

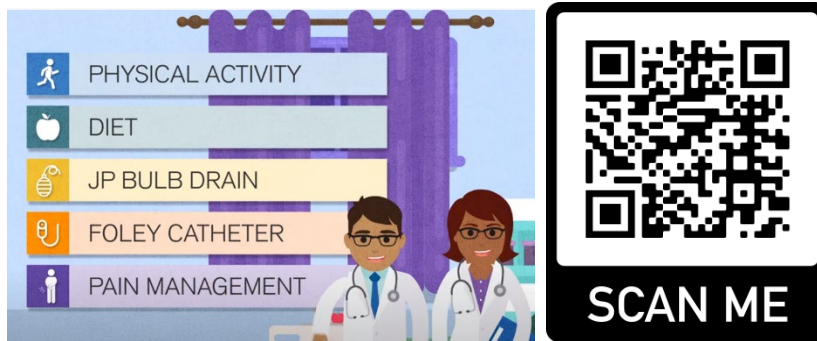


ROGEL CANCER CENTER
MICHIGAN MEDICINE

Instructions for Care after a Radical Prostatectomy (Prostate Surgery)

This document will assist you as you recover from prostate surgery. The healing process takes time. Follow these instructions while you are in the hospital and when you are home to improve your recovery process. For any questions or concerns regarding your recovery, call us at (734) 647-8902.

Please scan the QR code (below), with the camera app on your smartphone device, for an educational video on what to expect after surgery.



What do I need to know about the Foley Catheter?

During your hospital stay:



During surgery, a **Foley catheter** (a soft flexible tube), will be placed in your bladder. The Foley catheter helps drain urine and supports the urethra as it heals. Your healthcare team will connect your catheter to a drainage bag that collects urine and promotes comfort.



While you are in the hospital, your nurse will give you a handout called **Caring for Your Foley Catheter**. Follow the instructions on this handout while you are in the hospital and when you return home. You will go home with the Foley catheter. The Foley catheter is removed at your doctor's appointment, **usually** 7-10 days after your surgery.



At home:

- At discharge, you will receive 2 drainage bags, one large and one small. These bags are interchangeable and can fit under clothing.



Large bag - drains better. Use this bag as much as you can.



Small bag - fits better under your pants. Use this bag for quick errands, i.e., running to the store. Switch back to the larger bag once you return home.

Never use the small leg bag overnight.

- Urine may spray or leak around the Foley tip. This is normal as long as urine continues to drain into the bag.
- It is normal to see some blood or small clots in the Foley catheter output. This blood may be the color of pink lemonade or darker, but you should be able to see through it. Be sure to check the color in the **tubing, not the bag**.



If you see large blood clots in the tubing, more than minimal leakage around the Foley, or no urine output,

call us at (734) 647-8902.



How do I clean the Foley catheter?

To prevent infection, follow the instructions below to clean the catheter:

1. Use mild soap and water to wash the area where the catheter enters through the tip of your penis.
2. Rinse well.
3. Place a small amount of bacitracin ointment around the tip of the penis to prevent irritation.
4. Repeat 4 times a day until the Foley catheter is removed



What do I need to know about a JP Drain (if placed)?

During your hospital stay:

As part of care during surgery, some patients have a drain shaped like a bulb placed near the surgical area. This drain exits through the abdominal wall (stomach) and drains excess fluid away from the surgical area.

If a JP drain is placed, it will likely be removed the first day after surgery **or** before you leave the hospital. Sometimes your healthcare team decides the drain should be left in longer. If this is the case, you will receive instructions on how to properly care for the drain at home.

- It is normal for leakage to occur around the site for a few days.
- Change the dressing **as often as needed** for saturation, but at least once a day.



If the fluid becomes very bloody or if you have signs of infection in the surgical area including redness, warmth or foul odor,

call us at 734-647-8902.

How do I prevent blood clots and manage swelling in my scrotum?

