



Getting Ready for and Recovering from Radical Prostatectomy Surgery Radical Prostatectomy Surgery

Island Health Surgery Resources



About These Materials

This booklet was developed with input from doctors and health care providers. It provides specific information to help you prepare for your surgery and recovery.

Please read this booklet as soon as you get it!

If your Surgeon or nurse gives you information that is different than what is in this booklet, please follow their directions.

This booklet is meant to be read with the *Getting ready for and recovering from Surgery* booklet; it provides general information to help you prepare for your surgery and recovery. It is important that you read both booklets. You can find copies by:

- Asking your Surgeon's office, or
- Going to Island Health's *Getting Ready for Surgery* website:
<https://www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery>

Help Your Care Team Help You!

Share this booklet with your care team so they know about your plans to recover and get home as soon as possible.

Please note that the information in this booklet is current as of the date printed on it.

- Surgical Services, Island Health



About Radical Prostatectomy Surgery

Your likely length of hospital stay is 2 days. You may go home earlier or later, depending on your recovery.

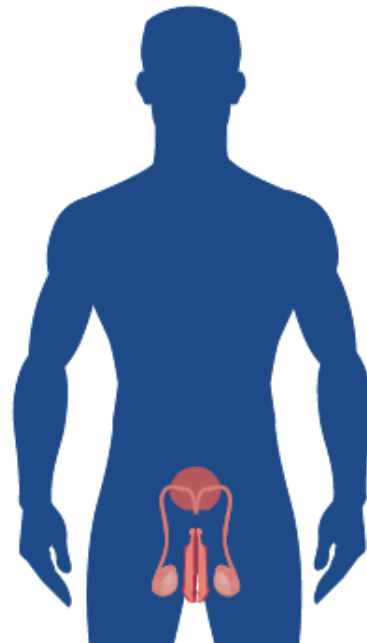
Radical prostatectomy surgery is done to remove the entire prostate gland when it contains cancer.

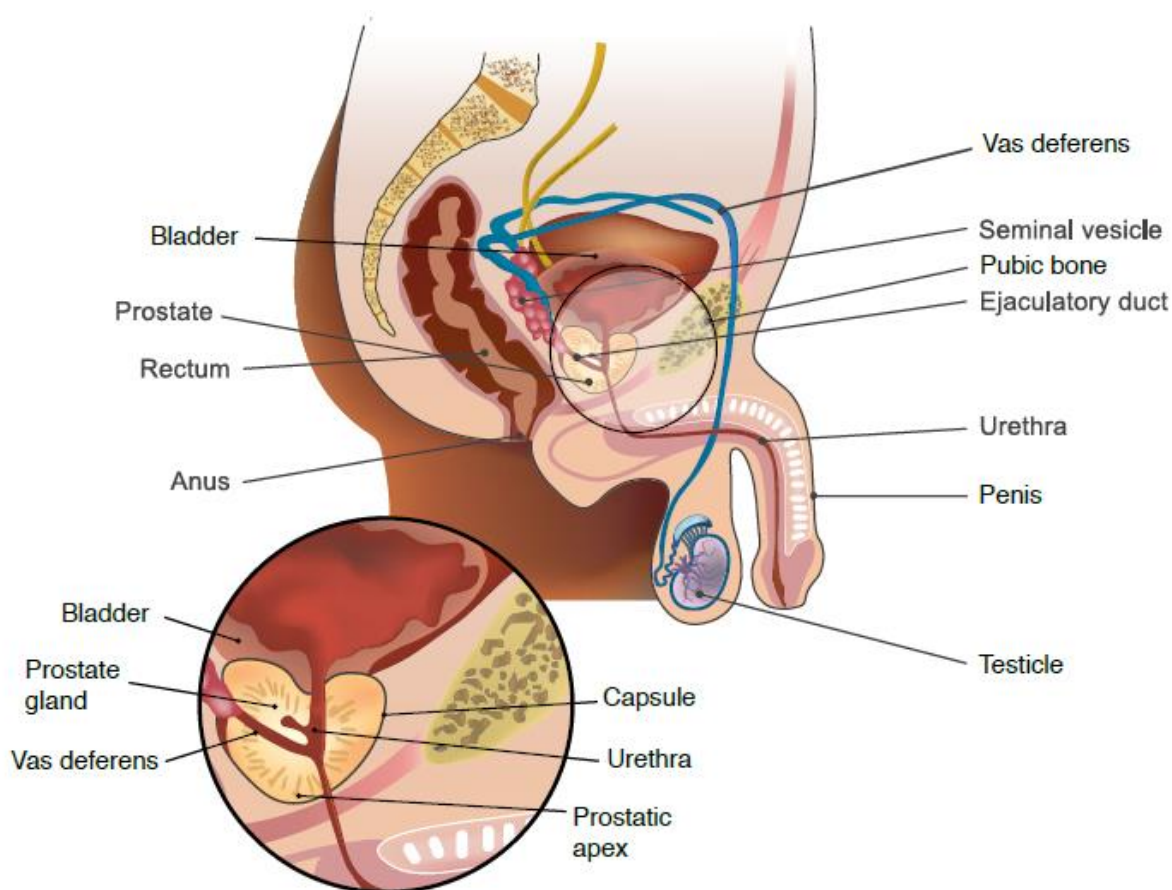
The prostate is a gland that surrounds the urethra. The urethra is the tube that carries urine from the bladder, through the penis, and outside of the body.

