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## **INTRODUCTION**

You are scheduled to be admitted to NYU Hospitals Center for a suprapubic prostatectomy. Please take time to read this handout which has information that should answer many of your questions. This handout discusses what you can expect during your stay in the hospital as well as after you go home. It describes how the members of the health care team: doctors, nurses and others, 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.

It is anticipated that you will be ready for discharge approximately 3 days after your surgery although this will vary depending on your individual needs. Many people are surprised at how quickly their activity progresses after surgery. 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 doctor 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 from your surgeon's service.
- ◆ Meet with an anesthesiologist who will explain the type of anesthesia you will have.
- ◆ Have blood tests, 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:

- ◆ Shower the night before or morning of surgery.
- ◆ Take your usual medications with a sip of water as recommended by your doctor. Check with him/her regarding taking medications for diabetes or diuretics (*water pills*) the morning of surgery.
- ◆ If you are taking Coumadin or aspirin for heart, vascular or neurological reasons, discuss any needed changes with your doctor.
- ◆ Aspirin containing products and medications belonging to the class of drugs known as non-steroidal anti-inflammatory drugs such as Ibuprofen or Naproxen may be discontinued for a period of time before surgery. Discuss this with your doctor. Tylenol can be taken for pain relief.

- ◆ 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 surgery. Take your medications, as directed, with a sip of water.
- ◆ 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.
- ◆ Your family members or friends can bring other items (*toiletries, clothing and shoes or slippers*) after surgery, once you are assigned a room.

## **DAY OF SURGERY**

Report to the Same Day Admit Unit, 400 East 34th Street 6th floor, at the time specified. Here 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 1-3 hours (preparation and actual surgery) You will then spend an additional 3-4 hours in the Recovery Room
- ◆ Your visitors can wait in the Same Day Admit Waiting Area (maximum of 2 visitors), or in the Stoler Family Waiting Area in the Tisch Hospital lobby. 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 to the Recovery Room on the 6th floor until the effects of the anesthesia wears off. Generally, from the Recovery Room you will be transferred to a room on one of the surgical floors. Visitors are not allowed in the Recovery Room but your family members or friends will be able to visit you soon after you are transferred to the Post-op Unit or to a room.

## WHILE IN THE HOSPITAL

### **ASSESSMENT:**

Most patients spend the first night after surgery in the Post-op Unit on 13 East. This is a 4-bed, coed 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 help make you comfortable. In addition, your nurse will monitor your urine output, drainage, and IV lines. You will receive pain medication when needed and your pain relief will be assessed. You will have an abdominal incision with a drainage tube (the suprapubic tube), a surgical drain in the lower abdomen, and a urinary catheter in place. The surgical drain is removed in a day or two.

### **DIET:**

Immediately after surgery, you will not be allowed to eat or drink anything by mouth. Once you can eat, you will first start on a clear liquid diet and will advance to your usual diet as tolerated.

### **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 few times you get out of bed you will be assisted by the nursing staff. 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/DEEP BREATHING:**

Your nurse will show you how to do some simple deep breathing and coughing exercises. In addition, you may 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.

## **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. Of course, 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 MANAGEMENT:**

Your nurse will give you pain medication which the surgeon has ordered. Right after your surgery you will receive injections for pain relief. These injections can be either into a muscle, into a vein using a process called PCA (*Patient Controlled Analgesia*) or through a spinal catheter (*epidural*). These are explained in a separate section. Your surgeon will determine the most appropriate method for your specific needs. As your level of discomfort decreases and you are able to tolerate liquids and food, you will receive pills for pain management. In addition, since it is important that you do the coughing and deep breathing exercises and increase your activity, it may be helpful to take pain medications prior to these activities. 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. (see Pain Control brochure)

## **SURGICAL DRAINS AND FOLEY CATHETER:**

You will have a surgical drain in place in the lower abdomen. The drain removes fluid that collects in the surgical area. The doctor will remove it when the amount of drainage decreases, on the 1st, 2nd or 3rd day after surgery. You will also have a suprapubic tube in your abdomen. It is not unusual to have urine leakage around this tube. This tube comes out in 1 - 2 days. A Foley Catheter is inserted during surgery to drain urine from the bladder. The Foley Catheter remains for 3-5 days.

**BOWEL FUNCTIONS:**

You may experience some constipation after surgery. This can be minimized by increasing fluids and fiber in your diet. You will be given a daily stool softener or laxative to prevent or treat constipation. Do not strain to move your bowels.

**DISCHARGE TIME/PROCEDURE:**

You will generally be discharged 3 days after surgery. Your nurse and doctor will discuss specific discharge information at this time, and you will receive any prescriptions you need. Discharge time is usually at 9:00 am.

## **GENERAL DISCHARGE INSTRUCTIONS**

### **DIET:**

No special diet is ordered after a suprapubic prostatectomy; however, a balanced diet with adequate fluid intake is important for your recovery. Continue to drink enough fluids and eat adequate 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 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.

You will be encouraged to walk as tolerated. Do not exert yourself. Allow yourself to increase your activity level slowly. Any restrictions to activity will be discussed by your doctor. Your doctor will tell you when you can resume driving, light housework and sexual relations. You can discuss this after discharge with your doctor at the first office visit.

### **BOWEL FUNCTION:**

You may experience some constipation after surgery. This can be minimized by increasing fluids and fiber in your diet. A stool softener may be prescribed for use at home. Try not to strain to move your bowels.

### **HYGIENE:**

You can generally take a shower 3 - 5 days after surgery. Ask your doctor for specific instructions. You should not take a bath until you have discussed this with your doctor.

### **CARE OF INCISION SITE:**

You will have an external incision visible on your abdomen. It is very important to keep this incision clean and dry at all times. Remember to wash your hands when doing care of the incision. A dry, sterile dressing should be secured in place with paper tape. This can be done daily or more often if area becomes wet.

### **REST AND SLEEP:**

The recovery period varies depending upon your age, general health, and reason for surgery. You can expect to resume all activities you participated in prior to your surgery within a reasonable period of time.

### **FEVER/INFECTION:**

Do not take rectal temperatures. Take an oral temperature if you do not feel well. Temperatures over 100.8°F, chills, flank or side pain, or nausea and vomiting should be reported to your doctor. (See attached “When Should I Call the 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.

### **AFTER SURGERY DOCTOR’S VISIT**

Discuss the date and time of your, after surgery visit with your doctor.

### **RETURN TO WORK:**

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

## WHEN SHOULD I CALL THE DOCTOR?

Your doctor should be notified if any of the following possible danger signs develop:

- ◆ Pain
- ◆ Bleeding from incision
- ◆ 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
- ◆ Unable to urinate for 8 hours

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:** \_\_\_\_\_

**YOUR 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 sperm cells continue to mature. From the epididymis, the sperm cells swim to 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 connect the bladder to the tip of the penis). The prostate gland produces a fluid which is a major component of the semen.

#### **SUPRAPUBIC PROSTATECTOMY**

In a suprapubic prostatectomy (SPP), the prostate gland, which has become enlarged, is partially removed through an abdominal incision. The abdominal incision allows the doctor a wider view of the area and adjoining tissues. This approach to the prostate gland requires a small incision in the urinary bladder for access to the gland. An indwelling urinary catheter and suprapubic tube are placed in the bladder. (See Surgical Drains Section).