



# MINNESOTA UROLOGY

Thank you for choosing Minnesota Urology to walk alongside you in your prostate cancer journey.

Your choice to treat your prostate cancer by removal your prostate with the da Vinci Robotic Radical Prostatectomy is but one step along the path of diagnosis, treatment, and recovery, but we know that step is taken with much care, thoughtful deliberation, and often with much anxiety. Thank you for putting your trust in us.

Through the process of choosing surgery, you have gone through the steps of diagnosing the prostate cancer, have determined that removal of your prostate is appropriate to try to get rid of the cancer, have explored alternative options, and you are aware of the risks and benefits of the da Vinci Radical Prostatectomy to your satisfaction. You elected to proceed with surgery, and you are receiving this information because your surgery has been scheduled.

A successful, safe surgery and a speedy recovery is our shared aim.

These few pages of information will help you navigate the da Vinci Robotic Radical Prostatectomy successfully and safely. This information is aimed at preparation for the surgery and the immediate recovery period in the first few weeks after surgery.

Please read these pages carefully and call your physician with any questions or concerns.

We wish you good luck on your journey.

Minnesota Urology  
651-999-6800

## BEFORE SURGERY

1. You will be staying overnight in the hospital after this procedure. Please make sure you know who will be driving you to the hospital on the day of surgery and who will take you home the next day. Also please make sure you have someone who can help you after surgery if needed when you are home. Make sure you take care of any last-minute home projects and put some food in the refrigerator. You will not need anyone to be always with you after you get home, but you will have a catheter and you will be sore after the operation and be limited in the amount of time you will be able to leave your home to run errands.
2. You will be under full, general anesthesia for this operation (“fully asleep”). You need to see your regular physician for anesthetic clearance prior to surgery. Failing to do this evaluation may result in your procedure being delayed or cancelled.

Your primary physician does these evaluations regularly and this is a routine and key step in the process of getting an anesthetic, even if you believe you are young and healthy. These evaluations usually are not lengthy or complex but are critical to making sure your medications are correct, your blood pressure or diabetes is under control, that labs are drawn, or an EKG or other tests are done prior to surgery to make sure you are safe while you are under anesthesia. Our surgery schedulers typically help you with this process.

If you have not scheduled your visit with a primary care physician, please do that today.

3. You need to stop any blood thinning medication at appropriate times prior to surgery. Failing to do this may result in your procedure being delayed or cancelled. Examples of blood thinning medication include.
  - a. Aspirin – 7 days
  - b. ibuprofen (Advil), Naproxen – 7 days
  - c. Warfarin (Coumadin) – 5 days
  - d. clopidogrel (Plavix) – 7 days
  - e. ticagrelor (Brilinta) – 5 days

There are others. If you do not know if you are on blood thinners, please ask your physicians.

4. You need to prepare your bowels for surgery to avoid injury to your bowels during surgery. The robotic prostatectomy is done by placing cameras and working instruments into the abdominal cavity where the intestines live. Because we want to avoid any chance of injury to your intestines, we ask that you clean out the intestinal tract on the day prior to surgery. We ask that you do three things.
  - a. Restrict your diet to **clear liquids only** on the day prior to surgery. Examples of clear liquids are listed below:
    - Water
    - Jell-O without added fruits or toppings.
    - Coffee or Tea without milk or non-dairy creamer
    - Strained fruit juices without pulp (apple, white grape, lemonade)
    - Clear broth
    - Gatorade
    - Fizzy or non-Fizzy soft drinks
    - Iced popsicles.
    - Kool-Aid or other fruit flavored drinks

- b. Take 1 capful (1 oz (about 29.57 ml)) Milk of Magnesia at 8:00 AM and 3:00 PM the day prior to surgery. The Milk of Magnesia works as a laxative to get rid of any bulky stool within the colon. This helps to prevent injury to your rectum during the operation. Milk of Magnesia does not need a prescription and can be found on the shelf at CVS, Walmart, Target, Walgreens, Sam's, or Costco.
- c. Follow the instructions from the hospital regarding when to stop eating solid food or drinking clear liquids prior to surgery. Most places where we operate will ask you to stop eating 8 hours prior to your scheduled surgery time and to stop drinking clear liquids 4 hours prior to your surgery time. These times are dictated by the anesthesia team to avoid anesthetic complication.

Please respect these times to prevent a delay or cancellation of your procedure. A caution here if your case is not the first operation of the day. There are many times where your procedure can start earlier in the day due to scheduling changes. We ask that you give yourself a 1–2-hour buffer and stop drinking well before the 4-hour window in case your surgery can proceed earlier in the day.

- 5. Prepare for the day of surgery. Here are the addresses and phone numbers of the hospitals where we do our surgeries. The hospitals will contact you usually the day before the operation to confirm the procedure times and other last-minute planning. Knowing where to go and how long it will take to get there will help decrease some anxiety you may feel on the day of the procedure.

