



Quinte Health

PROSTATECTOMY

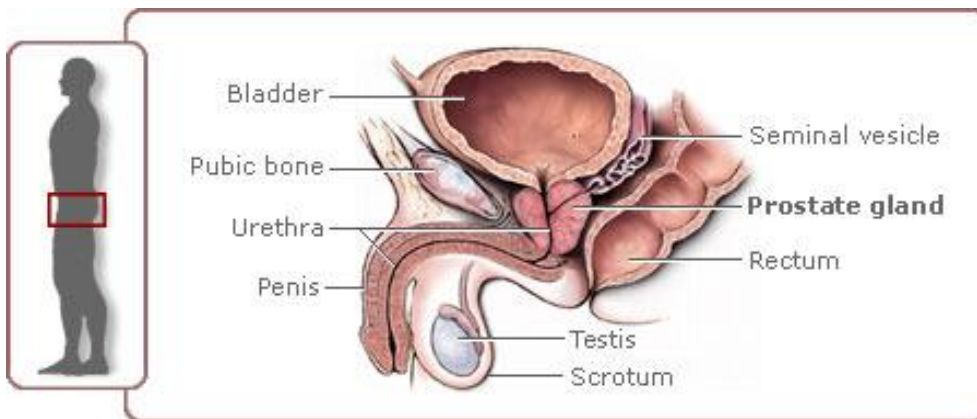
Surgery Date _____

Please bring this booklet to all of your Pre admission appointments and on the day of your surgery.

Quinte Health Form #52

What is a Prostatectomy?

The prostate is a male reproductive gland: a donut-shaped organ about the size of a walnut. It is located just below the bladder and surrounds the urethra. The urethra is the tube that carries urine from the bladder. A prostatectomy is the surgical removal of the prostate gland. This is done by making an incision in the lower abdomen from the belly button to the pubic bone. A radical prostatectomy is the surgical removal of the prostate gland and other surrounding tissue.



The usual length of stay in hospital is 3 days.

Before your surgery

Your surgeon may have you take a laxative and/or enema the day before or on the day of your surgery. Antibiotics may also be required to reduce the chance of infection.

Your surgeon may also want you to have a fluid diet only the day before your surgery.

It is important to notify your surgeon if you are taking any blood thinner medications, aspirin, medication containing aspirin, anti-inflammatory drugs, vitamins and/or any herbal supplements. These may need to be stopped several weeks before your surgery.

The average length of stay in the hospital after surgery is 3 days. Have assistance of family or friends available to help you as needed when you get home.

PRE OP CHECKLIST

Day before Surgery

- Eat well-balanced meals. Avoid fatty foods. Drink plenty of fluids
- Bath or shower evening before surgery and/or morning of surgery
- Remove all jewelry (may leave wedding band on)
- Nothing to eat or drink after midnight.** Your surgery may be delayed or cancelled otherwise

Day of Surgery

Please Bring:

- Your Hospital card and Health card
- \$5.00 for phone charge (if desired)
- Breathing machine (CPAP) if used
- Your **Prostatectomy Folder**

PRE OP CHECKLIST

Day of Surgery

Medication

Take all of your usual *prescription* medication, including any inhalers with small amounts of water only **UNLESS TOLD OTHERWISE BY YOUR DOCTOR**. Do not take any diabetic medication(s) unless instructed by your Surgeon and/or Anaesthetist. Check with your doctor for special instructions if you are on an *Insulin Pump*.

Special Instructions

- Bring **all** medications to the hospital (prescription and non-prescription items) including inhalers in their original containers

- Arrange for family or a friend to bring your personal items to your hospital room after you have arrived in your room

The Day of Surgery

Arrive at Patient Registration – (Admitting/Emergency entrance) at your scheduled time.

You will then be directed to Day Surgery where your nurse will prepare you for your surgery.

Your nurse will:

- Review deep breathing and coughing exercises
- Review leg exercises

Once you are prepared for surgery, a family member or friend may sit with you until it is time to go over to the Operating Room.

While you are in the Operating room and Recovery room, family may wait in the OR Waiting room (located across from the Operating room doors).

Your Surgeon will provide your family with an update after your surgery or a phone number may be left for the surgeon to call.

The length of surgery is approximately 1-2 hours.

ANAESTHESIA

You will have an opportunity to speak with the Anaesthetist prior to your surgery. The most common types of anaesthesia are general anaesthesia (which puts you to sleep) or spinal/epidural anaesthesia (numbs from the waist down). Your Anaesthetist will discuss the risks and advantages of each type of anaesthesia and answer any questions and/or concerns that you may have.

