

# Robotic radical prostatectomy

The information here outlines what to expect during your recovery after surgery. Please remember that recovery rates vary for each individual.

If you have any questions or concerns, feel free to contact our office to speak with your urologist or one of our specialist urology nurses.

## Return to normal activities

**Hospital stay** – you will usually be in hospital for one to three nights after the operation.

**Around the house** – once you have been discharged from hospital you can gradually return to normal gentle activities around the house, such as walking around and using stairs. Walking around the house is strongly encouraged. It is normal to feel tired and lacking in energy for several weeks after the operation.

**Diet** – by the time you are discharged from hospital you can usually eat and drink normally. If you are feeling bloated or nauseous, have a light diet instead.

**Work** – you can return to sedentary work between three and six weeks after the operation. If your occupation involves physical work, please discuss this with your urologist prior to returning to work. Please contact our office if you need a medical certificate for work.

**Driving** – you cannot drive until you can safely perform an emergency stop (slam your foot on the brake). For most men this will be one to two weeks after the operation and after your catheter has been removed. Do not drive after taking opioid pain relief (eg. Oxycontin, Oxycodone, Endone, Targin) because it can cause drowsiness.

**Exercise and strenuous activity** – you can restart gentle exercise such as walks one week after the operation. Regular gentle exercise can help you regain strength and energy after the operation. You should avoid strenuous activities such as moving the lawn, vigorous exercise and heavy lifting for six to eight weeks after the operation.

## Wound care

Your wounds will be closed with stitches and covered with glue or a dressing.

The glue is dissolvable and does not need to be removed. The dressings can be removed on the day your catheter is removed. If the dressings fall off prior to this, they do not need to be replaced. If there are small white band aids (steri-strips) underneath your dressings, they can be left in place until they fall off.

The stitches in the wounds are dissolvable and do not need to be removed.

The glue/dressings are waterproof - you can shower immediately after the operation. Once the dressings have been removed, the wounds can get wet in the shower. Gently wash the wounds in the shower with warm soapy water. Do not scrub the wounds.

Do not apply any creams or lotions to the wounds until they have healed completely.

Do not go swimming or soak in the bath for at least two weeks after the operation.

It is normal for a small amount of blood or blood-stained clear fluid to ooze from the wounds for a few days after the operation.

It is normal to have bruising and numbness/tingling/itching around the wounds for several weeks after the operation.

It is also normal to have swelling and bruising of your scrotum after the operation. This will resolve after a few weeks. Wearing tight fitting underwear can help improve scrotal swelling.



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## Pain relief and other medications

**Pain relief** - for a few days to weeks after the operation, it is common and normal to have mild to moderate pain in your:

- Abdomen
- Wounds
- The tip of your shoulder
- The penis and scrotum
- Perineum (the skin between your scrotum and your anus)

Post-operative pain can be reduced with relaxation, hot packs, and avoiding strenuous activities.

After discharge from hospital, take regular paracetamol (500mg, 2 tablets, 4 times per day) until you no longer have pain. Paracetamol is available over the counter at pharmacies and grocery stores.

On discharge, you may be given a supply of regular long-acting strong pain relief, such as:

- Oxycodone sustained/extended release (Oxycontin)
- Oxycodone/Naloxone (Targin)
- Tramadol sustained release, or
- Tapentadol sustained release (Palexia SR)

Take these tablets regularly as instructed. These tablets will usually be weaned (dose reduced) or ceased a few days after discharge from hospital.

On discharge, you will be given a supply of short-acting strong pain relief to take if needed, such as:

- Oxycodone (Endone)
- Tramadol
- Tapentadol (Palexia)

If you still have pain after taking paracetamol and long-acting strong pain relief (if applicable), take the short-acting strong pain relief as instructed.

**Constipation and aperients** - it is important to avoid constipation after the operation. Constipation is very common after an operation, especially if you are taking strong pain relief.

Drinking plenty of water and taking a fibre supplement (such as Metamucil or Benefiber) can reduce your risk of constipation. If you are constipated, take Coloxyl with Senna (two tablets, twice per day), until your constipation resolves. If this isn't effective within 24 hours, take Movicol (one sachet, twice per day) in addition to the Coloxyl with Senna. Both Coloxyl with Senna and Movicol are available over the counter pharmacies.

If you were asked to stop any medications before your operation, please ask your urologist before restarting these medications. Otherwise, you should continue any regular medications you were taking before the operation.

Do not use suppositories/enemas to manage constipation for four weeks after a robotic radical prostatectomy, unless discussed with your doctor.

