Robotic Prostatectomy

Peri-operative Information

Please review this document immediately after scheduling your surgery and make sure to bring it with you when you are admitted to the hospital.
Robotic Assisted Laparoscopic Prostatectomy

Prostatectomy:

The prostate is a male sex gland that is normally about the size of a walnut. It is located in your pelvis, near your bladder (the organ where urine is held). The prostate gland makes semen. Semen is the fluid that comes out of your penis during an orgasm.

A prostatectomy is the operation used to remove your prostate gland. The prostatectomy you are having is called a "daVinci robotic-assisted laparoscopic radical prostatectomy." This is an operation used to treat men with prostate cancer. Because the cancer is usually present on both sides of the prostate, the entire prostate gland is removed. During the operation, the pelvic lymph nodes will also be removed as they are a common site of prostate cancer spread.

Robotic Prostatectomy:

Four small incisions (each about a half-inch) and one larger approximately (3-inches) will be made in your mid-abdomen. The prostate will be removed through a 3 inch incision to just above or below your umbilicus (belly button). Surgery will take approximately 4 hours.

Occasionally, a robotic prostatectomy may need to be converted to an open prostatectomy. This occurs when intraoperative findings show that an open operation would be better.

Remember: having a prostatectomy carries the potential for side effects, including:

- Impotence (the inability to achieve and maintain an erection).
- Difficulty controlling urination, as well as other problems related to urinating normally.
- In fertility (the ability to father more children).
- The development of blood clots.
- Bleeding.
- Infection (of the incision, in the abdomen, or a pneumonia).

Pre-op (Anesthesiology) Consultation:

After you have decided to have your daVinci robotic prostatectomy here at the University of Arizona, Dr. Sokoloff will arrange for a pre-operative work-up. This will involve having blood and X-ray studies as well as an EKG. You will also be contacted by a member of the Anesthesiology team to evaluate your general health and risk for anesthesia.

Let Dr. Sokoloff know if you are interested in donating a unit of your own blood prior to surgery.
Preparing for Surgery

Confirming Your Surgery Date and Time?
Dr. Sokoloff will assign you a surgery date. On the afternoon of the day prior to your surgery (between 2 and 4pm), call (520) 694-6359 to confirm the check-in time and location.
In addition, Dr. Sokoloff has staff that coordinates surgery scheduling. They can be reached at (520) 694-6502. Follow-up appointments will be arranged at the time of discharge from the hospital.

Pre-Operative Preparation: The day before surgery
Diet: Begin a clear liquid diet one full day prior to your surgery. Clear liquids diet consists of any liquid that you can pour in a clear glass hold up to the light and see through without anything floating in it. [Some examples are: apple juice, clear soups and broths, coffee and tea without cream, clear gelatin, grape juice, cranberry juice, sodas, and popsicles coffee and tea (without creamer).] You may have all the clear liquids you wish until midnight, then nothing after midnight until after your surgery.
Laxative: In the morning the day before surgery, drink one bottle (10 ounces) of magnesium citrate in addition to the clear liquids. [Magnesium citrate can be purchased at a pharmacy without a prescription.] Stay close to a bathroom, as magnesium citrate is a powerful laxative.

The purpose of the clear liquid diet and laxative is to decompress the intestines (to facilitate exposure during surgery) and to clean the rectum should there be the need to remove a small amount of the rectal wall next to the prostate.

You should take no food or fluid (nothing by mouth) after midnight. The anesthesiology team will provide you with instructions regarding what medications to take the morning of surgery. Other than the sip of water needed to help swallow the medications, any additional intake of fluids or food may result in your surgery being cancelled.

Stop blood thinners (such as aspirin, Coumadin™, and Plavix™) one week prior to surgery. If you are taking blood thinners, please check with your primary doctor and/or cardiologist to make sure it is safe to stop prior to surgery.

Suggestions for the Hospital Stay:
- Bring loose-fitting clothes with you to the hospital.
- Do not bring valuables with you.
The Hospital Stay

The Hospital Stay: What to Expect

The usual stay in the hospital is 1 day (sometimes extended to 2 days). Dr. Sokoloff’s patients are typically assigned to ward 3N, located on the 3rd floor of University Medical Center. Only half the rooms are private, so there is a chance that you will share the room with one other patient.

