
Radical Prostatectomy

Frequently Asked Questions

Now that you are preparing to go home, we hope that your stay in hospital has been satisfactory and that this information serves as a useful guide as to what to expect in the first few weeks following surgery.

How do I Look after my wounds?

Whether you have had an open operation, a laparoscopic operation, or a robotic operation, the care is the same.

1. Ideally, your dressings should remain in place for 72 hours; do not be tempted to look underneath the dressings since this may increase the risk of infection. You can shower with the plastic dressings in place.
2. Your steristrips can be removed approximately 8 days after surgery. Generally this is best done in the shower as it moistens the dressings. The wounds should be essentially dry with only a minor amount of seepage on to the dressing.

If a wound becomes tender, red, smells or discharges a lot of fluid, you should contact Dr Campbell, or your family doctor for immediate advice about possible infection.

What is the purpose of the catheter?

The catheter is a soft, silicone tube which drains urine directly from the inside of your bladder. It has a small, inflatable balloon near its tip, filled with sterile water, to hold it in place and to prevent it from falling out. The purpose of the catheter is to act as a "stent" in your urethra (water pipe) so that the area where the urethra has been re-joined to the bladder during your surgery can heal without formation of scar tissue which may result in a stricture (narrowing).

How do I look after the catheter?

While at home, you will need to care for the catheter and drainage system. The different component parts of this are:

The catheter—

You need do nothing to the catheter apart from keeping it clean on the outside by washing your penis, under the foreskin and the catheter tube itself. Ensure that the end of your penis and foreskin are dried gently and thoroughly to prevent soreness.

The leg-bag for daytime use—

This is attached directly to the catheter tube and will collect all the urine produced during the day. It will, of course, become heavier as it fills so do not allow it to become too full as this carries the risk of pulling out the catheter. Always wash your hands before and after using the tap on the end of the bag to empty urine into the toilet

The leg-bag support—

This is used to keep your leg-bag securely attached to your leg.

The catheter support—

This prevents the catheter from being pulled. It is a dressing that sticks to your leg and two wings which stick to the catheter. It holds the catheter firmly in position.

The night drainage bag—

This is connected directly to your leg-bag at night without disconnecting the leg-bag. To connect the night drainage bag:

1. Remove the leg-bag support
2. Wash your hands carefully
3. Empty the leg-bag and, with the tap still open, push the end of the night bag into the small piece of tubing at the end of the tap. This should form a direct route for urine to collect in the night bag
4. Attach the night bag to its stand; this stays on the floor by the side of your bed
5. In the morning, turn off the tap at the bottom of the leg-bag. Disconnect the night bag, empty the urine into the toilet and rinse the night bag through with warm water. It is then ready to be used again the next night

You will be sent home with a small supply of leg and night bags. These should be changed only once a week unless there is a problem with one of them. You will also have been sent home with a catheter care leaflet. If you have to dispose of your bag, it should be rinsed out with water, put into a plastic bag and put out with your normal household waste.

Radical Prostatectomy continued...

How much fluid should I drink?

You need to ensure that you are drinking at least 2 litres (8–10 cups) of fluid each day. Try to include plenty of water and it may help to drink at least 200ml of cranberry juice every day.

What if I get bladder spasms?

Bladder spasms (which feel like abdominal cramps) are quite common when you have a catheter in your bladder. The bladder may try to squeeze out the balloon (which it sees as a foreign body) and this causes the spasm. Although this can be uncomfortable, it is not a cause for concern. If you are unable to tolerate this sensation, Dr Campbell or your family doctor can prescribe medication which stops the cramps.

What happens if I leak around the catheter?

Urine leakage around the outside of the catheter is called by-passing. It is sometimes the result of bladder spasms or can take place when you open your bowels. If it does happen, please check that urine is still draining into your leg-bag; if it is not, you need to contact Dr Campbell immediately as the catheter may be blocked.

