

RADICAL RETROPUBIC PROSTATECTOMY

Pre and Post Surgery Information

ADMISSION:

- Bring any medications you are taking to the hospital. Also your items necessary for your stay i.e. toiletries, dressing gown, reading matter etc. Your admission will be the same day of surgery. You will be contacted by Mr Mackey's rooms regarding admission time and fasting instructions. You will be prescribed a mild laxative to help empty your bowel pre-operatively.

PREPARATION:

- The anaesthetist will visit you
- An ECG (electrocardiograph) will be taken of your heart
- You will be fitted with anti embolism stockings
- **Bowel Preparation:**

Please commence the Laxsol tablets two days prior to your surgery, take 2 tablets in the evening and repeat the following evening (i.e night prior to the surgery) also. (Prescription enclosed)

On the day prior to the surgery please take clear fluids only i.e. water, clear soup, jelly. This is to help clear your bowel prior to the surgery.

Further fasting instructions will be given to you a few days before your surgery (i.e. nothing from midnight the night prior to the surgery)

OPERATION:

- The surgery takes approximately 3 – 3 ½ hours and you will spend a further hour or so in the recovery area before returning to your room

AFTER SURGERY; YOU WILL HAVE:

- Intravenous fluids (drip) for 1 day
- Pain pump, also panadol every 4 hours
- Wound drain for about 2 days
- A urethral catheter to drain the urine from your bladder
- A light diet – usually on the second day
- The nurses monitor recordings, urine output, wound drainage frequently
- Do not be alarmed about blood in the catheter or if your scrotum is bruised
- There might be bladder spasms, causing leakage around the catheter and pain
- Do discuss any concerns with your nurse.
- Discharge after 4-5 days. The hospital staff will instruct you on how to care for your catheter and wound after you go home.

AFTER DISCHARGE:

- ❑ Continue to drink well.
- ❑ You may experience some leakage at times around the catheter – this may be accompanied by pain in the bladder. This is spasm – panadol and a warm hot water bottle on your stomach may help. If troublesome, contact the nurse at Ascot or Michael Mackey.
- ❑ Continue antibiotics if you have been prescribed them.
- ❑ Drinking plenty of fluid and a diet high in fibre will help your bowel function (foods such as cereals, pears, kiwi fruit, passionfruit, wholemeal breads, high bran and sunsweet prunes are good sources of fibre)
- ❑ Two weeks after the surgery you will attend Mr Mackey's clinic for removal of your catheter.
- ❑ The sutures are in the skin layer and are dissolvable so don't need to be removed.
- ❑ Your wound dressing can be removed 5-7 days following the surgery. It is alright to shower with this in place, once removed keep your healing wound dry.

CONTINENCE:

- ❑ Practice pelvic floor exercises as explained to you (see separate information sheet attached). Do these before and after your surgery and after the catheter is removed. Continence may be poor initially when the catheter is removed. This is due to several factors. The bladder control muscle (sphincter) may be weak. The bladder is inflamed and the bladder may have a low capacity having been extremely empty for two weeks. Good continence usually returns over the next few weeks. You will need to obtain a supply of pads in preparation for this (see example sheet enclosed).

ERECTILE DYSFUNCTION:

- ❑ May return after surgery but can take several months. There are options available to maintain erectile function, these include; medication such as Viagra, the vacuum pump, or intracavernosal injections.

ACTIVITY:

- ❑ Gradually increase your daily activities, walking etc. Avoid heavy lifting, straining or strenuous exercise for about 6 weeks.
- ❑ You may drive when you feel able to, confident that you could brake suddenly if needed. Remember that your reaction time will be longer, so take care.

ONGOING FOLLOW-UP/SURVEILLANCE:

- ❑ The first PSA blood test will be taken approximately 6 weeks following the surgery, then generally your PSA will be monitored every 3 months for the first 12 months, then 6 monthly there after with or without review with the doctor.

IF AT ANYTIME YOU HAVE CONCERNS, DO NOT HESITATE TO CONTACT YOUR SURGEON'S NURSE – Ph: 444 4301 (during the day), MR MACKEY 021 736 573, or ASCOT HOSPITAL (ward) – 520 9500 OR YOUR FAMILY DOCTOR