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**A DESCRIPTION OF THE HOSPITAL STAY FOR LAPAROSCOPIC RADICAL  
PROSTATECTOMY**

**Introduction**

You and your doctor have decided to proceed with laparoscopic radical prostatectomy for the treatment of your prostate cancer. Laparoscopic radical prostatectomy is a less-invasive operation done using a telescope and long instruments placed through five small holes in the abdomen instead of the 6-8 inch long incision used for open prostate surgery. Laparoscopic radical prostatectomy results in less pain than open surgery, and the average blood loss is 1/6 of the blood loss during open surgery. Patients are therefore able to leave the hospital sooner after surgery and recover faster. Most men are able to leave the hospital the day after surgery, but everyone and every operation is different and some patients stay 2-3 days, if necessary. In order to go home you must be eating, having good pain control, walking in the halls, and able to take care of normal activities of daily living.

Hopefully, this pamphlet will answer most of your questions about your hospital stay. Perhaps not every question will be answered, so feel free to call us if more information is needed.

**Preparation for the Operation**

Any surgical procedure of this magnitude is done in a hospital. Unless there are some extraordinary circumstances, you will probably be admitted on the day of surgery. You may need blood tests, an electrocardiogram (EKG), and other tests done prior to your surgical date, or on the morning of admission. It is very important that you refrain from eating or drinking anything for at least eight hours prior to your scheduled operation time. In most circumstances this means nothing should pass your lips after midnight before your surgical procedure. If you were instructed to undergo a special bowel preparation then please follow the instructions you were given. You should usually take all of your regular medications on the usual schedule, and you can take medications on the day of surgery with a small sip of water. You should NOT be taking any aspirin or aspirin products for 7-10 days before the surgery, but Tylenol, Advil, or similar medication is okay up to the day prior to surgery.

On the morning of your surgery you will be admitted to the hospital through the admitting office. You will then change into a hospital gown and placed into a bed in the pre-op area. An intravenous line may be started to replenish your body's fluids. The anesthesiologist will talk to you about the anesthesia and answer any questions about anesthesia and post-op pain relief. Laparoscopic radical prostatectomy is done with the patient completely asleep, a process called general anesthesia. While under general anesthesia you will have a breathing tube in your throat which will deliver oxygen and the anesthetic gases that keep you asleep. Because of this tube you may have a mild sore throat for 1-2 days after surgery. You will wake up in the operating room, but your first memories will most likely be in the recovery room after surgery.

## **The Operation and Recovery Room**

You will be transported into the operating room when the nurses, surgeons and anesthesiologist are ready. Special inflatable stockings to prevent blood clots in the legs may be put on before you are asleep. Monitor electrodes for the EKG and a blood pressure cuff will also be put on. The anesthetic is then started and the surgery is started within 15-20 minutes. The actual surgery time average 3 -4 hours. After the surgery is completed the anesthetic will be discontinued and you will be taken to a recovery room.

In the recovery room nurses will watch you very carefully until your anesthetic effects have worn off. The nurses will apply an oxygen tube or mask to your face and start checking your blood pressure and pulse frequently. Most patients have only a small amount of pain in the lower abdomen, but pain medication will be given to you as needed. You will note that the nurses are constantly watching the rubber tube, or catheter, that leads from your penis to a drainage bag on the side of the bed. This tube has been placed through your penis (or urethra to be more exact), into your bladder, and drains the urine during the healing process. The catheter is held in position by a small balloon at the end in the bladder which is inflated after it is placed. You do not have to worry about the catheter falling out. The catheter will drain urine from the bladder, and the urine may be bloody for several days after surgery. Occasionally clots will form and the tube will stop draining. The nurses will then use a special syringe with water to hand irrigate the catheter to free it of clots. Hand irrigation might be somewhat uncomfortable, but necessary, to clear any plugging of the channel and allow the urine to flow. Once your anesthetic has worn off and the urine is draining satisfactorily, you will be transported to a hospital room. During the surgery the table will be tilted with your feet up in the air and your head low to the ground. This causes the intestines to fall out of the pelvis and allows the surgeons to get to the prostate. You may have some facial swelling for the first 24 hours after surgery but it will go away on its own.

