

## **Robotic Assisted Laparoscopic Prostatectomy**

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### *Patient Instructions*

*The basic information presented here was developed by clinicians. It may differ to some extent from your particular situation. This information is intended to be used only in conjunction with professional guidance from healthcare providers.*

This information will tell you what to expect and how to care for yourself when you leave the hospital after **daVinci Robotic Laparoscopic Radical Prostatectomy (DVP)**. These are general guidelines, and you will be given more specific instructions before you leave the hospital. If you have any questions about this information or any concerns about your care, please speak with your doctor or nurse.

### **Preparing for Robotic Laparoscopic Prostatectomy**

The weeks and days before surgery, begin doing Kegel Squeeze exercises every day to strengthen your pelvic urinary control muscles. Dr. Savatta's staff will give you instructions on these valuable exercises. This will help you regain urinary control faster after your surgery. Do the exercises until you are very comfortable on how to do them correctly.

The day before surgery, have only clear liquids after lunch. We sometimes ask patients to drink one half (1/2) or one (1) full bottle of Magnesium Citrate later that evening to help empty and clean out your intestines. You can get this over-the-counter in any drug store. Do not eat or drink anything after midnight the night before your surgery. It is okay to take medication with a small sip of water up until the morning of surgery.

### **What to expect after DaVinci Robotic Laparoscopic Prostatectomy**

**1. You will go home with your urinary catheter (Foley catheter) in place.** You will receive twocatheter drain bags, a smaller leg bag to be used when you are up and about, and a larger bag to be used for the rest of the time and overnight. Your nurse will show you how to take care of the catheter and how to use the drain bags. Do not lift the bags higher than your waist.

**2. You may resume your regular diet, unless told otherwise.**

**3. You may shower as soon as you return home.** It is safe for you to shower with the urinary catheter.

**4. You may resume normal activities; however, depending on the type of work you do, there may be temporary restrictions.** Ask your doctor about any restrictions. Continue to be active; walking is especially helpful. You should avoid driving until the urinary catheter is removed, and you are able to slam on the brakes comfortably without thinking or worrying about pain.

**5. You may feel some discomfort or fullness in the area between your scrotum and rectum (the perineum).** This is due to some remaining swelling from the surgery. You may also have some scrotal swelling and or bruising. This can be uncomfortable but is common after this type of procedure. Using a scrotal support, jockey type underwear and elevating your scrotum while at rest may lessen the discomfort.

**6. You will be given a prescription for a pain medication.** Pain after this type of procedure should be minimal. Using extra strength Tylenol, Motrin or Advil, taking walks and doing routine activities will assist your recovery. If you need additional pain medication, you should take the pain medicine prescribed by your doctor as instructed on the label.

**7. You will be given a prescription for a stool softener.** Narcotic pain medications, such as Vicodin, are constipating. Constipation can increase bladder spasms causing the sensation to urinate and catheter discomfort. Stool softeners, or other over the counter medication (Milk of Magnesia, prune juice, Metamucil) may prevent this from happening. Do not use suppositories or enemas or put anything in your rectum unless it is cleared by Dr. Savatta or a partner of his.

**8. You will be given a prescription for an antibiotic.** You will start taking the antibiotic the day before your first follow-up clinic visit and continue until the day after (3 days). Your catheter will typically be removed at your first follow-up clinic visit. This can cause a bacterial infection, which could make you ill. Taking the antibiotic as directed will prevent this from happening.

**9. You may notice small amounts of urine, yellowish-green discharge, or blood leaking around the catheter.** This can be normal; however continued or larger amounts should be reported to your doctor. You may pass small blood clots or some flecks of blood in your urine. Again, this can be normal. Report any persistent or large amount of bleeding to your doctor. Notify a health care provider promptly if the urinary catheter stops draining urine or may be blocked by a blood clot.

**10. Dr. Savatta does not routinely place drains in your abdomen. If he does, the drain tube placed in your abdomen is usually removed before leaving the hospital.** In some cases, there will be a small urine leak where the bladder is reconnected to the urethra. In these cases, the drain will remain in place when you go home. You will be taught how to empty, and record the amount of fluid from the drain on a daily basis. *Please bring this record with you to your next clinic visit.*

**11. The catheter is usually removed at the 1 week visit. X-Rays of the bladder are usually obtained at this time.** If there is a urinary leak, it should heal with time. This usually takes about two weeks but can take anywhere up to three weeks. If the x-ray is normal and no urine leak is present, then the catheter and drain are removed.

## **Frequently Asked Questions**

**What problems should I watch for after surgery?**

**You should call your physician's office (see below) or go to an Urgent Care if:**

You have a fever of 101.3 F (38.5 C)

You have persistent or large amounts of blood in your urine, drain, or entry sites.

You have any pus-like or foul smelling drainage.

