

Open Radical Prostatectomy Surgery

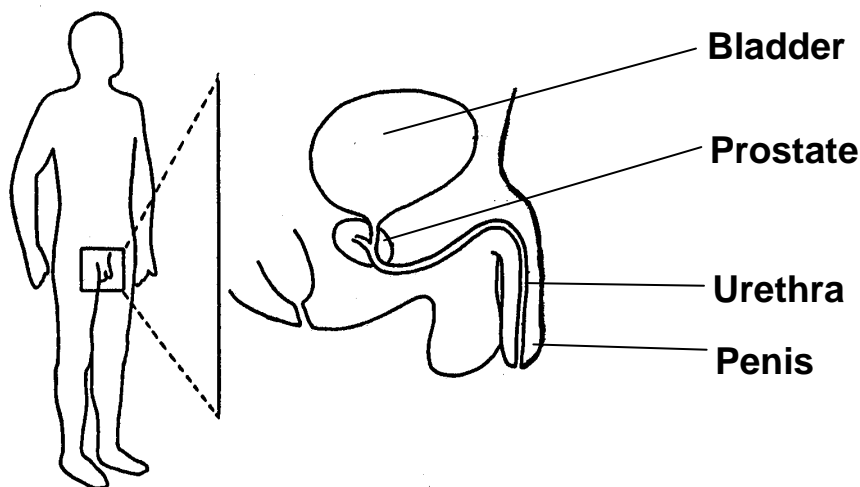
To learn about radical prostatectomy surgery, you will need to know these words:

The **prostate** is the sexual gland that makes fluid to help sperm move around. The prostate surrounds the urethra at the neck of the bladder.

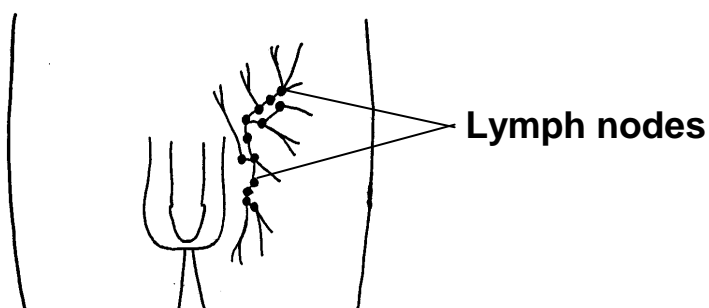
The **bladder** stores urine made by the kidneys.

The **urethra** is a tube that takes urine and sperm out of the body.

Urinate means to move urine from the bladder out of the body. This may also be called passing urine, passing water, voiding or peeing.



Lymph nodes drain and filter fluid from the body. There are many lymph nodes found all over the body.



What is Radical Prostatectomy Surgery?

During radical prostatectomy surgery, all of the prostate gland is removed along with the lymph nodes in the area around the prostate gland. The incision is in the lower abdomen.

Why do I need this surgery?

When you have cancer of the prostate, radical surgery is needed to make sure all the cancer cells are removed.

What happens before surgery?

You will come to the Pre-Admission Assessment Unit 1 to 2 weeks before to learn how to get ready for surgery. Here you will meet with a nurse and an anesthetist.

In this clinic, you will have blood taken for any tests your surgeon has ordered. You will also have a heart test done called an ECG. You will meet with the anesthetist to talk about having general anesthesia for this surgery. This means that you sleep during surgery.



In the Pre-Admission Assessment Unit you will get a set of instructions to follow before surgery. If you are not sure of anything, contact your surgeon's office for advice.

If you have a CPAP or BiPAP machine:

Get ready to bring your machine and mask to the hospital the day of surgery.

Write down your prescription provider and settings for the machine so your health care providers will be able to operate it.

The respiratory technician at St. Joseph's Hospital may need to talk to your provider about your settings.



What to bring to hospital:

Pack your bag and follow the list you got in the Pre-Admission Assessment Unit. You will stay in the hospital about 4 to 5 days.

Bring your CPAP or BiPAP machine and mask if you use one at home.



The Day Before Surgery

Diet and Bowel Preparation:

Follow the eating and drinking instructions you were given in the Pre-Admission Assessment Unit.

