

PREOPERATIVE AND POSTOPERATIVE INSTRUCTIONS
For
RADICAL PROSTATECTOMY

1. You are scheduled for a radical prostatectomy. This is a surgical procedure for complete removal of the prostate due to prostate cancer. It can be performed either by a retropubic incision (incision between the belly button and pubic bone) or by a perineal route (incision under the scrotum in front of the anus). Be sure you have discussed with your physician the intended route of surgery and whether or not the surgery is intended to be a "nerve-sparing" (to preserve erections) approach or not.
2. A bowel preparation is required the day before surgery. At least one bottle of magnesium citrate (or possibly two) should be taken beginning no later than 12 noon the day prior to surgery. Clear liquids only should be ingested the day prior to surgery. Nothing to eat or drink after midnight the night before surgery.
3. Avoid aspirin or aspirin-containing products (such as Ibuprofen, Motrin, Aleve, etc.) for one week prior to surgery.
4. Make sure you have seen the pelvic floor therapist to go over your "Kegel" exercises before surgery and have a plan for appointment with them after the catheter is removed. This will help you regain your urinary function and continence quicker.
5. The Foley catheter is usually left in place for two weeks following the surgery. You will need to learn how to care for the catheter, switch the drainage bags, and drain the collected urine into the toilet. The nurses will show you this procedure and how to take care of the catheter while in the hospital. It is common to experience constipation in the postoperative period. After your bowel preparation the day before surgery, make sure you maintain on stool softener to avoid constipation for the few weeks following surgery.
6. Buy a donut cushion or a soft perineal/buttock cushion to sit on. This will lessen the pressure in the rectal and pelvic area following removal of the prostate.
7. It is common to experience bladder spasms (the intense and sudden urge to urinate) while the catheter is in place in the postoperative period. Make sure you drink plenty of water to keep the urine output high and the urine somewhat dilute. If spasms are very severe or you notice that there is decreased urine drainage from the catheter, notify your physician.
8. A mild amount of bleeding and irritation at the tip of the penis is also common due to the catheter irritation. This is a result of the catheter, which is a "necessary evil" in the postoperative period.
9. Following your surgery, you will need to make an appointment with your physician roughly two weeks after the operation to come in the office for a "voiding trial" catheter removal and check of your serum PSA.

10. After the catheter has been removed (if your procedure was a bilateral nerve-sparing approach), your doctor will begin Viagra and encourage sexual activity to maintain penile function. For men who do not respond to Viagra or who had a non-nerve-sparing approach (due to more advanced cancer), then injection therapy into the penis to help maintain erection and erectile activity may be necessary. Discuss this with your physician. Other alternatives to this would be the use of a vacuum erection device, which would stimulate erections in the postoperative period to maintain sexual healthy.

11. When the catheter comes out, all men experience some urinary leakage, mainly manifested by "stress" incontinence (leakage when you cough, sneeze, or move). This is extremely common, but with routine follow up with the pelvic floor therapist and "Kegel" exercises, continence can be regained quickly and very effectively in the first few weeks and months following surgery. It is extremely uncommon for men to experience life-long urinary leakage that would require constant pad usage.

12. If continued incontinence occurs, many surgical therapies ("male sling" and "artificial urinary sphincter") are highly successful in alleviating incontinence.

Remember, radical prostatectomy is a major operation but fortunately is one of the more common operative procedures that urologists now perform. It is highly successfully in obtaining a lifelong cure for many men with prostate cancer, and even in the few men who suffer significant complications and side effects from surgery (such as leakage or erectile dysfunction), these can usually be alleviated with either medical or surgical therapy. We hope this "Do's and Don't's" and Preoperative/Postoperative Instruction Sheet serves to help you prepare before the surgery as well as answers some questions following the procedure.