**Other medications** - if you take a regular medication for management of urinary symptoms, you may be able to stop taking it after the operation. These medications include:

- Tamsulosin (Flomaxtra)
- Silodosin (Urorec)



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- Prazosin (Minipress, Pressin)
- Alfuzosin (Xatral)
- Terazosin (Hytrin)
- Finasteride (Proscar),
- Dutasteride (Avodart)
- Dutasteride/Tamsulosin (Duodart)

If you are taking any of these medications check with your doctor if it is safe to stop taking them.

If you were asked to stop any medications before your operation, please discuss this with your doctor before restarting these medications. Otherwise, you should continue any regular medications you were taking before the operation.

## Preventing blood clots after surgery

After you have been discharged from hospital, it is important that you do not spend all day in bed or lying down. Prolonged bed rest increases your risk of blood clots (deep vein thrombosis and pulmonary embolism), chest infections, constipation, and muscle wasting.

Take your white anti-embolic stockings home from hospital. For the first four weeks after your operation, wear them when you are in bed or travelling long-distance.

You may be given a supply of blood thinning injections (Clexane) to be given once a day for four weeks after the operation. You or a support person will be instructed on how to administer these injections before you are discharged from hospital.

## Long distance travel

Avoid unnecessary long-distance travel for the first six to eight weeks after your operation.

If you are travelling a long-distance home, we recommend you make plans to stay in town for at least a few days after discharge from hospital, and at least overnight after removal of your catheter.

For the first four weeks after your operation, wear your anti-embolic stockings if you are travelling for longer than one hour.

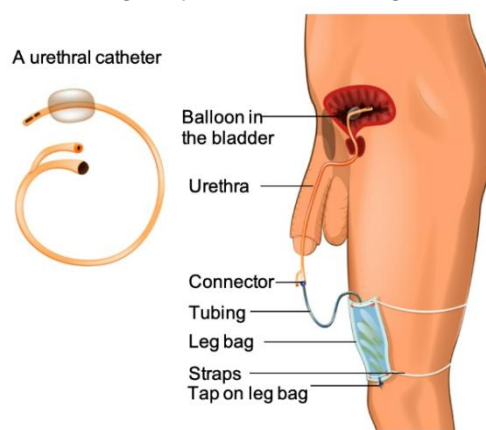
## Having a temporary urethral catheter

A urethral catheter is a soft flexible tube which is placed in the bladder via the urethra to drain urine.

The catheter is held inside your bladder by a balloon which is filled with water.

The external part of the catheter may be secured to your leg with a catheter securement device.

The external part of the catheter is attached to a drainage bag (leg bag and/or night bag). Urine drains continuously through the catheter into the bag, keeping your bladder empty.



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## Managing the leg bag

A leg bag is worn on your calf (long tubing) or thigh (short tubing). You can sit, walk, and undertake non-strenuous activities with the leg bag on.

You can wear underwear with a leg bag on – ensure the tubing comes out the leg of the underwear and not the waist. The leg bag can be concealed under knee length shorts/skirt/dress or trousers.

The leg bag should be worn with slack in the tubing so that the bag isn't pulling on the catheter, but the tubing shouldn't be allowed to kink.

The leg bag is secured to your leg by two elasticised Velcro straps. If the straps leave a mark on your leg, they are too tight and should be loosened.

Empty the leg bag into the toilet using the tap on the leg bag every two to four hours during the day. Don't let the leg bag become completely full.

The leg bag does not need to be changed unless your catheter stays in for longer than 10 days. If this is the case please call our nurses for instructions on how to change the leg bag.

## Managing the night bag

A night bag is a 2L drainage bag which provides extra drainage capacity. If you are lying down for more than two hours, you should connect a night bag.

The night bag is connected to the tap on the leg bag. Once the night bag is connected, make sure the tap on the leg bag is in the open position to allow urine to drain from the bladder via the leg bag into the night bag.

You may want to loosen the straps on the leg bag for comfort while you are lying down.

Always keep the night bag below the level of the bladder to ensure urine is draining from the bladder – place the bag on the floor if you are lying down in bed.

To disconnect the night bag, tighten the leg bag straps, close the leg bag tap, and disconnect the night bag from the leg bag tap. Empty the night bag into the toilet via the tap on the night bag, or by cutting the night bag with scissors if it doesn't have a tap. Dispose of the old night bag in the general rubbish. A new night bag should be used every night.

## Keeping the catheter clean

To reduce the risk of infection, always wash your hands before and after handling the catheter, urine drainage bags, or the flip-flow valve.

You can shower normally with the catheter in place. Do not soak in the bath or swim while the catheter is in place.