'Nothing to Eat or Drink' means no chewing gum, sucking candy or anything.

You can take any medications the anesthesiologist reviewed with you in the Pre-Admission Assessment Unit with a small sip of water.



The Day of Surgery

Day Surgery Unit

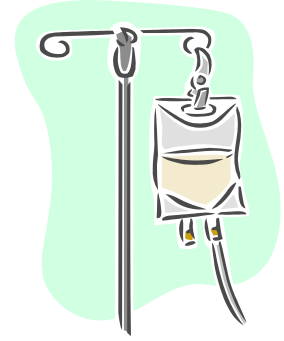
You will check in at the Reception Desk on the Day Surgery Unit about 2 hours before surgery. You will wait in the waiting room until you are called in. If you have a friend or family member with you, you go into the Day Surgery Unit by yourself at first. As soon as you are ready for surgery, the nurse will invite your support person to join you.

In the Day Surgery Unit, you will get ready for surgery. You will go to the bathroom and then put on a hospital gown. The nurse will ask you some questions and answer your questions.

The surgeon will come to see you and mark the surgical area with a special pen. The anesthetist or anesthetist's assistant will also come and talk to you before surgery,

Intravenous Therapy

You will have a small thin tube put into a vein in your arm. This is called an intravenous or IV. The IV is used to give you fluids and medications before and after surgery. Before surgery you will get antibiotic medication in your IV to help prevent infection.



The Operation

Operating Room

When it is time, you will be taken to the Operating Room. This room is bright and cool. You will move from your stretcher bed onto the operating room table with help.



The surgical team then goes through the steps of preparing for surgery called a “surgical time out.” They make sure they have the right patient and the right surgery before starting your anesthesia.

What happens during surgery?

You will have a general anaesthetic. A general anaesthetic puts you to sleep during the surgery.

The surgeon makes an incision along the lower part of your abdomen and examines and tests the lymph nodes to see if the cancer has spread. This is called a lymph node dissection. If the cancer has spread into the lymph nodes, the surgery will stop and your doctor will discuss other treatment with you at a later time. If the cancer has not spread, the surgeon will remove the prostate.

If the prostate is removed, a thin tube called a catheter is put into your urethra and into your bladder. At the tip of the catheter, there is a small balloon. This balloon sits in your bladder and holds the catheter in place. The catheter drains your urine until your surgeon feels you no longer need it.

During your operation, you may have 1, 2 or 3 intravenous tubes (IVs) started in veins to give you fluid and medication. When you wake up, you may have only 1 intravenous tube in your arm. The others are removed and covered with small bandages.

What happens after surgery?

You will go to the Post Anesthetic Care Unit (PACU). You will be watched closely by the nurses and given pain control medication if needed. You will stay here until you are fully awake and then go to your bed on a nursing unit. There is a waiting room close to this area in the main lobby for your support person to wait.

How will I feel after surgery?

You will have some pain from the incision after surgery. You may feel nauseated or sick to your stomach from the anaesthetic. If you have these feelings, tell your nurse. Your nurse will give you medication that can help.

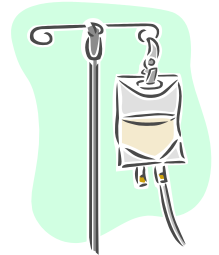
What can I expect after surgery?

After surgery, you will have an intravenous (IV) in your arm. The IV is used to give you fluids until you are drinking well. Medication may also be given through the IV.

You will also have a light bandage or tape over the incision. There are stitches or clips underneath. The nurse will check your incision and bandage. It is common to have bruising or swelling around the incision. It will take 6 to 8 weeks for your incision to heal well.

After surgery, you may have a small, flat tube coming out of a smaller incision. This is called a drain. It helps drain old blood and fluid from the surgery. The drain stays in until the drainage decreases and your surgeon tells the nurse to take it out.

The catheter will stay in your bladder between 2 and 3 weeks. Your surgeon will take it out in the office. After the catheter is taken out, you may be incontinent for 3 to 4 months. This means you do not have full control of your bladder and you may leak or dribble without control. You will need to use incontinent products and do exercises to help yourself heal.