## **Postoperative Care**

Once in your hospital room, the floor nurses will check your 'vital signs' (blood pressure, pulse and respiration) and set up your inflatable stockings, your urinary drainage bags, and your intravenous lines (IV). After this operation we use a pain medication called Toradol, which is given in your IV every 8 hours for the first 24 hours. You do not have to ask for Toradol, the nurses will give it according to a set schedule. If you are still in pain the first night after surgery you should tell the nurse, and they will give you a dose of narcotic into your IV as often as necessary. The next morning after surgery pain pills will be given.

You will not be able to eat a regular diet on the day of surgery, but you may be able to have sips of water that first evening. Usually the next morning you will be started on a light diet and by lunch time of the first day after surgery most patients are able to eat a regular diet. You will most likely not have a bowel movement for 3-5 days after surgery, although most patients are passing gas sooner. Laxatives are not usually necessary, and your bowels will usually go back to normal within a week.

On the evening of the day of surgery the nurses will help you dangle your legs at the bedside, then help you up to a chair. We would like you to take a walk in the hall the first evening if you

are able to. It is very important that you are able to get up out of bed and walk in the halls starting the day after surgery, and don't be afraid to ask the nurses for pain medication if you are in pain. There is no risk of becoming addicted to the pain medications, and there is no extra credit for "toughing it out." You may be a little sore at first, but walking will help your bowel function return to normal, prevents blood clots from forming in the veins of your legs, and makes the pain go away faster.

The nurses on the floor will continue to observe your catheter drainage, and a leg bag will be placed on the first post-operative day. This bag can be worn under loose fitting pants, and will be used most of the time while you are home before the catheter is removed. The nurses will teach you how to care for the catheter and leg bag before discharge. Your regular medications will usually be restarted the day after surgery. Once the intravenous line is no longer needed and you are eating normally, you will be ready to go home, usually in the afternoon on the day after surgery.

You will also notice a plastic tube or drain that exits the abdomen to the side of the incision. This is to help remove the fluids that collect internally around the surgical site. It is not uncommon to have some drainage around the tube, and the nurses will change the dressings if necessary. This tube and drain are usually removed on the day after surgery when the drainage is minimal.

There will be five small incisions that will be covered with waterproof bandages. Under the bandages the skin has been closed with absorbable sutures and special tape called "steri-strips." The "steri-strips" will start to peel and fall off 7-10 days later and can be removed at that time. There are no stitches that need to be removed after surgery. The incision below the belly button is the one that is used to remove the prostate, so it is a little larger than the rest and may be the most uncomfortable.

### **Getting Ready for Discharge to Home**

We feel strongly that patients should go home as soon as they are ready for several reasons. Most patients rest better at home once they no longer need nursing care, and patients are usually more comfortable in their own surroundings. The most important reason, however, is that the longer you spend in the hospital the higher your chance of getting a wound or urinary tract infection. This is because hospitals are full of sick patients and many visitors and staff. The hospital is the best place for patients as long as they need to be there, but you are better off going home when you are ready. We will not send someone home before we believe they are ready to go home. You will be taught how to take care of your catheter and the various types of drainage bags. You will probably be discharged from the hospital with various medications, which may include pain pills, stool softeners, and antibiotics. The nurses will explain all instructions prior to discharge.

### **Post Operative Home Expectations**

Most patients recover remarkably well after this surgery, and by 2 weeks are 80-90% back to normal strength. Radical prostatectomy is a major surgery, however, and you may not feel 100% back to normal for 6-8 weeks. You may shower and walk immediately after getting home. Most patients will have their first bowel movement 3-5 days after surgery. It is not usually painful, but

there may be a small amount of drainage along the catheter after a bowel movement that is nothing to worry about. The only restriction after surgery is no swimming or soaking in a bath until the catheter is removed. Otherwise we encourage you to resume normal activities as quickly as possible. Following laparoscopic surgery you are not restricted with exercise or lifting as you would be after open surgery.

Some patients will experience bladder spasms after surgery, which may last until the catheter is removed. Bladder spasms are caused by the bladder squeezing on the catheter, and will give a strong urge to urinate that lasts about one minute. At the same time a small amount of urine may leak around the catheter. If bladder spasms become frequent and bothersome you may start a medication to prevent them. You may be given a prescription for a medication at the time of discharge or when you return to the office one week post-op.