United Hospital  
333 Smith Ave N  
St. Paul, MN 55102  
651-241-8000  
<https://www.allinahealth.org/united-hospital>

St John's Fairview  
1575 Beam Avenue  
Maplewood, MN, 55109  
651-232-7000  
<https://mhealthfairview.org/locations/m-health-fairview-st-johns-hospital>

## AFTER SURGERY

These pages are focused on the first couple of weeks after the procedure. You will be staying one night in the hospital and can expect to go home the next day (some men will need to stay longer if their recovery is slower). Most men will have the most anxiety about the catheter. Let us address that first.

### CARING FOR YOUR INDWELLING (FOLEY) CATHETER

You will have an indwelling urinary catheter (also known as a foley catheter). A catheter connects to tubing and a drainage bag. You will be given two different drainage bags. The smaller “leg” bag should be attached to your leg and can easily be hidden under your pants. This small bag is best to use if walking. The larger bag (overnight bag) can hold more urine and is best for nighttime drainage. This large bag must hang off the side of the bed to drain by gravity properly. You can use either bag as the full-time bag if desired. Many men choose one or the other and do not change the bag during the week they have the catheter. If using the larger bag only it can be difficult to walk around, if using the smaller bag, you will need to drain the bag more often.

Some discomfort with the catheter is common. Severe pain is not common and are typical bladder spasms, a sudden onset of lower abdominal discomfort, a strong urge to urinate or a sudden leakage of urine from around the catheter.

Blood in the catheter also is common, should not be heavy bleeding or obstruct the catheter. Even after the catheter is removed pink-cranberry tinged urine or the occasional bright red drops at the beginning or end of urination can be seen for up to six weeks or more after surgery.

Most men will have a lot of anxiety about the bag and how to take care of it. It is not difficult.

### HOW TO DRAIN THE URINE FROM THE DRAINAGE BAG

- Emptying the bag is simple. The bag has a drainage valve at the bottom of the bag. Hold this drainage tube over a toilet or measuring container. Unclamp the tube and let the urine drain. After urine is completely drained, re-clamp the tube.

### HOW TO SWITCH THE TYPE OF DRAINAGE BAG

- Wash your hands with soap and water.
- Avoid touching the tip of drainage tube. Make sure the tip of drainage tube does not touch the toilet, floor, or other surfaces to prevent infection.
- Disconnect the overnight bag from the foley catheter by pulling the tubing out of the catheter or rolling the edge of the catheter slightly off the plastic tubing with your thumb.
- Wipe the tip of the new bag with alcohol swab and insert it into the foley catheter. You do not need to press too firmly to seat the catheter. Pushing harder often just makes it harder to change the bag later. Use just enough pressure to seat the catheter to prevent leakage.
- How to prevent infection and clean catheter and bags
- Wash your hands when dealing with your catheter.
- It is OK to shower with a catheter. Remove any fabric straps to keep them dry,
- Wash the tip of the penis with soap and water daily.
- Use bacitracin ointment (over the counter) twice a day to the tip of the penis for comfort.
- Rinsing the bags out with dilute bleach (1:10 solution) or dilute vinegar (1:4 solution) will help keep the bags clean.

## WHEN TO CALL 651-999-6800 OR GO TO THE EMERGENCY ROOM FOR HELP WITH THE CATHETER

- The catheter is not draining into the bag for 2 hours or more.
- You have bladder fullness, pressure, or pain.
- Blood clots plugging the catheter or lots of blood passing around the catheter. Blood in the urine after catheter placement can be expected, but if the urine is so dark that it is not transparent in the tubing, call your doctor.
- Fever > 100.4, shaking chills, nausea or vomiting, severe pain.

Here are other recommendations for activity, diet, pain control and care of your incision.

### HOW SOON CAN I RESUME NORMAL ACTIVITIES?

Every patient is different. Most individuals undergoing this operation will be able to resume normal activities within 3-4 weeks after surgery. You should take it easy for 24 hours immediately after the procedure and increase your activity as tolerated. You should avoid any strenuous activity (golfing, fishing, tennis, jogging) for 4 weeks post-op and as a rule of thumb avoid lifting over 30 pounds for 4 weeks.

### HOW SOON CAN I BATHE AFTER THE SURGERY?

You may shower after you get home, but bathing in the tub is not recommended for the first two weeks. You can shower as you normally would after the procedure. You may use regular soap and water and it is ok for your incisions to get wet but avoid heavy scrubbing. Pat your incisions dry gently after you shower.

### WHAT CAN I EAT AND WILL MY BOWELS WORK NORMALLY AFTER SURGERY?

There are no specific dietary restrictions. You may resume a normal diet at home. You may not have a normal appetite for a few weeks but try to drink plenty of fluids to stay hydrated. If you are on a fluid restriction, please continue to follow these recommendations.

Abdominal distention, constipation or bloating are normal reactions to surgery. You may take a stool softener as directed.

