Feelings of fatigue are normal, and you should try to rest as needed.
- You can expect to resume all activities you participated in prior to your surgery within 3-8 weeks after discharge.

### **FEVER AND INFECTION**

- Do not take rectal temperatures. Take an oral temperature if you do not feel well.
- Report temperatures over 100.8 F, chills, flank or side pain, or nausea and vomiting to your doctor.

### **MEDICATIONS**

- If you were taking aspirin or non-steroidal anti-inflammatory (NSAID) medications prior to admission, speak with your Urologist about restarting these medications after discharge.

## **POST-OP VISIT**

- Obtain several diapers (common brand names are: Depends or Attends) and bring them with you to the post-operative visit, when the catheter is removed. This is because when the catheter is removed, initially you may experience some problem with bladder control.

## **RETURN TO WORK**

- After your recovery is complete, you will be able to return to work and resume all of the activities you participated in prior to surgery. Your physician will inform you when you can return to work.

## WHEN SHOULD I CALL THE DOCTOR?

Notify your physician if any of the following possible danger signs develop:

- Increased pain or pain not relieved by pain medication.
- Bleeding from incision
- Catheter stops draining
- Difficulty urinating or bloody urine
- Drainage from incision
- Signs of infection such as redness or swelling at incision site
- Fever (greater than 100.8 F) or chills
- Prolonged or unusual fatigue and depression
- Unrelieved constipation
- Nausea and vomiting

After you have completed reading this pamphlet, please speak to your nurse regarding any additional questions or concerns you may have. Remember that we would like to make your stay as comfortable as possible.

Thank you.

**UROLOGIST'S NAME:** \_\_\_\_\_

**UROLOGIST'S NUMBER:** \_\_\_\_\_

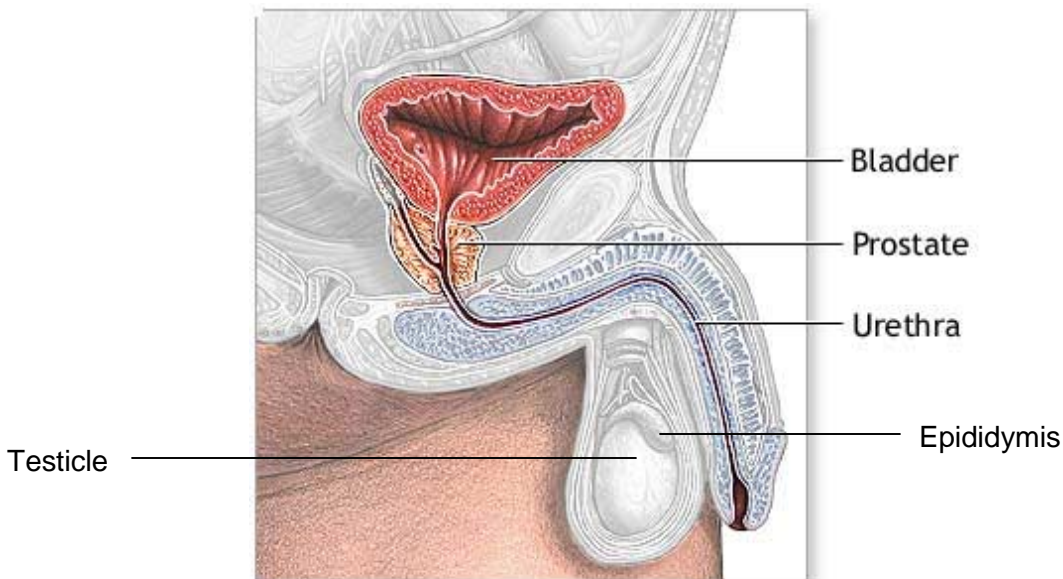
**YOU NEXT OFFICE VISIT/APPOINTMENT:** \_\_\_\_\_

## RESOURCES

### THE MALE REPRODUCTIVE SYSTEM

Sperm are formed in the testicles, a system of coiled tubes located in the scrotum. These immature sperm cells swim out of the testicles through a long coiled duct called the epididymis where they continue to mature. From the epididymis, the sperm cells swim to the vas deferens where they completely mature. The vas deferens, where they completely mature. The vas deferens ends in the prostatic urethra.

The prostate gland is a small gland that surrounds the urethra (the tube that connects the bladder to the tip of the penis). The prostate gland produces a fluid, which is a major component of the semen.



ADAM.

## **QUESTIONS AND COMMENTS**

**(Use this space to write questions and/or comments)**