What about my bowel movements?

After the anaesthetic, as a result of the surgery and some of the drugs you will have been given, your bowels may take some time to return to normal functioning. If you have been given laxatives whilst in hospital, it is equally important that you maintain soft bowel motions when you get home. Movicol, coloxyl, lactulose, Senokot® and Metamucil are all suitable laxatives to take at home so that you do not have to strain to open your bowels.

If you have haemorrhoids (piles), the operation may cause them to become inflamed so you will need to take particular care to keep your bowel movements soft.

How do I control my pain?

You will probably experience a little discomfort after your surgery. Some men find they notice pain in the perineum (the area between the scrotum and the anus) due to bruising from the operation. Occasionally if you have had one of the laparoscopic operations, you may feel pain in their shoulder region; this is due to the gas that was used during the operation irritating the diaphragm and sending referred pain to the shoulder. This usually settles after a few days.

Also due to positioning during the laparoscopic operations you might experience slight swelling and soreness around the head and in the eyes. This latter problem is probably caused by inflammation of the cornea. Try to avoid rubbing your eyes and this discomfort will ease spontaneously within a day or two. Simple painkillers such as Paracetamol or Ibuprofen should be taken as directed by the manufacturer. You will normally be given painkillers to go home with by the ward; these will be explained to you before you leave the ward.

The tip of the penis can also become sore as a result of the catheter rubbing on this sensitive area. Apart from ensuring that it is clean and dry, you may wish to buy some local anaesthetic gel at a pharmacy.

This is a common occurrence after radical prostatectomy. When you are at home and becoming more mobile, the catheter can cause inflammation in the bladder and this may lead to blood staining in the urine. This is only of concern if you can see large clots or solid pieces of debris passing down the catheter.

If this happens, please contact Dr Campbell for advice as it may cause a blockage.

What if the catheter blocks?

This will become an emergency situation if not dealt with in a timely fashion. If you notice that urine has not been draining, check that:

- ~ The drainage bag is below the level of your bladder
- ~ The catheter has no kinks or twists in it
- ~ You cannot see pieces of debris or blood clots in the catheter tube
- ~ You have been drinking enough fluid
- ~ You are not constipated

Radical Prostatectomy continued...

Contact Dr Campbell immediately. He may need to do a bladder washout (using a syringe of fluid to release the blockage).

Do not allow anyone other than a trained urologist to remove your catheter at this stage because re-insertion can be very difficult and usually requires X-ray guidance.

What if I get a urine infection?

A urine infection can cause any of the following symptoms:

- ~ Cloudy urine
- ~ Cystitis (burning sensation)
- ~ Strong, unpleasant smelling urine
- ~ A high temperature and feeling unwell

If you notice one or more of them, contact Dr Campbell or your family doctor to determine whether you need some antibiotics.

How and when is the catheter removed?

After a prostatectomy, the catheter needs to stay in place for about 10 days for healing of the urethra to take place. You will be re-admitted to Hospital to have this performed. Before you go home from Hospital please ask your named nurse or the Ward Clerk to check that your details have been passed to the Specialist Nurses to arrange an appointment for removal of your catheter. This is called a "Trial of void appointment". Removal takes about 15 seconds and feels peculiar but is not painful.

We normally put a small amount of fluid into the bladder before the catheter is removed. The Nurse Practitioner will ask you to empty your bladder into a flow-rate monitor and you will then have a bladder scan to make sure that you have emptied your bladder completely.

After the catheter is removed, remember that your bladder has not been filled with urine for a while and that the outlet has been kept open artificially. The body tissues at the site of the surgery are affected by swelling and temporarily lose their elasticity. As a result, you will not have full control of the flow of urine and you will have some leakage for the first few days or weeks. It is important to carry out your pelvic floor exercises several times a day to regain control of your sphincter muscles (the muscles which control continence).