When you arrive at the hospital the morning of surgery, you will go to the Pre-op Unit (located on the first floor of University Medical Center). You will be interviewed by several different members of the surgery team to ensure that we properly identify each patient and their scheduled operation (as per national guidelines).

When you come out of surgery you will be taken to the PACU (Post-Anesthesia Care Unit, or recovery room) for an approximate 2-hour stay. No visitors are allowed in the PACU. After your 2-hour stay in the PACU, you will be taken to your room on the third floor.

You will have an IV in your arm and a urinary catheter coming out of your penis. You may notice that your urine is pink or red and have blood clots (and it might last for a week or so). There will be a special wound dressing over the small incisions where Dr. Sokoloff has inserted the robotic scope and instruments. There will also be a drain, called a JP bulb suction drain, which is used to monitor for bleeding and leakage of urine. At several times during your hospital stay, blood will be taken to assess blood counts and kidney function.

Medications: During your hospital stay, you will be given a stool softener (to help prevent constipation), pain medication, antibiotics, anti-nausea drugs, and anti-inflammatory medications. You will resume most of your regular medicines.

Diet: You can drink fluids after surgery. You will probably receive solid food in the morning after surgery. It is very important to eat slowly and cautiously during the hospital recovery as the effects of anesthesia and surgery can induce nausea and over-eating can cause vomiting and potential disruptions of suture lines.

Walking: You will be expected to get out of bed the night after surgery and walk 3-4 times a day. This will help with bowel function and to prevent blood clots. When in bed, make sure you wear pulsatile stockings (placed during surgery) on your legs, as they also help prevent blood clots. You will also be given an incentive spirometer, a breathing device that helps prevent pneumonia.

Dr. Sokoloff and the resident physicians will visit you everyday while you are in the hospital.

Discharge Instructions: Prior to discharge, you will receive instructions on how to use and change the catheter bags (the catheter needs to remain for 10-14 days) and the drains (if you are being sent home with it). Instructions will also be provided regarding diet, showering, and activity restrictions.
Pain Assessment:

If you are having pain, let your nurse or doctor know so they can treat the pain. Be sure to let your nurse know how your pain medicine is working. Rate your pain on a scale of “0” to “10” with “0” meaning no pain and “10” the worst pain you could imagine.

Types of Pain You Might Experience after Prostate Surgery:

- **Bladder spasms**: this can occur at any time while you have a catheter. This is often described as cramping in the low abdomen or the sensation or having to urinate even though the catheter is draining urine. The intensity of discomfort with spasms can range from nonspecific to very severe. There might be some leakage of urine around the catheter. This is normal. Non-narcotic medications will be available to help control this type of discomfort.

- **Gas pain**: this usually appears during the first day or two after surgery and is due to the slow movement of the bowel after surgery as well as from the gas placed in the abdomen during laparoscopic surgery. This is often described as cramping pressure that may move across the abdomen. Walking is recommended for this type of discomfort because it helps restore normal bowel activity which increases the ability to pass gas. Pain medications are generally not effective for this type of discomfort.

- **Scrotal/penis swelling and bruising**: this usually appears during the first 2 days after surgery and is due to fluid shifts in the body after surgery. Walking and keeping the scrotum and penis elevated on a rolled towel while lying or sitting in bed or in the chair will help your body reabsorb these fluids faster. An ice pack used occasionally may also be helpful and will be provided if recommended by your doctor. This swelling and/or bruising will gradually disappear, but it may take a week or two to completely resolve.

- **Urethral pain**: usually appears in the first few days after surgery and is caused by irritation from the catheter going through your urethra and into your bladder. This discomfort is most often described as burning at the tip of the penis. You may also see bloody mucus drainage from around your catheter. The nursing staff will provide you with a device to keep your catheter secured to your leg. This will prevent the catheter from moving around too much or from being tugged. It is important to keep the tip of your penis and the catheter itself clean and free of any dried drainage. Do not use alcohol or hydrogen peroxide to clean these areas. They are too drying and irritating. Use a warm, wet washcloth in the shower daily. Do not manipulate your catheter or try to remove it: this can cause damage to the bladder-urethral reconnection.