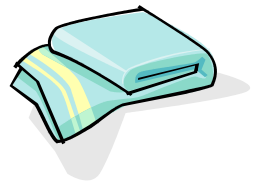
What can I eat?

Your nurse will tell you when you can start drinking and eating after surgery. Drink 6 to 8 glasses of water each day in the hospital. Avoid drinking fluids containing caffeine, such as coffee, tea, hot chocolate and cola. Caffeine may irritate your bladder. If you have heart or kidney problems, check with your doctor about the amount of fluids you should have.

You should not strain to have a bowel movement. Straining will cause bleeding in your bladder. Eating foods high in fibre and drinking fluids can prevent constipation when you return home.

Hygiene

Your nurse will show you how to clean around your penis and catheter 3 to 4 times a day with soap and water.



You can wash yourself with a basin at your bedside or at the sink in the bathroom. You cannot have a tub bath until your catheter is taken out. You can have a shower with your catheter in.

Hygiene

When you can have a shower, try not to get your incision too wet.

✗ Do not use soap on your incision, until your stitches or clips are taken out. Dry your incision well after you shower. If your bandage falls off or gets wet, you can replace it with dry gauze dressing and special paper tape such as Micropore[®].



Exercise

Do your deep breathing and coughing exercises often after surgery. Your nurse will help you walk during the evening of your surgery.

Moving, walking and doing your exercises after surgery will:

- keep your muscles strong
- prevent breathing problems such as pneumonia
- help your blood move around your body and prevent blood clots
- prevent constipation



You will begin moving around your room and walking to the bathroom. As you feel stronger, you will be able to take longer walks.

Do pelvic muscle exercises regularly to help the muscles that control urine flow:

1. Squeeze the muscles you use to prevent passing rectal gas.
2. Hold and count slowly . . . 1 and 2 and 3 and
3. Relax for . . . 1 and 2 and 3.
4. Do this 10 times, each time you exercise. This is called a set.
5. Begin doing 1 set, 2 times a day. Increase to doing 1 set, 5 times a day.
6. As you get better at doing these exercises, you can count to 5 and then relax for a count of 5.

Remember: You must relax your muscles for the same amount of time, every time.

You can do these exercises sitting, standing or lying down. No one can see you doing these exercises.



Before you go home

Make arrangements for pick-up before you come to the hospital for surgery. You need to have a support person ready to come.

Before you leave the hospital, have your support person pick up a wheelchair in the lobby and bring it to the unit if you feel you will not be able to walk on your own.

At Home



If you go home with a catheter

You may go home with a catheter. The doctor will remove the catheter in the office later. You may have some stinging or burning when you urinate. You may need to void often. This should go away after about 2 weeks.

You may have urinary incontinence. Sometimes the nerves that control bladder function are damaged during surgery. When this happens, leaking and dribbling are common. Most men gain full control of their bladder after about 3 months. Keep your skin clean and dry. Always carry extra supplies with you. You can get supplies to help keep you dry at most drugstores.

Incision care

You can shower normally. Pat your incision dry. You do not need a dressing.

You may go home with staples still in place. These will be removed 7 to 10 days after surgery in your doctor's office. When the staples are removed, special tape called steri-strips will be put on. This will fall off 2 to 3 days later.



Eating and drinking

You can eat your normal diet when you go home. A healthy diet will help you recover faster.

✘ **Do not strain to have a bowel movement.** Straining may cause bleeding in your bladder. Eat foods high in fibre such as bran, prunes, fresh fruit and vegetables to help prevent constipation.



Drink 6 to 8 glasses of water each day unless your doctor has given you other instructions. Drinking helps healing and prevents infection and constipation. Avoid drinks that contain caffeine, such as coffee, tea, hot chocolate and cola. Caffeine may irritate your bladder. If your urine is very dark or foul smelling, you need to drink more.

If you have heart or kidney problems, check with your doctor about how much you should drink.