### WILL I BE IN PAIN?

You can expect to have some pain that may require pain medication for a few days after discharge. You can obtain good pain relief by taking acetaminophen (Tylenol) every 4-6 hours as needed. Do not exceed 4000 mg acetaminophen per day,

If you can take ibuprofen (Ex. Motrin, Advil) you may also take this. We recommend taking 600 mg of ibuprofen every 6 hours as needed.

You may take acetaminophen and ibuprofen together - these medications do not interact and are safe to take at the same time or alternating every 3 hours.

Occasionally, you may require a prescription for narcotic medications to help with this pain. If you feel like your pain is severe, or unrelieved by your current regimen please contact your prescribing provider.

If you are prescribed a narcotic medication, you may be given a prescription for a stool softener to prevent constipation. Stool softeners may also be purchased over the counter at the pharmacy (Ex. Colace, Milk of Magnesia, Miralax). You may take these as directed to prevent constipation. You should stop these medications if you have any diarrhea or loose bowel movements.

## INCISION CARE

Do not submerge (baths, pools, hot tubs) your incisions for 2 weeks.

Bruising around the wound sites is normal, and the bruises will heat over time.

Perineal discomfort (pain between your rectum and scrotum) may last for several weeks after surgery. This discomfort eventually goes away. Use a donut or pillow for sitting. Take pain medication as needed.

Scrotal and penile swelling and bruising is common. It should go away on its own in a week or two. Elevating your scrotum on a small rolled up towel when you are sitting or lying down to reduce swelling. Also, wearing supportive underwear (briefs, not boxer shorts) is advisable.

You will have small laparoscopic incisions on your abdomen. These have dissolvable stitches. You may also have small white tape or surgical glue covering the incision sites.

These will come off on their own in a few weeks.

It is normal if you see some bruising or skin discoloration around your incision sites.

If you have any gauze dressings in place, please remove them 48 hours (about 2 days) after surgery and leave your incisions open to air.

## WHAT ABOUT MY OTHER HOME MEDICATION?

You can restart the same medication you were taking before surgery unless advised at discharge from the hospital to change medication or doses.

If you had been taking Coumadin, Plavix, Aspirin, or other blood thinners, you may resume those two days following the biopsy unless otherwise directed by your physician.

## RECEIVING YOUR PATHOLOGY REPORT

Your prostate and lymph node packets will be sent to the pathologist after they are removed. The pathologist will look at them under the microscope and send us a report as well as a report to your portal access from the hospital where your surgery was performed. Your physician will either call you with the report or discuss the pathology report with you at your follow-up appt after surgery.

## POSTOPERATIVE INCOTINENCE AND KEGEL EXERCISES

All men will have stress incontinence after the catheter is removed. Plan on it. Most men will recover urine control within 3 months after the operation. To help recover control more quickly we advise performing Kegel exercises.

A Kegel exercise is a squeeze of the pelvic floor and urethral sphincter muscles to increase the natural tone within those tissues. It can be performed prior to surgery as well as after surgery to improve overall pelvic floor strength. These exercises can be practiced anytime, anywhere. Since this muscle is inside your body, no one can see you exercise it.

To find the pelvic floor muscle it is easiest to concentrate on the anal sphincter. You can either feel the muscle contract with each exercise or even place your finger on or near your anal sphincter to feel the muscle contraction. When you squeeze the anal sphincter correctly, the urethral sphincter contracts at the same time.

Do not squeeze your stomach, leg, or buttock muscles during the exercise. If you feel your stomach or body move, you are using too many muscles.

Gradually (not quickly) squeeze the muscle you identified earlier. Take a breath in as you squeeze the anus. Hold the sphincter contracted for 5 seconds. Release it. Take a deep breath in and then exhale.

At the start do 10 exercises in the morning, 10 at noon, 10 after dinner and 10 at bedtime. After 2 weeks, increase to 12 repetitions, 4 times a day with a 10-count hold.

Following surgery, you will have a catheter in to allow the surgery to heal. DO NOT DO KEGELS WHILE THE CATHETER IS IN. You can restart the exercises after your catheter has been removed.

Continue the Kegel exercises up to and through the time where you feel that you have good urine control.

#### WHAT'S A SIMS CLASS?

Our SIMS class is a peri-operative class that many men attend to help understand the procedure and the care after. Some men attend after the prostate is removed. There is an online video version of the class available.

2-3 weeks after the operation is when most men will begin using sildenafil after the prostate is removed to try to restore sexual function. Using the vacuum device begins 6-8 weeks (about 2 months) after surgery for most men.

#### HOW DO I KNOW THE CANCER IS GONE?

After the prostate is removed, the PSA should drop to undetectable levels (<0.1) and stay at undetectable levels after surgery. Both normal prostate and cancer will make PSA. If cancer returns anywhere in the body, it most often will make some PSA and the PSA reading in the blood will begin to be detectable. (0.1 or greater). Detectable levels of PSA after prostate removal will need to be discussed with your urologist; what is done depends on the original cancer, how long after surgery the PSA becomes detectable and how fast it is rising. Options for treatment are beyond the scope of this handout. We follow the PSA readings according to the schedules attached.