The nerves that control erections are on either side of the prostate. If these nerves can be spared they will be, it depends on where the tumour is. If the tumour is growing too close to, or into the nerves, the nerves will be removed to make sure that the whole tumour is removed. This may affect your ability to have erections after surgery. After your operation, the Surgeon will tell you if he had to cut into the nerves.

The Surgeon has 2 main goals when removing the prostate:

1. To remove all cancer.
2. To save the urethral sphincter, so that urine leakage (urinary incontinence) is avoided.



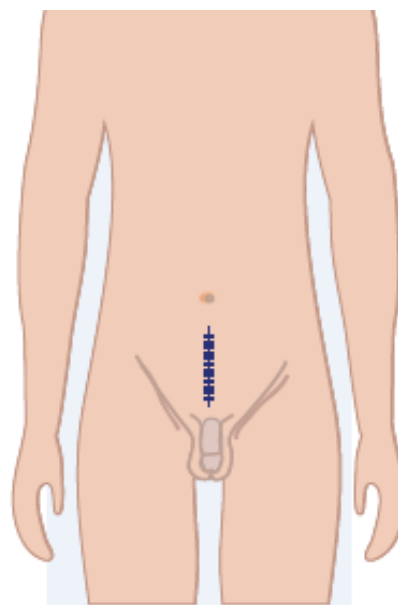


How the Surgery Is Done

The Surgeon will make one cut (incision) in the lower part of your belly (abdomen).

After he removes the prostate, he will attach the bladder and external urethral sphincter with dissolvable stitches.

A urinary catheter will be put in place for 7-14 days while your urethra heals.



What to Expect After Surgery

By knowing what to expect after surgery, you can plan now to help your recovery.

Going to the Bathroom

The Surgeon will put a urinary catheter in your bladder while you are in the operating room. The catheter will drain urine from your bladder into a collection bag. You will go home with the urinary catheter. Your healthcare team will teach you how to care for your catheter at home.

Wounds

Your incision will be closed with stitches (sutures), clips (staples) or dissolvable stitches covered with Steri-Strips™.

The Surgeon might put a drain near the incision to help remove excess fluid. If this applies to you, your Surgeon will explain this before surgery.



Going Home After Surgery

Discharge for overnight stays is usually 9:00 AM. The staff will tell your family or friend when to pick you up. Remember, you need to plan for a ride home.

Going to the Bathroom

Most patients will have their urinary catheter removed in the urologist's office up to 14 days after surgery. Some patients will need more time for their urethra to heal. The urologist will let you know if your catheter needs to stay in longer.

Wounds

If your incision was closed with stitches (sutures), clips (staples), make an appointment with your family doctor to have them removed 7 days after surgery.

If you have Steri-Strips over your incision(s), do not remove them for 7-10 days or until you see your Surgeon for your follow-up visit. Trim the edges with scissors if they curl up.

Sexual Activity

Radical prostatectomy surgery may affect your sexual function in several ways, but it will not prevent you from having an enjoyable sex life.

After radical prostatectomy surgery, only a small amount of ejaculate fluid will come out during orgasm. The surgery should not affect your ability to experience an orgasm, even if little fluid comes out.

Your Surgeon may need to cut the nerves that help control erections. This is because he needs to control the spread of cancer. However, even when nerves are spared, there is no guarantee that your erections will return.

