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## **POST DAVINCI ROBOTIC PROSTATE SURGERY: Instructions and Recommendations**

### **LEAVING THE HOSPITAL:**

You will be discharged about 24 hours after surgery.

You will have a Foley catheter in place that will be removed approximately 10 days after the operation. This urinary catheter is held in place by a balloon inside the bladder. It allows for continuous drainage of the urine into a collection bag (leg bag) to allow proper healing to take place. Care of the catheter will be reviewed prior to discharge. (More information provided below)

During surgery a drainage tube is inserted in the abdomen. This tube is usually removed prior to discharge and the insertion site is covered with a sterile gauze pad. If this tube is not removed at discharge, you will be asked to come to the office to have it removed.

### **WHEN YOU GET HOME:**

Shortly after returning home from the hospital, call Dr. Bruno's office for a 7-10 day post – operation evaluation and removal of the Foley catheter. Please bring a male incontinence pad or disposable underwear with you.

### **ACTIVITY:**

You may resume light physical activities as soon as you can tolerate it. Be careful not to overdue it, especially until the catheter is removed. You want to minimize any pulling and tugging on the catheter. It is recommended that you take frequent short walks and increase the amount of walking each day.

Remember to rest between activities. You may want to elevate your legs while sitting and lying to help reduce swelling.

Please do not drive until the catheter is out and you are no longer taking narcotic pain medication. Dr. Bruno will clear you to drive.

Avoid lifting anything over 10 lbs, climbing stairs as a form of exercise or sitting still in one position for more than 45 minutes.

You may shower the second day after surgery, for example, if your surgery is on Friday, you can shower on Sunday. Avoid bathtubs, swimming pools and hot tubs as long as the catheter is in place.

Refrain from any vigorous exercise (any sports, running, golf, bicycling, and weight lifting). These activities may be slowly resumed about 6 weeks after surgery within reason. If you have any questions about specific activities you can discuss them with Dr. Bruno at your post – op office visit.

When you return to work, depends on your rate of recovery and occupation. Generally, you may return within 1 – 3 weeks. You can discuss this with Dr. Bruno at your office visit.

## **MEDICATIONS:**

By the time you are discharged from the hospital you should have resumed all of your usual daily medications that you took prior to your surgery. Resumption of Coumadin or other blood thinners will be coordinated with your primary care physician or cardiologist.

You will be prescribed an oral antibiotic which will most likely be **Cipro**. You will take this for 10 days. Please take the entire prescription as directed. If you find you are having a reaction to the antibiotic or having difficulty tolerating it, please call the office.

Pain management includes the use of ibuprofen, Tylenol and something a bit stronger, typically, **Percocet** (oxycodone). If you have significant pain, you may take the Percocet. It would be to your advantage to manage your discomfort with ibuprofen products such as Motrim, Advil and Aleve. As a rule, the stronger pain killers can be very constipating so it is better to use them only as necessary.

**Colace** is a stool softener which is given to help prevent constipation and straining with bowel movements. Straining can interrupt healing and could cause bleeding through and around the catheter. It is also recommended that in addition to the stool softener, you include prune juice, Metamucil and bran in your diet. You may also try milk of magnesia to stimulate your first bowel movement. Continue to take the Colace until the catheter is removed especially while you are taking the stronger pain medication. Do not use any suppositories or enemas without consulting Dr. Bruno.

You will also be given a prescription for an **anticholinergic medication such as Ditropan, Toviaz, or Detrol LA**. This will manage bladder spasms while the catheter is in place. This is a completely normal occurrence as a reaction to the placement of the catheter. Bladder spasms are typically associated with a sudden onset of lower abdominal discomfort, a strong urge to urinate, or with sudden leakage of urine from around the catheter.

### **WOUND CARE:**

After discharge you may take a shower with your leg bag attached. You may remove your plastic dressing and the underlying gauze on the second day after surgery. Do not remove the steri – strips that are directly on the incisions.

After showering, you may gently pat the incision sites to dry (do not rub or irritate them) with a clean towel. Allow the steri - strips to fall off on their own over the next one to two weeks.