Clean the external part of the catheter twice per day with warm soapy water. This can be done while you are in the shower or with a clean cloth. Dry the catheter and bag/valve with a clean towel after washing.

Uncircumcised men need to wash under the foreskin once per day. Ensure the foreskin is replaced over the head of the penis after washing.

Wash around the anus or use wet wipes after a bowel motion to prevent contamination of the catheter.

It is common and normal to have a small amount of creamy discharge from the urethra onto the external part of the catheter. It can be washed off as described above.





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## Removal of the catheter

An appointment will be arranged for the catheter to be removed in hospital. This is known as a 'trial of void'. A trial of void usually takes several hours.

At the trial of void, after the catheter is removed, you will be asked to pass urine multiple times. A bladder ultrasound will be performed after you pass urine to ensure you are emptying your bladder.

If your bladder is not emptying normally, the catheter may have to be re-inserted.

## Urinary symptoms after catheter removal

Most men will have urinary leakage after removal of the catheter. This will be most pronounced with coughing, laughing, compressing the abdominal muscles, and standing from a sitting position.

You will need to wear pads or pull ups for a period of time after the operation. Continence pads are available in different sizes. If you are having to change pads more than 3 – 4 times per day, you may need to go up to the next sized pad.

Urinary leakage will usually improve over several months after the operation. Doing pelvic floor exercises can help improve urine leakage. You can start doing pelvic floor exercises before the operation, and as soon as your catheter is removed after the operation. Aim to do 8 to 12 contractions, 2 to 3 times per day. Overdoing the exercises will not cause damage, but it can fatigue your pelvic floor muscles.

Instructions on how to do pelvic floor muscle exercises can be found at:  
[www.brisbaneurologyclinic.com.au/rarp](http://www.brisbaneurologyclinic.com.au/rarp).

We also recommend seeing a specialist pelvic floor physiotherapist to ensure you are doing pelvic floor muscle exercises correctly. We can provide you with the details of physiotherapists we recommend.

You may have burning/stinging when passing urine after the catheter is removed. This will usually improve after a few weeks.

You may also need to pass urine more often than normal during the day and night. Limiting your intake of alcohol and caffeine containing drinks (coffee, tea, cola, energy drinks) can help reduce these symptoms.

You may have blood or debris in the urine for several weeks after the operation. The blood will often go away and then return a week or two after the operation – this is normal. Try to drink around 1.5L of water per day until the blood in the urine stops.

## Sex after prostate surgery

You can return to sexual activity including masturbation and sex when you feel comfortable. For most men this will be at least two weeks after the operation. From four weeks you can use a vacuum erection device to assist in recovery of erections.

Most men will have trouble getting or maintaining an erection after prostate surgery. For some men this will improve over time, but it may take months to years to improve. After the operation, you will not ejaculate when you orgasm.

For more information about penile rehabilitation and options for erectile restoration, we recommend reading 'Understanding sexual issues following prostate cancer treatment' from the Prostate Cancer Foundation of Australia, available online at: [www.prostate.org.au/awareness/general-](http://www.prostate.org.au/awareness/general-)

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[information/general-information-resources](#). Your doctor will also discuss these options with you at your follow up appointments.

It is possible to maintain an active sex life and achieve arousal and orgasm without an erection. Some men and their partners find it helpful to speak with a sex and relationship therapist about sex with erectile dysfunction. If you are interested, we can provide you with the details of psychologists with this experience.

## Follow up

Your doctor will either call you or meet with you in person to discuss the final pathology results from the operation.

If you need a follow up appointment, the appointment details will be in the paperwork you received before your operation, or our office will be in contact with an appointment time.

If you think you need a follow up appointment, but you haven't received an appointment time, please call our office to check.

## When to seek attention

It is not normal to have any of the following during your recovery:

- The catheter falls out.
- No urine drains from the catheter for more than two hours.
- Passing large blood clots in the urine, before or after the catheter has been removed.
- Difficulty passing urine after the catheter has been removed.
- Foul smelling or cloudy urine after the catheter has been removed.
- Continuous bleeding or discharge from the wounds.
- The wounds splitting open.
- Worsening redness, pain or swelling around the wounds.
- Severe abdominal pain.
- Persistent nausea or vomiting, or an inability to take food or fluids.
- Severe constipation.
- Fevers (>38 degrees), sweats or chills.
- Pain or swelling in the calf.
- Shortness of breath or chest pain.

If you experience any of these symptoms, please phone our office, see your GP, or present to your nearest emergency department.

**To speak with your urologist or one of our specialist urology nurses, phone 07 3830 3300 during business hours.**

**For urgent after-hours concerns, phone 07 3830 3333 to speak with our on-call urologist.**