The return of erections after surgery is usually slower than the return of urinary control. This can take 6 to 18 months, and can continue to improve for as long as 2 to 3 years after the surgery.

Although long-term erectile function cannot be guaranteed, active rehabilitation is encouraged. This rehabilitation should start about 4-6 weeks after surgery, and may result in better long-term sexual function. See page 14 of this document for a list of resources, or talk to your Primary Care Provider or Surgeon for more information.

There are several ways to help get and improve your erections. These include oral medications (e.g., Viagra®, Levitra® and Cialis®), injections (e.g., Caverject®), urethral suppositories (e.g., Muse®) or vacuum erection devices. It is best to wait at least 4-6 weeks before using any of these methods. Please do not hesitate to talk to your Urologist if you have any concerns.

You may attempt intercourse after your catheter is removed, your incision is healed, and as soon as you feel well enough to do so.

You and Your Partner

The partners of men with prostate cancer are often concerned about their partner's health and about incontinence and erectile dysfunction in particular. During this challenging time, it is important for patients and their partners to talk to each other and get support, if needed. Your doctors, The Prostate Centre, Island Prostate Cancer Support Group and the BC Cancer Agency all have services available. Just ask!

Partners of radical prostatectomy patients often feel that they have to be “strong” to support their partners. Remember to express your concerns to your partner; both of you can take comfort in loving and supporting each other while you adjust. This can be a time for couples to strengthen their relationship.

Caring for Your Urinary Catheter

- Wash your hands before and after handling the catheter.
- Wash the urethral opening and top of the catheter daily with a clean washcloth and mild soap and water, and be sure to dry them with a clean towel.
- Check the skin surrounding the catheter daily for redness and irritation.

Recording Urine Output

Your urinary catheter is connected to a urine drainage bag. You may be asked to record the amount of urine collected in the bag. When you empty the bag, record the time and the amount of urine in millilitres (mL).

- Drink plenty of water (8-10 glasses/day) so that you make enough urine.
- Avoid carbonated beverages (such as soda), as they can cause bladder spasms.

Activities to Avoid With a Urinary Catheter

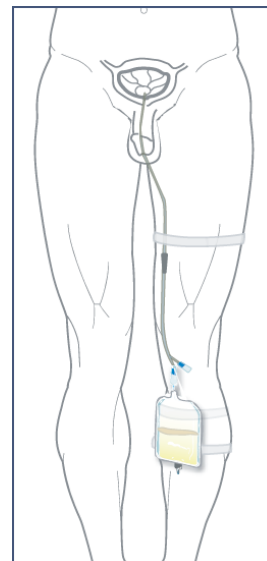
Avoid these activities while the urinary catheter is in place:

- Soaking in a bathtub, swimming pool, or hot tub (showering is fine).
- Sexual intercourse. If you have a long-term urinary catheter, talk to your doctor about how to deal with sexual activity.

Caring for Your Drainage Bags

Drainage bags should be replaced every 2 weeks. You can buy them at pharmacies that sell medical supplies.

- Secure the urinary catheter and drainage bag with a Velcro® strap to prevent pulling and irritation.
- Keep the drainage bag below the level of your bladder so the urine does not back up.
- Wash your hands before and after emptying the drainage bag. Empty the drainage bag at least every 8 hours, or when it is 2/3 full.
- Change your drainage bag once a day. Wipe the connections with alcohol swabs (available at pharmacies) when you disconnect the bag.



Clean the used bag, following these instructions:

1. Use a small funnel to add a little bit of mild dish detergent and warm water to the bag.
2. Swish the sudsy fluid around and then drain the fluid out of the valve at the bottom of the bag.
3. Fill the drainage bag with one part vinegar and four parts water.
4. Swish the solution and let sit for 10 minutes before emptying, then hang the bag to dry.

Day and Overnight Drainage Bags

At night, you might want to change to an overnight bag. Overnight bags are usually larger than the bags you use during the day. Wearing an overnight bag means you will not have to wake up to empty the bag, and get a better sleep.