You will be seen one week after the surgery to have your catheter removed. The day before the catheter removal you should start antibiotic tablets to ensure that there is no urinary infection and also start a medication for bladder spasms if you have not yet started. You should bring an incontinence pad to that visit since most patients will have some urinary incontinence after the catheter is removed. A common brand is Depends Pads for men, but there are similar store brands that are less expensive.

## **BOWEL PREP FOR RADICAL PROSTATECTOMY**

Although small, the risk of infection with abdominal surgery is real. In order to reduce the risk of infection you will be on a special bowel preparation program. This will clear out your colon before surgery, and you will not have a bowel movement for 3-5 days after surgery.

ONE DAY BEFORE SURGERY

DAY: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Take your regular medications (except aspirin or aspirin products), unless otherwise informed. You may have a regular breakfast and a light lunch.

After lunch between 1 and 3 PM you should take 3 Dulcolax tablets (available over-the-counter, generic name docusate sodium). This may cause some lower abdominal cramping and should cause you to have a bowel movement.

After lunch you must limit your diet to clear liquids. This is most important!! **NO SOLID FOODS, NO MILK OR DAIRY PRODUCTS...**please!

At 4 PM please drink one 8 ounce bottle of Magnesium Citrate (available over-the-counter). This will cause you to have several loose bowel movements and ensure that you don't have stool in the colon at the time of surgery.

In the evening please drink 3 eight ounce glasses of water, tea, or clear juice.

Nothing to eat or drink after midnight.

Remember -- no Aspirin products 7-10 days before surgery!!!!!!

## **POST-LAPAROSCOPIC RADICAL PROSTATECTOMY INSTRUCTION SHEET**

**CATHETER CARE:** Your catheter is very important to allow healing of the bladder and the urethra. You may use either leg bags or external bags. Drain before the bags get too full. The tip of the penis may get sore from the catheter rubbing. Use plain soap and water to wash this area daily or more often as needed. You may see some blood in the drainage tubing or bag on and off during the time that the catheter is in place. As long as the catheter is draining well, a little blood is normal and requires no treatment.

**DIET:** You may return to your normal diet immediately. Because of the healing surfaces in your bladder and urethra you may feel the need to void despite the fact that the catheter is emptying the bladder. To keep your urine flowing freely, drink plenty of fluids during the day (8 - 10 glasses). The type of fluid (except alcohol) is not as important as the amount. Water is best, but juices, coffee, tea, soda are all acceptable.

**ACTIVITY:** Your physical activity should get back to normal as quickly as possible after surgery with the following restrictions:

- a. No swimming or soaking in a bath while the catheter is in place.
- b. You may drive when you feel that you can hit the brakes in an instant, if necessary. It is usually best to wait until the catheter is out before driving.

**BOWELS:** The rectum and the prostate are next to each other and large or hard stools can cause a small amount of bleeding around the catheter. It is nothing to worry about. You may be given stool softeners (usually) but these are not laxatives. Use a mild laxative if needed and call if you are having problems. (Milk of Magnesia 2-3 Tablespoons, or 2 Dulcolax tablets as example)

**MEDICATION:** You should resume your pre-surgery medication unless told not to. You may be discharged with Iron tablets to build up your blood count and stool softeners to keep the stool soft. Pain pills (Percocet or Vicodin) may also be given to help with wound and catheter discomfort. Tylenol (acetaminophen) or Advil (Ibuprofen) which have no narcotics are better if the pain is not too bad (and you can tolerate those medications!) You will usually take antibiotics the day before the catheter is removed and for a few days after.

**HYGIENE:** You may shower as soon as you get home.

**PROBLEMS YOU SHOULD REPORT TO US:**

- a. Fever over 100.5 Fahrenheit
- b. Heavy bleeding, or clots in the urine.
- c. Drug reactions (Hives, rash, nausea, vomiting, diarrhea)
- d. **CALL IMMEDIATELY IF THE CATHETER FALLS OUT OR STOPS DRAINING**

**FOLLOW-UP:** You will need a follow-up appointment to monitor your progress. Call for this appointment at the number above when you get home or from the phone in your hospital room before leaving. The first appointment will be 7-10 days after your surgery for catheter removal. Come to the office on that day with a small supply of adult urinary incontinence pads (ATTENDS or DEPENDS) that can be purchased at any drug store.