A very small minority of patients may experience total incontinence following removal of the catheter (i.e. a continuous flow of urine), necessitating the use of pads/conveens for a few weeks or months. If this occurs, additional support can be provided by the Continence Specialist Nurses.

To be prepared for your catheter removal, and any potential temporary urine leakage, you should ensure that you have your own personal supply of bladder weakness products (pads designed for male underwear) at home, prior to this "Trial of void" appointment. The continence nurse specialists will advise you on this prior to discharge.

The pads can be obtained from various sources:

Your local pharmacy or supermarket—they may need to be specially ordered.

By telephone—you can place an order by calling

Delta Medical (Pads only)

Chetwynd Street
Loganholme
Phone 3209 9733
Fax 3209 9744

Hartmanns

Customer Service
Phone 1 800 993 705
Fax 1 800 993 215

Independent Solutions

2/55-65 Christiansen Road
Stapleton
1 300 788 855

Intouch

301 Coronation Drive
Milton
1 300 134 260

Medical & Surgical Requisites

33 Fulcrum Street
Richlands
Phone 3217 0966
Fax 3375 1744

We advise that you obtain your supply in adequate time so that you have them at home following surgery; you may find it difficult to obtain them in the short period between discharge and your appointment for catheter removal.

Radical Prostatectomy continued...

Will pelvic floor exercises help me?

Yes, they will. These should have been explained to you before your operation but here is a summary of what you should do:

~ You need to increase your awareness of the pelvic floor muscles. While passing urine, try to stop the flow by contracting your muscles upwards and inwards, then let go. Do not worry if the flow does not stop altogether. Remember the sensation of which muscles you used. Once you have done this, there is no need to keep on stopping and starting the flow. The next stage is to pretend you are trying to stop an attack of diarrhoea by pulling tight the muscles of your back passage.

~ These front and back muscles, when used together, are your pelvic floor muscles. They form a cradle of muscles that support the back passage and the urethra, together with the urinary sphincter muscle which controls the "on/off" mechanism for passing urine.

To do the pelvic floor muscle exercises properly, draw up these muscles, hold for a count of five, then let go gently. Pause for a count of five. Repeat this until you have done a total of five contractions. You should aim to keep your stomach, thigh and buttock muscles relaxed and use only your pelvic floor muscles.

~ It is very important to do these exercises once an hour every day. In addition, you should also perform one set of 20 short, sharp pelvic floor contractions each day.

~ Try to perform these exercises in a variety of positions i.e. sitting, standing and lying down.

It is likely that several weeks of regular exercise will be required before an improvement is apparent to you. However, you should persevere and continue the exercises even after you start to notice the improvement. Try to make the exercises part of your daily routine by scheduling them to accompany a particular activity. Please do not become disheartened if you are not dry immediately—one third of patients manage this straight away, one third are dry within 3 months of surgery and almost all the remainder become fully continent within one year.

Do not let your bladder become too full, as the extra pressure can make it harder to control your sphincter muscle. Equally, you should not go to the toilet "just in case" because you need to allow your bladder time to fill and provide you with the correct sensation of wanting to go. Moderate your intake of tea, coffee, cocoa and cola since these can all cause irritation of your bladder and make you want to go more often than necessary.

How quickly can I expect to recover?

Once the catheter is out, you will feel more comfortable, and the pain at the tip of the penis will subside. However, you may find that you tire more easily than expected. Do not, therefore, try to return to your normal routine for at least 4 weeks.

Ideally, it is advisable to try to begin gentle exercise such as walking or swimming for about 15 minutes every day. Listen to your body and always rest when you feel particularly tired—your body has a lot of healing to do.

After 4 weeks, you can attempt more vigorous activities but again, do not overdo it or you may encourage a hernia to develop and you will not regain your urinary control so quickly. We normally advise that patients can drive about 2 weeks following radical prostatectomy surgery, providing you feel confident about controlling the car; this is particularly important in an emergency stop situation when full force on the pedals will naturally use your abdominal muscles very abruptly.