Urinary Leg (Day) Bags	Urinary Overnight Bags
<ul style="list-style-type: none">• Can be worn under pants.• Worn on your leg with a strap that holds it in place.• Hold 500 ml to 1000 ml of urine.• Should not be worn when you are lying down or sleeping.	<ul style="list-style-type: none">• Too large to wear under pants.• Larger than day bags.• Hold 1500 ml to 2000 ml of urine.• Has a hook on the bag so you can hang it from a chair or bed (the bag must hang below the level of your bladder).• If you don't use the hook, put the bag in a clean container, like a pail, to keep it off the floor.

Potential Urethral Catheter Problems

Urethral Catheter Blockage

It is important that urine is able to flow through the urinary catheter into the drainage bag. Debris, blood, and bends in the catheter can cause the catheter to become blocked. This may cause irritation. Please speak to your doctor if this happens.

If no urine drains for 4 hours, check if:

- The tubing kinked.
- The bag is below the level of your bladder.
- The bag is connected the right way.
- You have been drinking enough fluids.
- You are constipated.
- You have been moving or walking.

Bladder Spasms

You may feel like you have to pee, or you may get an ache or cramp in your bladder area, on the tip of the penis, or around your rectum. This is normal; it is usually because the bladder is having a mild and temporary contraction (or spasm).

This is more common in the first few days after surgery. You can reduce the number of spasms by resting, drinking lots of fluids (but avoid all carbonated beverages, like pop, because they can cause bladder spasms), or placing a warm pack over the bladder area. Taking acetaminophen (Tylenol®) can help reduce the effects of the spasms.

If spasms are severe, talk to your family doctor or Urologist about stronger medications.

Irritation of Urethral Opening

Catheters can cause redness, irritation and swelling around the urethra. This can be prevented with daily cleaning and by not pulling on the catheter.

Putting a small amount of antibacterial ointment on tip of penis (such as Polysporin®) may help keep the urethra lubricated and clean.

To make sure the catheter does not pull when you move:

- For leg (day) bags – Secure the bag to your leg with tape; do not let the bag hang freely.
- For overnight bags – Use the hook to hang it from a chair or your bed, or put the bag in a clean pail (so it is not sitting on the floor).

Bloody Urine

You may see some blood or small, dark blood (small blood clots) in the catheter tubing, drainage bag, or at the tip of your penis where the catheter goes in. This is normal. Drinking lots of fluids can help this go away.

Pulling on the catheter can also cause bleeding. Ask your health care provider about a thigh strap to support the tubing and prevent pulling, especially when the bag is heavy. Be sure to drink plenty of water and reduce activity.

Gaining Control of Your Urine

After your urethral catheter is removed it can take some time for your bladder function to return to normal.

However, if you are unable to pass any urine for 4 hours after your catheter is removed, contact your Urologist or go to the Emergency Department.

Leaking of Urine

Leaking of urine (urinary incontinence) can be a side effect of your surgery. Sometimes this will happen when you change your position.

Everyone is different, but most men need to use some type of incontinence product such as Depends™. You may need to use these pads, just in case, for up to 3 months. These pads are available at most drugstores.

The leaking will continue to improve over the next 6-12 months.

Less than 5% of patients continue to have leaking after this time. Tell your urologist if you continue to have leaking more than 12 months after surgery.

Narrowing of the Urethra: A Late Complication

Narrowing of the urethra (known as a stricture) can occur a few weeks after surgery. This occurs where the bladder and urethra were joined together during the surgery, making it hard to empty the bladder. This only happens in 1-2% of men who have this surgery.

Please contact your Urologist during office hours or go to the Emergency Department if you have trouble emptying your bladder.

Kegel Exercises

Some Urologists recommend Kegel exercises to help improve bladder control before surgery and/or 2 weeks after the catheter is removed. Kegel exercises tighten and release the muscles around the urethra.

To do Kegel exercises:

1. Find the muscles you need to strengthen. To do this, tighten the muscles that stop your urine while you are going to the washroom. These are the same muscles you squeeze during Kegel exercises.
2. Squeeze the muscles as hard as you can. Your stomach and thighs should not move.
3. Hold the squeeze for 3 seconds, then relax for 3 seconds.
4. Add 1 second each week until you are able to squeeze for 10 seconds.
5. Repeat the exercises 10 to 15 times, 3 times or more every day (morning, afternoon, night).



Health Concerns

Call 911 if You Have:

- Chest discomfort with sweating, nausea, faintness or shortness of breath.
- Shortness of breath that gets worse and is not relieved by resting.
- Fainting spells.
- Bright red blood in stool or urine, or when you cough.
- Sudden problems with speaking, walking or coordination.