Hygiene when you have a catheter

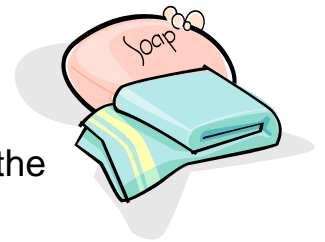
You can shower. Talk to your nurse or doctor about this. Shower with the night bag on then put the leg bag on after you shower. The straps on the leg bag take a long time to dry. Wearing wet straps can cause skin problems.

You need to clean around your penis and catheter 3 to 4 times a day.

In the hospital, the nurses showed you how to tape your catheter so it does not pull on your bladder when you move.

Hygiene when you do not have a catheter

You can shower. Tub baths are not recommended until the incision has healed well after 6 weeks. The tape on the incision will fall off by itself. You can wash over the tape on the incision.



When the catheter is removed, you will be incontinent. You need to keep clean and dry. Shower or bath often. You may have to use a petroleum jelly such as Vaseline[®] or a cream such as Desiten[®] to protect your skin from urine. ✘ Do not put any ointments or powders on your incision.

Exercise

You can slowly return to your normal activities.

Walking helps pelvic muscles heal and makes all of your muscles stronger. Walking also helps digestion and prevents constipation. Start with 10-minute walks, 2 times a day. Every 2 to 3 days increase the distance or number of times you walk. After 2 weeks, you should be able to walk for 20 minutes, 2 or more times a day. Take it easy, rest often and let your body be your guide.



- ✘ Do not do strenuous exercise like shovelling snow, vacuuming or cutting grass.
- ✘ Do not do any heavy lifting for 4 to 6 weeks. Heavy lifting is lifting more than 4 kilograms or 10 pounds. This weight is like a full grocery bag, a small suitcase or a small baby.

Pelvic muscle exercises for all men

Do pelvic muscle exercises regularly to help the muscles that control urine flow:

1. Squeeze the muscles you use to prevent passing rectal gas.
2. Hold and count slowly . . . 1 and 2 and 3 and
3. Relax for . . . 1 and 2 and 3.
4. Do this 10 times, each time you exercise. This is called a set.
5. Begin doing 1 set, 2 times a day. Increase to doing 1 set, 5 times a day.
6. As you get better at doing these exercises, you can count to 5 and then relax for a count of 5.

Remember: You must relax your muscles for the same amount of time, every time.

You can do these exercises sitting, standing or lying down. No one can see you doing these exercises.

Bladder control should return in 3 to 4 months. If you do not feel you are gaining control, talk to your doctor. **✘ Do not use a condom catheter for control.**

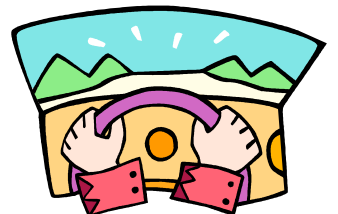
Sitting

The first week you are home do not sit for longer than 20 minutes at a time. During the second week, do not sit longer than 1 hour at a time.



Driving

The first week home, do not drive or be a passenger for longer than 20 minutes at a time. During the second week, you should not travel for longer than 1 hour at a time.



Sexual activity

Often the nerves that affect having an erection are damaged during surgery. Some men have erectile dysfunction as a result. If the nerves were not permanently damaged, it can take up to 1 year for sexual function to return. If sexual function has not returned after 1 year, talk to your doctor. There are many options you can talk about.

Going back to work

Ask your doctor when you can go back to work. When you return to work depends on the type of job you do. Plan to be off work 6 to 8 weeks.

Medications

You will be taking an antibiotic to prevent infection. You need to take this until it is all gone even if you feel well.



You will also have some medication for pain. Pain medication with codeine in it can cause constipation. Eating foods high in fibre and drinking liquids can prevent constipation.

Supplies

You can buy special pads, pants and supplies for incontinence from drug stores that sell medical and surgical supplies. **✘ Do not use condom catheters.**

If your catheter is being taken out in your doctor's office, bring your supplies with you.

Call your doctor if you:

- have stinging and burning when you urinate for more than 2 weeks
- see bright red blood in your urine
- have signs of an infection such as fever, chills, redness or swelling around the incision
- have a temperature greater than 38°C or 100°F
- cannot urinate