During your hospital stay:

During your surgery, self-inflating stockings are placed around your legs to increase blood circulation and prevent blood clots. Once you begin walking, a clinic staff will remove them.

At home:

Swelling and bruising around the scrotum area is normal and may occur for up to 1 week.

- To help reduce swelling, wear supportive briefs or elevate your scrotum on a rolled towel.



How do I care for staples or glue at my incision site when I am home?

- Shower 48 hours after surgery and remove your dressings. You do not need to reapply the dressing to the incision site.
- In the shower, apply warm, soapy water on your chest and let it run down to your incision. Pat dry.
- Do not take a bath or use a swimming pool for 14 days or until your incision is completely healed.
- If your doctor used **staples**, they will be removed at your catheter removal appointment, usually 7-10 days after surgery.
 - If your doctor used **glue**, it will dissolve. **Do not scrub or peel the glue.**



If you experience any of the following around the incision site:

- pain/tenderness
- Redness
- Warmth
- Drainage
- If the incision sites start to open

How will my pain be managed?



During your hospital stay:

- You will be given oral medication for pain. When necessary, pain medication is given through your IV (intravenous).



At home:

- Most people safely manage their pain by switching between Acetaminophen (Tylenol) and Ibuprofen (Motrin).
- Most people are discharged without prescription narcotics (opioids) since these can slow down recovery. However, if absolutely necessary (when your pain is not sufficiently controlled with acetaminophen (Tylenol) and ibuprofen (Motrin)) you can take narcotics if prescribed to you.

- Taking narcotics, even a **small amount**, can cause side effects including nausea, vomiting and constipation.



If you experience abdominal side pain or pain not controlled by pain medication,

call us at (734) 647-8902.



How do I manage my diet in the hospital and at home?



- Start with clear liquids and slowly advance to solid foods, beginning with small portions.
- Eat less than half of what you normally eat and take twice as long to eat.
- Avoid soda or carbonated drinks of any kind until after normal bowel function has returned
- Stay hydrated. Drink 6-8 glasses of water each day.
- Take stool softeners, such as Colace® (docusate sodium), as prescribed.



What do I need to know to manage bowel movements at home?



- Your first bowel movement may be looser and may be less volume than normal. It may take a few days for your bowel function to fully return to normal.
- If you experience difficulty passing a bowel movement (constipation or hard stools), try the following:
 - Increase your intake of fruits, vegetables and whole grains.
 - Take a stool-softener such as Colace® **or** a laxative such as Miralax®.
 - Drink a glass of prune juice.
 - Continue drinking 6-8 glasses of water a day.
 - Continue this regimen until normal bowel function returns.
- If you notice a small amount of bleeding with a bowel movement or activity, this is normal.



Call us at **(734) 647-8902** if you experience:

- Nausea/vomiting or constipation **for more than 48 hours** or
- Diarrhea for **more than 24 hours**

What do I need to know about walking and activity restrictions?



While in the hospital:

- Walking after surgery is very important, it has many benefits including:
 - Encouraging bowel function return.
 - Promoting effective breathing.
 - Mobilizing secretion from the lungs.
 - Improving circulation, which prevents blood clots in legs.

Clinic staff will help you walk within 4 hours of your procedure. You will walk at least 6 times a day. Think of this as walking twice after each meal — breakfast, lunch, and dinner.

On your way home:



- If you have a long drive home, stop and get out of the car every 45 to 60 minutes. Walk for about 10 minutes during each stop.



At home:

Once home, it is very important you continue walking as part of your recovery.

- While awake, **walk every hour**. This can be a short walk to the fridge or a walk around the couch. **Do not** push yourself.
- **Do not lift** more than 10 pounds (a gallon of milk), for at least 4-6 weeks after surgery.
- Your urologist (doctor) will determine when you can return to work.

When should I contact my doctor?