Call Your Surgeon if:

- Your urine is cloudy and/or foul smelling.
- There is redness, swelling or foul discharge from your incision site.
- There is little-to-no urine in the drainage bag in the past 4 hours, and you have checked for solvable problems listed on page 10 of this booklet.
- You have blood clots or bloody urine (pee) that doesn't go away even if you drink more fluids or do less activity.
- Your catheter falls out. Do not remove your catheter without discussing this with your health care team.

If You Cannot Reach Your Surgeon:

- Call your family doctor, or
- Go to a walk-in medical clinic, or
- If it is after clinic hours, go to a hospital emergency department.

For Non-Emergency Health Information and Services:

Contact HealthLinkBC – a free-of-charge health information and advice phone line available 24/7 in British Columbia.

- **Phone:** 8.1.1 from anywhere in BC.
7.1.1 for deaf and hearing-impaired assistance (TTY)
- **Website:** www.healthlinkbc.ca
Translation services are available in over 130 languages.

Compliments and Concerns

Quality care is important to all of us. You have the right to give feedback about your care and know you will be treated fairly. Your feedback gives us an opportunity to improve the care and services we provide.

If you have a compliment, complaint or concern, you can speak directly to the person providing your care, or you may contact the Patient Care Quality Office.

Patient Care Quality Office

Royal Jubilee Hospital

1952 Bay Street Victoria, BC V8R 1J8

Memorial Pavilion, Watson Wing, Rm 315

Toll-free: 1.877.977.5797 / Greater Victoria: 250.370.8323 patientcarequalityoffice@viha.ca

<https://www.islandhealth.ca/patients-visitors/patient-care-quality-office>

Resources

Canadian Cancer Society

Cancer Information Service: 1.888.939.3333

The Prostate Centre

Suite 100-1900 Richmond Ave
Victoria, BC
V8R 4R2

Phone: 250.388.0214

Toll free from Vancouver Island: 1.866.388.0214

The Prostate Centre is a resource center dedicated to providing men with clear, comprehensive, unbiased medical information on prostate cancer and prostate health issues. Services include:

- A library of books, DVDs, magazines and informational pamphlets on prostate cancer, prostate health, erectile dysfunction, incontinence, and other urological and oncological health issues.
- A Nurse Counseling Program whereby volunteer nurses provide counseling services for men in the pre-treatment decision-making stage, men who are in active treatment, and those who are dealing with survivorship issues.
- Our Prostate Support Association supports and encourages men who are living with prostate cancer through a monthly support group meeting and peer-to-peer support.
- All of these services are provided free of charge for anyone who has been diagnosed with prostate cancer, or who has other prostate health issues, or anyone who is interested in becoming more informed about prostate health.

Other Island Health Surgery Resources You Might Find Helpful:

- Meeting Your Surgeon
- Improving Your Health Before Surgery
- Getting Ready for and Recovering From Surgery

Available at:

Island Health's *Getting Ready for Surgery* site:

<https://www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery>

Tell Us What You Think!

After reading this booklet please respond to the following statements. Your answers and comments will help us improve the information.

Circle one number for each statement:

strongly disagree  strongly agree

1.	I read all of the information provided.	1	2	3	4	5
	Comments:					
2.	The information is easy to read.	1	2	3	4	5
	Comments:					
3.	The information is easy to understand.	1	2	3	4	5
	Comments:					
4.	Reading this information helped me prepare for and recover from my surgery.	1	2	3	4	5
	Comments:					
5.	The information answered my questions.	1	2	3	4	5
	Comments:					

strongly disagree  strongly agree

6.	I would recommend this information to other patients.	1	2	3	4	5
Comments:						
7.	I prefer to have this information in: (check one)					
	<input type="checkbox"/> A book just like this one.					
	<input type="checkbox"/> Separate handouts on each topic that I need.					
Comments:						
8.	I would have liked MORE information about:					
9.	I would have liked LESS information about:					
10.	What changes would you make in this booklet to make it better?					
11.	I am: (check one)					
	<input type="checkbox"/> a patient.					
	<input type="checkbox"/> a family member.					

Please give this survey to your healthcare provider or mail to:

Manager of Surgical Quality Surgical Services, 2nd Floor, Memorial Pavilion,
Royal Jubilee Hospital, 1952 Bay Street Victoria, BC V8R 1J8