Recovery

After surgery, you will remain in the recovery room for 1-2 hours while recovery from anaesthesia is monitored. You will then be taken to your hospital room. Patients often return from surgery with a variety of tubes:

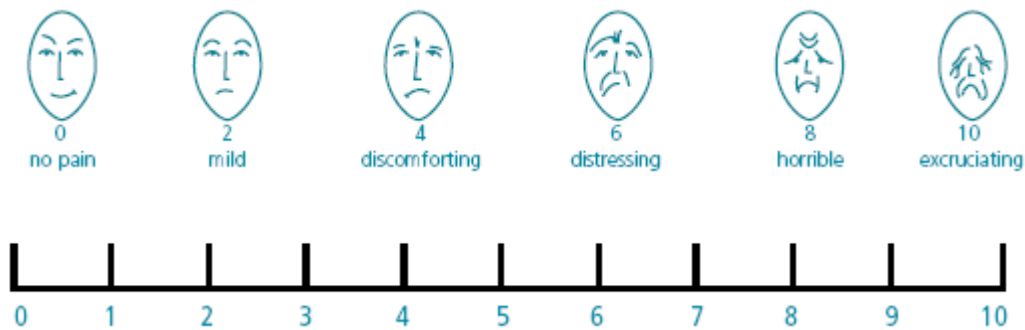
- Intravenous is given for fluids and medication
- Catheter with Continuous Bladder Irrigation (CBI). The Continuous Bladder Irrigation (CBI) will flow from 1-2 bags through the catheter into the bladder to flush the tissue out of the bladder to prevent clot formation. This fluid and urine will drain into a catheter bag. The rate of the irrigation will be adjusted to keep the urine clear. Sometimes, blood clots may pass through the

catheter. If this happens, the nurse or doctor will wash the clot using a syringe of sterile salt water

Managing your pain is an important part of your recovery. Our goal is to keep you as comfortable as possible.

Measuring your Pain

To help your doctors and nurses evaluate your pain, you will be asked to rate your pain using a scale of 0-10 with 0 meaning no pain and 10 indicating the worst possible pain. Using this scale will help your doctors and nurses make sure that your pain is adequately controlled.



After surgery, anti-nausea medication will be given if you are experiencing any nausea or vomiting.

You will be allowed to increase your diet as your condition permits, starting with ice chips and clear fluids to diet as tolerated. Specific diets may be ordered according to your health and cultural needs.

PREVENTING LUNG CONGESTION

Deep breathing and coughing is **very important** to help prevent congestion and pneumonia. Inhale deeply through your nose then slowly exhale through your mouth. Repeat 3 times and then cough twice. Do this 10 times per hour when awake. A breathing device called an incentive spirometer may also be taught and used.

PREVENTING BLOOD CLOTS

Leg and foot exercises (i.e. moving your feet up and down in circles) are encouraged 10 times per hour to promote good blood flow and decrease chance of blood clots. You will be helped to turn in bed every 2 hours for comfort and to prevent complications.

GOALS FOR THE DAY OF SURGERY

- Bedrest the day of surgery, nursing staff will assist you with positioning every 2 hours if needed
- Deep breathing and coughing (10 times per hour while awake)
- Ankle pumping (10 times per hour while awake)

POST OP DAY 1

Once urine begins to clear, you will start by sitting on the side of the bed and then progress to short walks with assistance.

Avoid prolonged periods of sitting to avoid stress or strain on the area of the prostate. As your strength returns, you will be able to get up on your own. Ask for help as needed.

The drainage bag must be kept lower than the level of the bladder. This prevents urine from flowing back into your bladder, which may cause an infection.

While the catheter is in, you may have the urge to pass urine. You may have bladder spasms, which may feel like a muscle cramp that comes and goes. This is common after surgery and can be relieved with medication.

Swelling of the scrotum and/or penis may occur and elevation of the scrotum on a rolled towel may help.

Your incision will be covered with a sterile dressing. It is very important to keep it clean and dry. Sometimes a drainage tube is in or near the incision. It is usually

removed when the amount of fluid decreases. The nurse will change your dressing as needed or when the surgeon indicates.

Your diet will be increased if you are drinking well and have no nausea.

The intravenous (IV) will be changed to a saline lock (short-tube left in the vein) if you are drinking well.

POST OP DAY 1

GOALS FOR TODAY

- Patient teaching: Importance of increasing fluid intake, restricting activity and avoiding constipation
- Patient teaching: Pain management, bladder spasms and pressure
- Continue with deep breathing and coughing (10 times per hour)
- Continue with leg exercises (10 times per hour)



POST OP DAY 2

Your diet will be increased to a regular diet as tolerated. Adequate fluids are necessary to keep your urine clear, prevent clot formation and to prevent constipation. Drink at least 8 glasses of fluids per day.

High fibre foods such as grains, fruits and vegetables should be eaten to improve bowel function. It may be necessary to receive a laxative to assist with regular bowel movements since medication and reduced activity may change your bowel habits

The catheter is removed when the urine is pink to clear in colour without irrigation fluid (CBI) and free of clots.

After catheter removal, it is **very important** that you void into a urinal so the nurse can measure your urine and check the colour.

You may experience difficulty controlling your urine at first. There may be some difficulty controlling urination at first. Empty your bladder when you feel the urge. There may be burning or frequency. Dribbling may occur, so wearing a protective pad may be required.

POST OP DAY 2

It may be necessary to have the catheter reinserted if you are having difficulty voiding. If discharged home with a catheter, it may be attached to a leg bag. Instructions will be given on the care of the catheter. Your surgeon will make arrangements for catheter removal when the swelling from the surgery lessens.

