

# THE UROLOGY GROUP

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## **ROBOT-ASSISTED LAPAROSCOPIC PROSTATECTOMY (RALP) POSTOPERATIVE INSTRUCTIONS**

The following is postop information to help answer questions you may have, help you prepare for your care after surgery, and hopefully calm any anxiety you are feeling. Do not ever hesitate to call our office with any questions or concerns.

### **CLOTHING:**

- After surgery, your abdomen may be bloated, and it can be difficult to fit into your regular pants.
- Bring a pair of comfortable pants that have a loose waistband to go home in.

### **URINARY CATHETER:**

- During surgery, you will have a Foley catheter placed in your bladder. A Foley catheter is a tube that carries urine from your bladder to the outside of your body into a bag. This urinary catheter will stay in place until your anastomosis heals. This varies between 7 and 14 days. While the catheter is in, you may have some leakage of urine or blood from the tip of the penis around the catheter. This may be more noticeable with bowel movement. You may also notice some blood or mucous-type sediment in the drainage tube or in the bag. The color of the urine may vary.
- It is very important to make sure the catheter drains well. The bag should always be lower than your bladder. It is also very important that there is no pulling or tugging on the catheter itself.
- At night, the catheter should drain into a large bag. When you want to go out, you can wear a smaller bag under your pant leg. You will receive instructions about the care of your urinary catheter before discharge from the hospital.
- Drink plenty of fluids!!

### **DRAIN:**

- If you go home with a drainage tube that comes out of one of the port sites on your abdomen, you will be instructed on how to care for it before you are discharged from the hospital.
- Your physician will let you know when it can come out.

### **MEDICATIONS (prescribed to you at discharge):**

- The hospital will let you know when you can resume all of your regular medications.
- Your physician will prescribe several medications for you prior to surgery or once you are discharged from the hospital. Discharge medications are usually sent directly to your pharmacy.
- A **pain medication** to be taken by mouth will be prescribed for you. Narcotic pain medications are constipating and therefore should be discontinued as soon as possible.
- Ibuprofen, an anti-inflammatory, helps reduce discomfort after surgery. This may be prescribed or is available at any drug store without a prescription.

- Acetaminophen (Tylenol) helps decrease discomfort after surgery. This is available at any drug store without a prescription. Some narcotic pain medicines also contain acetaminophen. Do not take more than 4000 mg acetaminophen per day to avoid liver problems.
- A **stool softener** should be taken by mouth twice a day to avoid constipation. Constipation can cause you to strain to have a bowel movement, which puts stress on the surgery site and can impair healing. A stool softener or laxative may be prescribed or is available at any drug store without a prescription (Senna or Senokot or SennaGen, Dulcolax or Bisacodyl, Milk of Magnesia or magnesium hydroxide). Decrease or hold the stool softener for diarrhea or loose stools. Take stool softeners by mouth only. Avoid suppositories or enemas unless directed by your physician.
- An **antibiotic** will be prescribed for you to take by mouth. **Start this as directed before you come in to have your catheter taken out** and continue taking this medication until it is finished.
- Sildenafil (Viagra), Tadalafil (Cialis) or Vardenafil (Levitra) may be prescribed to you. Take as directed to help with blood flow and circulation to the penile area.
- Ditropan or oxybutynin (an anticholinergic) may be prescribed for you to take by mouth for bladder spasms.

#### ACTIVITY LEVEL:

- You should be up at **walking** at least three times daily starting the day after surgery. You may be up and about as much as you like. You may go up and down stairs. You may take walks outside. Gradually increase the amount you walk each day. You may tire easily with minimal activity and find that you require an occasional nap. Your energy will return over the course of 3-4 weeks.
- You may take a **shower** after surgery. You may allow the water to run over the incision and the catheter. The catheter can be rinsed with water but do not put soap directly on the catheter itself to avoid irritation at the tip of the penis.
- Do not take tub baths or get in a hot tub until your catheter has been removed and your surgical wounds have healed.
- Do not drive if you still have a catheter or if you are taking narcotic pain medicine.
- Absolutely no biking, motorcycling, or horseback riding for six weeks.