- It may be difficult for you to tell the difference between some of these types of pain or discomfort. It is important for you to talk to your nurse about how you feel so they can treat your pain appropriately.
The Foley Catheter:

This is the catheter which helps the bladder-urethral reconnection heal. Premature removal can cause scar tissue and structures so it is usually left in place for 10-14 days. The Foley catheter is held in place by a balloon inside the bladder. Removal is nasally painless, but needs to be done by Dr. Sokoloff or one of his staff.

The catheter allows continuous urine drainage into a collection bag. During the day, use the smaller leg bag that is strapped to you thigh. It must be emptied at least every two hours, and more frequently if you are making a lot of urine. During the night, use the larger hospital-type bag. It does not need to be emptied as often as the leg bag.

*When you get into bed, make sure that the drainage tube is not kinked or looped, and that the bag is hanging off the side of the bed. Also make sure that it is draining urine as an obstruction to the catheter or tube can cause your bladder to fill and cause the bladder to rupture. Do not use scissors or a knife near your catheter.*

The catheter will extend out of your urethra. The urethra is the tube inside you that drains urine from your bladder to the outside of your body. Your urine may be pink because there may be some blood in it. If this happens, try to decrease your activity level and increase your intake of fluids.

A small amount of leakage or drainage of urine or the discharge of sticky fluid from around the catheter is normal. It is important to keep the area around the catheter clean to help prevent an infection. Your in-hospital nurse will tell you how to clean it and how often you should do this. You may shower daily with the catheter in place.

- **Do not pull on the catheter because this will make you hurt or bleed.**
- **Do not kink or lay on the catheter because the urine will not be able to drain.**
- **Do not lift the bag of urine above your waist.** If you do this, the urine will flow back into your bladder. This can cause an infection.

After the catheter is removed, it is important that you do not wait when you need to urinate. Find a restroom as soon as you can. Most individuals do not have good urinary control when the catheter is first removed. Urinary control will gradually improve as you recover.

**Discharge Planning**

This will begin after surgery the day of surgery. If you have home care needs, the Case Management and UMC nursing staff will help you in meeting these needs.
Going Home

After You Leave the Hospital:

Medications: Keep a written list of the medicines you take, the amounts, and when and why you take them. Bring the list of your medicines or the pill bottles when you see your primary care provider. Do not take any medicines, over-the-counter drugs, vitamins, herbs, or food supplements without first talking to primary care provider. Always take your medicine as directed. Call your primary care provider if you think your medicines are not helping or if you feel you are having side effects. Do not quit taking your medicines until you discuss it with your primary care provider. If you are taking antibiotics, take them until they are all gone even if you feel better. If you are taking pain medications or medicine that makes you drowsy, do not drive, operate machinery or make important decisions.

Showering: You can shower when you get home. Carefully remove any bandages and let the warm water flow over the small surgical incision areas. Blot them dry and put on clean, new bandages. Change your bandages any time they get wet or dirty. You may have steri-strips (thin strips of tape) or staples on your incision. It is okay to shower with staples, steri-strips and/or stitches. The steri-strips start to peel off in 3 to 6 weeks, let them fall off by themselves. Keep them clean and dry.

Bowel Movements (BMs): It may be hard for you to have a BM after surgery. You will be given stool softeners to keep you from getting constipated. Constipation means that you are unable to have a BM for more than 3 days. If this happens, call Dr. Sokoloff’s office and a management plan can be developed. Do not try to push the BM out if it is too hard for at least 6 weeks. Pushing too hard can make you bleed. Walking is the best way for you to get your bowels moving. Also, eat foods high in fiber to make it easier to have a BM. Good examples are high fiber cereals, beans, vegetables, and whole grain breads. Metamucil can be bought at drug and grocery stores and might be helpful. Prune juice may help make the BM softer. Milk of Magnesia can also be taken. Do not use enemas or suppositories for 6 weeks after surgery.

Other things to expect after surgery: You may feel like you have to urinate more often than you used to for 6 to 8 weeks after surgery. You may also feel that you have to urinate immediately. You may leak urine, have trouble starting the flow of urine, or have a weak urine stream. This is normal and should go away with time. You may pass a dark brown or tan colored clump of tissue in your urine after about 6 to 8 weeks. Your urine may then be pink or blood-tinged the next few times you urinate. This is a normal part of healing and should also go away with in hours to a couple of days.