GOALS FOR TODAY

- Patient teaching: importance of increasing fluids, restricting activity and avoiding constipation reinforced prior to discharge

- Instructions given on care of the catheter at home (if applicable)

DISCHARGE CHECKLIST

- Prescription(s) provided (if applicable)
- Discharge Instructions provided by your surgeon and nurse**
- All questions/concerns answered
- All belongings packed and returned
- All medications you brought with you to hospital have been returned (if applicable)
- Follow-up appointment with surgeon

Date _____ Time _____

Place _____ Phone _____

Special Instructions

We hope that your hospital stay has been a pleasant one.

Guidelines for Home

Drink 8 glasses of water every day to help keep your urine clear and to help keep bowels soft.

You may require a mild stool softener to help prevent constipation and straining with bowel movements. **DO NOT USE AN ENEMA.** High fiber foods such as fruits, vegetables and bran will help prevent constipation.

Rest when you get tired. Do not sit for long periods (less than an hour at a time). Get up and walk every couple of hours while awake and gradually increase the distance you walk daily, if there is no bleeding.

No strenuous exercise until discussed with your surgeon.

No heavy lifting for at least 4 weeks (no more than 8-10 pounds). This includes no cutting grass, golf, shoveling snow, etc.

You may shower. Do not take a tub bath until the catheter is removed. If you have a drain in the incision then just sponge bathe.

You may **not** drive while the catheter is in. Sitting in a car may cause bleeding from the vibrations. After the first week short rides are okay but not trips greater than an hour for 6 weeks.

Incision pain will lessen gradually. If prescribed medication is not effective, contact your doctor.

You may need to take iron pills. The Vitamin C in juice or citrus fruits helps the iron to be better absorbed.

Choose iron rich foods, such as red meat, green vegetables, whole grain breads and cereal. Good nutrition promotes healing and helps to fight infection.

You may have bladder spasms or discomfort while the catheter is in. The catheter is in place for approximately 3 weeks or as directed by your surgeon. When the catheter is removed you may have burning when passing your urine. This should pass in a few days. You may have leakage of urine. Wearing a pad to protect clothing is helpful.

Normal bladder control usually returns within several weeks to several months. Rarely a degree of incontinence is permanent.

If you have staples closing your incision they will be removed at your follow up doctor's appointment (approximately 10 days time). If you have reinforcing strips over your incision you may get these wet. They will gradually fall off or be removed at your follow up appointment. If there is some drainage from the incision drain site protect your clothing with a piece of gauze dressing over the area. Bruising and swelling of the scrotum and penis often occurs.

Wear underwear (briefs not boxers) for added support and when lying down elevate the scrotum with a rolled towel.

Do your muscle strengthening exercises **IF INSTRUCTED BY YOUR SURGEON**. These exercises help the muscles that control your urine to become strong again.

- Start urine flow, stop for a few seconds and then continue the flow. Do this 2-3 times per day.
- Tighten the muscles in your thighs and buttocks. Pull upwards. Hold for 3 seconds. Pause and relax. Repeat 10 times per hour while awake.

Discuss with your surgeon when you can resume sexual activity. Impotence (unable to have or to keep an erection) may result if nerves are involved by cancer or damaged during the surgery.

This may cause temporary or permanent impotence. If you are not able to have an erection discuss this with your surgeon. There are several treatment options.

Usual length of time off work is 8 weeks and will depend on the type of work that you do.

A diagnosis of prostate cancer brings with it all kinds of emotional anxiety and stress. Feelings of anxiety, sadness and fear often accompany the surgery.

Your family and friends can be your strongest supporters, but they may not know how to show support. You can help

them by being open and honest about the way that you feel. Many find help in support groups, where they can share their experiences and learn coping skills. Support groups can help to reduce stress and minimize depression. Having a positive outlook may allow the body to more effectively fight the disease.

Additional Resources and Support

Canadian Cancer Society: Hastings and Prince Edward County Unit Office: 90 Pinnacle Street South, (613) 962-0686

email: hastings@ccsont.org

Website: www.cancer.ca

Quinte Prostate Cancer Support Group. (613)968-2173

Quinte Cancer Support Group. (613)961-7366.

Picton Cancer Support Group. (613)399-3223



Call your doctor, your home care nurse or go to the nearest Emergency Department if you develop:

- A temperature and/or chills
- Pain in your legs, particularly your calves or any sudden shortness of breath and/or difficulty breathing
- If the catheter falls out
- Cloudy urine with clumpy pieces
- Bloody urine that doesn't stop with extra fluids and rest
- No urine in 2-3 hours
- Nausea and vomiting
- Increased pain not controlled by prescribed pain medication
- Increased redness, swelling or drainage from the incision

Appointment

Call your surgeon's office to arrange a follow up appointment after discharge.

Special Instructions

Questions?

Developed By: Surgical Services, 2003

Approved By: Department of Urology, Quinte Health

Reviewed: June 2008/Oct 22 (new logo)