#### THINGS YOU MAY ENCOUNTER AFTER SURGERY:

- **Bruises around the incision sites:** These are common and should not alarm you. They will resolve over time.
- **Abdominal distention, constipation or bloating:** Make sure you are taking your stool softener as directed. If you don't have a bowel movement or pass gas or are feeling uncomfortable 24 hours after surgery, try taking Milk of Magnesia as directed on the bottle. If, after two doses of Milk of Magnesia, you still have not had a bowel movement, call our office. Do not use an enema.
- **Weight gain:** Do not be alarmed. Weight gain is due to fluid shifts. You will be back to your pre-operative weight in about five to 14 days.
- **Scrotal/penile swelling and bruises:** This is common and should not alarm you. It may appear immediately after surgery or it may start four to five days after surgery. Your scrotum may become as big as an orange or a grapefruit. It should resolve in about seven to 14 days. You may elevate your scrotum on a small towel or washcloth that you have rolled up when you are sitting or lying down to decrease the swelling. It also helps to wear Jockey or snug-fitting underwear for support, even with the catheter in place.
- **Bloody drainage around the Foley catheter or in the urine:** Especially after increased activity or after bowel movement is common. Resting for a short period of time will improve the situation.
- **Leaking urine around the catheter:** Urine, mucus or blood may leak around the tube, which is OK. If this happens, wear your underwear with a pad inside for protection/absorption. Most of the urine should drainage into the collection bag.
- **Bladder spasms:** These are common. You may feel mild to severe bladder pain or cramps, the sudden, urgent need to urinate, or a burning sensation when you urinate. Call us if this persists.

- **Perineal pain (pain between your rectum and scrotum)/testicular discomfort:** This may last for several weeks after surgery, but it will resolve. You can also try elevating your feet on a small stool when you have a bowel movement. When you are able to take baths again, try warm tub soaks as this may be helpful as well.
- **Lower legs/ankle swelling:** This is not abnormal when it occurs in both legs and should not alarm you. Elevating your legs while sitting will help. Call us if the swelling is in only one calf or becomes painful.

**CONTACT US IMMEDIATELY IF YOU ARE EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS:**

- Temperature over 101°F
- Urine stops draining into the drainage bag
- Any pain unrelieved by the pain medication
- Blood clots in urine that block the catheter
- Bladder spasms that are not relieved with medication
- Nausea/vomiting
- Pain or swelling in one calf

**PATHOLOGY RESULTS:**

- Pathology results usually take 5-7 days before they are sent to your physician.
- Your physician will call you with the results of the pathology.

**FOLLOW-UP APPOINTMENTS (Nurse Visits):**

- Staples are generally removed 7 days after surgery in our office.
- When the catheter is removed, some men have difficulty with urinary control and will require some form of protection, such as a pad that fits inside your underpants. With four to six weeks, most men have good urine control and require minimum protection, if any. Sometimes, the recovery of continence is slower.
- Kegel exercises will be taught and explained when the Foley catheter is removed. These exercises will help you to regain your continence.

**FOLLOW-UP APPOINTMENTS (Physician Follow Up):**

- Your first postop visit with your physician will be 2-4 weeks after surgery.
- Your physician may want to see you again 6 weeks after surgery.
- Your first PSA level will be checked 2-3 months after surgery.
- You will continue to have follow-up visits with your physician every 3-6 months for the first two years. Your PSA level will be checked at each of these visits.
- Your PSA should be checked every year long-term. As the years pass, PSA testing may become less frequent.
- Your recovery of erections after a prostatectomy can be slow. Even though the nerves to the penis can be spared, there is still some injury from trauma or stretching during the operation. These damaged nerves need time to heal. At each follow-up visit, your physician will discuss issues regarding sexual function with you.