- If you experience any of the following:
 - Shortness of breath
 - Chest pain

- Swelling of arms/legs
- Pain or tenderness in the calf/leg
- Incision changes:
 - Redness
 - Drainage
 - Swelling
 - Bulging
- Fever greater than 101.5° Fahrenheit or 38.5° Celsius
- Shaking chills

Call us at **734-647-8902**.

Catheter expectations and removal appointment



What are bladder spasms?

Signs of bladder spasms are cramping, feeling an urgency to urinate, leakage around the catheter, or brief pelvic or rectal pressure. Bladder spasms are normal and may occur up to a week before your catheter is removed.

- Occasionally, bladder spasms will cause some urine to drain around the catheter rather than through it, this is normal.
- Contact your doctor if the spasms become troublesome. Medication such as Oxybutynin can be prescribed to help prevent bladder spasms and the pain caused by the spasms. (See section below.)



How do I prepare for my catheter removal appointment?

Your catheter removal appointment is scheduled for _____.

Follow these medication instructions in the days leading up to your appointment:

2 days before your appointment:

- If you are taking **Oxybutynin** to control bladder spasms, it is important that you **discontinue this medication 48 hours before** your catheter removal appointment.

The day before, the day of and the day after your appointment:

You will receive a 3-day supply of an antibiotic, starting 1 day before your catheter removal appointment. Follow the instructions as prescribed.

What else do I need to know to prepare for my catheter removal appointment?



- Come to your appointment well hydrated; drink plenty of water.
- Urinary control problems are common after prostate surgery. It is normal to experience leakage. Until your urine control returns completely, wearing an incontinence pad is helpful.
 - Incontinence pads (such as **Depend® for Men**) can be purchased at any retail store.
 - Bring 2-3 pads to your appointment.



- Also, **bring a pair of jockey shorts** to your appointment. After the catheter is removed, the shorts give you support and help secure the incontinence pad.

Sexual function recovery

Although the return of sexual function varies depending on age, previous sexual function, and the extent of the tumor, it is a slower recovery than urinary recovery.



What do I need to know about recovering erections?

It is important to remember your erection return is a gradual process and can take months or years. After catheter removal, it is normal **not** to have erections sufficient for vaginal penetration. Most men experience improvement during the first year after surgery.

- If you get a partial erection, attempt vaginal penetration since this can help to further enhance erections.
- **Do not** wait until you have the “perfect erection” before attempting intercourse.

You should be able to have an orgasm even if you do not have an erection. Remember, you will not produce semen since the seminal vesicles were removed along with the prostate during surgery.

What options are available to assist in my sexual recovery?

- To help your erections become firmer, medication such as sildenafil citrate (ie. Viagra, 100 mg tablets), will be prescribed.
 - Take half of a sildenafil pill (50 mg) every other day.
 - If your insurance only covers 6-8 pills, then take half of a Viagra pill (50 mg) every 3-5 days.
- You will also receive a prescription for a **vacuum erectile device** (VED) (pump). Use your VED 4-5 times per week to achieve an erection that lasts for 10-15 minutes. The goal is to get an erection and establish blood flow to the penis. Using the VED for an erection improves your chances of getting a natural erection.



What follow-up care will I receive?

- A clinic nurse will contact you 1-4 days after surgery, to evaluate how you are doing.
- Your first post-op appointment will be in about 7-10 days with the clinic nurses. At this time, you will have a post-op wound check and Foley removal:
_____.
- Your second post-op appointment about 6-8 weeks after surgery:
_____.
- Your third post-op appointment about 3½-4 months after surgery:
_____.
- Depending on how aggressive your cancer is and as long as your Prostate-Specific Antigen (PSA) level remains undetectable, your PSA level should be checked every:
 - 3-6 months — for the first 1-2 years following your surgery.
 - 6 months — for 3-5 years following your surgery.

- 12 months — 5 years or more following surgery.

If you choose to follow up with your local doctor, please be sure to have your PSA results sent to your Michigan Medicine doctor. For any questions or concerns, **call us at (734) 647-8902.**

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

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