You have continued nausea, vomiting, or diarrhea.

You have pain not relieved by medications, or your pain increases.

Your catheter stops draining or is blocked, and your bladder gets distended with urine.

You can't urinate or your abdomen gets distended and painful after the catheter is removed.

You are also at a slightly increased risk for developing a blood clot in your legs for about **six months** after surgery. You can prevent this from happening by walking and avoiding prolonged periods of immobility (inactivity). During long car or plane trips, try to take frequent walking breaks and drink plenty of fluids.

### **What can I expect on my first follow-up clinic visit?**

The catheter will usually be removed at your first clinic visit 4-9 days after surgery. Since some urine leakage can occur at first you should bring some sort of adult diaper or absorbent pad to place in your underwear (Jockey type briefs work best with pads).

Occasionally, depending on what was found during your surgery or due to high drain outputs, the catheter may need to stay in place longer to allow complete healing. Usually in these instances, a special x-ray will be done (called a “**cystogram**”) before the catheter is removed in the office. Catheter removal is a simple process. The nurse will perform what is called a “**voiding trial**”. First, 4-5 ounces of normal saline (a mild salt water solution) or the x-ray liquid will be put into your bladder through the catheter. The catheter is removed and you are asked to hold in the urine. You may then be asked to urinate and try to stop the urine flow in mid-stream urination. You will feel some burning when the catheter is removed and during the first few times you urinate. This is normal and improves quickly. Your doctor will also discuss the results of the pathology report which show the grade, location and extent (stage) of the cancer. This will help to determine if any further treatment is needed.

### **What can I expect after the catheter comes out?**

Most patients have an excellent urinary stream immediately after removal of the catheter. On rare occasions, patients will have difficulty urinating and require re-insertion of a urinary catheter for an additional few days. This can happen later that day or even a few days after the catheter is removed.

Almost all patients have some leakage of urine (incontinence) when the catheter is first removed. Incontinence varies from person to person, but it usually improves significantly, or resolves completely, in a month or two. In some cases, incontinence may last for six months or longer. Continence usually returns with time, and patience here is a real virtue. While regaining continence, you should be aware of how much fluid you are taking in. A full bladder is much more likely to leak than an empty one. You may want to avoid extra sources of water and caffeine such as grapes, watermelon, soft drinks, tea and coffee.

### **How can I speed my continence recovery?**

You will be given an instruction sheet on Kegel pelvic floor muscle rehabilitation. These exercises strengthen the muscles that control the out flow of urine. In addition, practicing at stopping and starting the urinary stream will help in the recovery of continence.

### **When will I regain my ability to have an erection?**

Return of potency depends on many factors, including your age, pre-operative erectile function, and the type of surgery (unilateral or bilateral nerve sparing, versus non-nerve sparing). Function may return between one week and 18 months after surgery spontaneously, or you may require

help with the use of medications like Viagra® or Muse®. After removal of the prostate, no sperm or prostate fluid is ejaculated, but the ability to reach an orgasm (climax) generally remains. Potency rehabilitation can be discussed at your first follow-up clinic visit.

### **What if I live far away? Can I travel after surgery?**

Many of our patients travel from far away. Patients can typically leave New Jersey San Diego within two days after surgery, be it by car or plane if necessary. I prefer if they can stay 10 days so they can leave with their catheter out.

### **Must I return to Dr. Savatta for follow-up care?**

We support our patients regardless of where their paths take them and we are always available for information and support. In fact, most of our patients, having come to rely on us during a very trying time in their lives, stay in touch and regularly contact us to update us or ask for our help. However, while we deliver urologic care to all our local patients, there is usually no reason for patients living far away to make trips to West Orange.

I have a protocol to collect patient data that I keep online and ask patient's to send in questionnaires at regular intervals if possible. These can be mailed or faxed.

### **What is the long-term follow-up after Robotic Laparoscopic Prostatectomy?**

Depending on your pathology report, you may or may not consider additional cancer treatments. In most cases, but not all, a wise course of action is close observation with periodic measurement of prostate-specific antigen (PSA) levels in your blood. PSA is usually the best indicator of cancer recurrence after prostatectomy. PSA levels should drop to near zero (less than 0.1) after RLP.

### **What about support groups?**

An important thing to remember is that you are not alone. Radical prostatectomy is a commonly performed procedure. Many support groups of men who have or have had prostate cancer are available. Meeting with men or couples who belong to these groups may help you and your spouse address your concerns and deal with your feelings. There are numerous support groups available and your doctor, nurse or social worker can assist you in locating a group in your area. US Too 1-800-80-US TOO (800-808-7866) or the American Cancer Society (ACS) at 1-800-ACS-2345 are good places to start to see if there is a program in your area.

Additional information about prostate cancer can be obtained from the National Cancer Institute.