If, before your operation, your sex life has been satisfactory, you may wish to resume sexual activity and we would strongly encourage this. This will depend on whether a nerve-sparing procedure was possible at the time of surgery and this will be discussed with you. If the nerves were preserved, we will normally prescribe drugs to help erectile function at your 6 week appointment. Please be aware that the return of erectile function can take up to 18 months.

If you find that your erections are less than perfect, do not hesitate to use the tablets that have been prescribed for you and, if these do not work satisfactorily, please contact either Dr Campbell or your family doctor so that alternative treatments can be tried.

Radical Prostatectomy continued...

Most patients are ready to return to work after four to six weeks at home but some jobs requiring heavy lifting mean that you may need to discuss with your employer a suitable way to ease yourself back into work more gradually.

With regard to holidays and travel, there is no reason why you should not fly within 6 weeks after surgery. If you fly any earlier, you may be at increased risk of developing a DVT because surgery and anaesthesia interfere with your blood-clotting mechanisms. You must mention that you have had prostate surgery for insurance purposes but there should be no additional premium because of this. If you need a letter for the insurance company explaining your circumstances, we would be happy to write this for you—please contact Dr Campbell's secretary.

What if I feel that something is wrong in the first few weeks after surgery?

If you feel unwell or are concerned about your health you should contact us straight away. There is always someone available 24hrs a day, seven days a week.

Will there be any follow-up?

You will receive an appointment to return to the clinic about 6 weeks after surgery. This is to allow the Dr Campbell to find out how you are getting on with your recovery and to discuss any issues that you might have thought of since the findings of the pathology report on your prostate specimen were first discussed with you.

The purpose of the operation is to remove the prostate and all the prostate cancer. Occasionally, the prostate cancer has spread microscopically outside the specimen that was removed. In this case, Dr Campbell will advise you about having further treatment (usually radiotherapy but, occasionally, hormone therapy) to ensure the complete eradication of any remaining cancer cells. You will also have a PSA blood test taken at your next visit at three months, to record your post-operative level.

After the second appointment, you will be followed-up by Dr Campbell at 6-monthly intervals for the next 3 years. You will need to have a PSA blood test about 10 days before your appointment, so that a record can be kept of your PSA levels. If you have any queries about your clinical management, please talk to Dr Campbell.

It is important that your follow-up appointments are scheduled around the times outlined in the above information. If you do not receive an appointment from the Hospital for the removal or the catheter, please contact Dr Campbell's secretary to make sure that it has been arranged.

Radical Prostatectomy continued...

Who can I contact for more help or information?

Dr Peter Campbell

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital,
Chasely St,

Auchenflower, QLD 4066

(07) 3367 1608,

www.campbellurology.com.au

The Wesley Hospital, Urology Ward

451 Coronation Drive,

Auchenflower, QLD 4066

(07) 3232 7168

www.uhc.com.au/wesley

The Wesley Emergency Centre

451 coronation Drive,

Auchenflower, QLD 4066

(07) 3232 7333

Greenslopes Private Hospital, Continence Advisor

Newdgate St,

Greenslopes, QLD 4120

(07) 3394 7978

www.greenslopesprivate.com.au

Greenslopes Private Hospital Urology Ward

Newdgate St,

Greenslopes, QLD 4120

(07) 3394 7261

www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre

Newdgate St,

Greenslopes, QLD 4120

(07) 3394 6777

www.greenslopesprivate.com.au

**The Queen Elizabeth II Jubilee Hospital,
Urodynamics Department**

Kessels Rd,

Coopers plains, QLD 4108

(07) 3275 6346

American Urological Association Foundation

1000 Corporate Blvd, Suite 410,

Linthicum, MD 21090

1800 828 7866

www.urologyhealth.org

Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

I have read this information sheet and I accept the information it provides.

Signature

Date