Perineal Discomfort: The perineum is between the scrotum and the rectum. It is common to feel pressure and discomfort in this region, especially when sitting. Use ibuprofen (Advil and Motrin are examples), usually 600 mg every 8 hours, until this resolves. Acetaminophen (Tylenol) 1 gram every 6 hours is also effective. Sitting on a donut cushion is helpful.

Numbness: It is normal for the area around your incision to be numb after surgery. This should go away in less than a year.
Blood in Urine. It is common to have blood in your urine, especially at the end of urination, for up to 8 weeks. This is sometimes associated with a twinge of pain. If this happens, rest, drink lots of water, and avoid lifting and straining.

Rest and Activity: You may feel like resting more than usual after surgery.

- Make sure you walk 4-6 times a day.
- Slowly start to do more each day. Rest when you feel it is needed. Do not lift anything heavier than 15 pounds for 4 weeks after surgery.
- Do not sit in one place for hours at a time (like in a car). This can cause blood clots to form in your legs.
- Do not drive a car for 2 weeks after surgery (until the catheter is removed).
- You may return to work in 4 to 6 weeks (whenever you feel comfortable doing so).
- You may have sexual intercourse 6 weeks from surgery, if you feel ready. Dr. Sokoloff will discuss this topic with you at your 6-week follow-up appointment and provide management strategies. Stop sexual activity if it causes pain. You may be able to have an orgasm but you will not have semen (sperm) come out. Because the prostate and seminal vesicles were removed, you will no longer ejaculate when you have an orgasm. You may leak urine during orgasm. This is normal and there are methods to deal with it. It may take a year for erections to occur. During the rehabilitation process, you will be offered pills and/or penis injections and/or urethral suppositories and/or vacuum erection devices to assist in the recovery of sexual function.
- Drink at least 6 to 8 (soda pop can size) glasses of liquid each day. Good liquids to drink are water, juices, and milk. Limit the amount of caffeine you drink. Drinking fluids may help prevent infection and urinary problems. It will also help your stools stay soft.

Exercising after surgery:

Talk to your doctor before you start exercising. Together you can plan the best exercise program for you. It is best to start slowly and do more as you get stronger. Do not exercise vigorously for at least 4-6 weeks after surgery.

Keep all appointments: Call the urology clinic at (520) 694-4032 for a follow-up visit 10 to 14 days after surgery. Typically, the incision site will be examined and the urinary catheter will be removed as well. Bring a small supply of “Guards for Men” to this follow-up appointment. You can find these at any drug store.

Kegel Exercises: Kegel Exercises are used to strengthen the pelvic floor muscles and to help with the return of urinary control. You may start them 2 to 3 days after surgery. Breathe normally while doing these exercises. Squeeze your pelvic muscles: the muscles of your anus and your penis. Squeeze, hold for a few seconds and relax these muscles. Do 10 repetitions 3 to 4 times a day or as often as you can.
EMERGENCIES

Below is a list of conditions that warrant a call to Dr. Sokoloff’s office. There are several ways to reach Dr. Sokoloff. The following phone numbers may be used. We suggest starting with the page operator, as it is the method that will get the most prompt response.

- **Page Operator (ask to speak with the Urology Resident On-call):** (520) 694-6000
  - Urology Clinic: (520) 694-4032
  - Urology Office: (520) 696-6236
  - If you feel that you have a life-threatening condition, call 911.

The following conditions warrant an immediate call:

- Shaking chills.
- Chest pain or shortness of breath.
- Calf pain or pain in lower legs; unusual warmth of the lower legs.
- Leg pain with walking.
- Vomiting or abdominal cramps; abdominal swelling.
- Your bandage becomes soaked with blood; prolonged bleeding at an incision site or through the catheter.
- Fluid draining through the incision.
- Any drainage that is green or brown and smells foul.
- You get a temperature over 101.5 degrees.
- Your stitches or staples are swollen, red, or have pus coming from them.
- No urine draining from the catheter.
- A feeling of pressure in your bladder with decreased amounts of urine draining into the catheter bag.
- Large amounts of blood in the urine or a lot of large blood clots in the urine.
- A lot of leaking around the catheter tip (a small amount is normal).

**Questions or Concerns?**

520-694-6000
(ask for the Urologist On-call)