A small amount of redness at the edges of the incision sites, along with a small amount of clear or blood tinged leakage from the drain site could be expected. Contact Dr. Bruno if you are draining to the point where the dressing is soaked or there is redness greater than ½ inch from the incision sites. There is no need to apply antibiotic ointments to the incision sites.

### **FOOD AND FLUIDS:**

Immediately after discharge, you may want to maintain a bland soft diet such as soup, eggs, toast and progressively increase to your normal diet once you start passing and have had a bowel movement.

You do want to stay hydrated by drinking at least 8 – 10 eight ounce glasses of fluid, preferably, before 8 PM. This will ensure good flow of urine especially the first few days post - operatively. You should drink enough to keep your urine a light yellow in color.

You should avoid caffeine, alcohol, tea, spicy foods and foods that are gas producing.

### **CLOTHING:**

Comfort is the goal. After surgery, your abdomen may be slightly bloated. You also have to accommodate the foley catheter and leg bag. Wear loose fitting clothing and clothes with an expandable waist bands, such as sweatpants or work out clothes. Boxers are preferable to briefs.

### **CATHETER CARE:**

You will be discharged from the hospital with a foley catheter in place. It will continuously drain the urine from your to allow the connection between the bladder and the urethra to heal. Your nurse will review catheter care with you and give you two types of urinary drainage bags.

By no means attempt to remove the catheter on your own. If the catheter should accidentally fall out on its own (this is rare), **call Dr. Bruno immediately any time of the day or night**. Do not allow anyone to replace the catheter except Dr. Bruno or Dr. Threatt.

The catheter is held in place by a “stat-lock” which is attached on to your upper thigh with adhesive (the hospital provides this). The stat lock will keep the catheter secure and minimize tugging and movement, thus making it more comfortable. If per chance the stat- lock breaks or becomes detached from your leg, you can purchase a new one at a surgical supply store. We do know that Bowman Medical Supply in San Carlos stocks this item (650-654-5525). We do not have these in our office.

Upon discharge, your catheter will be attached to small urine collection bag or leg bag. This bag can be worn under your pants during the day and gives you a little more freedom to begin resuming activities. You will want to empty this bag when it gets half to three quarters full. If it gets too full, the weight of it could cause tugging and cause bleeding and discomfort.

At night, you should switch to the large drainage bag with the long tube. This will allow you to sleep the night without having to wake up to empty your bag.

When switching from one bag to another you should maintain good clean technique. Wash your hands with antiseptic soap prior to touching the catheter. You should have some alcohol swabs on hand to wipe the junction of the catheter and the nipple of the drainage bag before reattaching.

Keep the area around the entrance of the catheter clean. Wipe around the catheter at least twice a day to remove any drainage or secretions using mild soap and water or alcohol-free moist wipes. There is no need to put antiseptic ointment such as Neosporin around the catheter.

If you are experiencing a lot of discomfort at the junction of the catheter and the opening of the penis please let us know. Dr. Bruno can prescribe Lidocaine Gel which you can place on the tip of your penis around the catheter.

### **REGAINING URINARY CONTROL:**

Expect to have difficulty with urinary control after the catheter is removed. **Remember to bring a male incontinence pad or disposable underwear on the day your catheter is removed.** You may need to wear the pads or disposable underwear (whichever works for you) for a while because you may not regain urinary control for 2 to 6 months from the time of your surgery. Remember, everyone is different and there is no way to predict when full continence will return. Some men are continent a few days after removal of the catheter and others may take up to a year. Don't give up!

You may typically leak when you do anything that increases your intra – abdominal pressure increasing the pressure on the bladder. Coughing, sneezing, changing positions, straining can trigger a leak.

Do your Pelvic Floor Exercises as instructed pre – operatively / post-operatively by the nurse. During the removal of your prostate, your secondary urinary control mechanisms were affected. Your external urinary sphincter, located within the pelvic floor, must now take over all the responsibility of maintaining urinary control. You will need to work hard and put in some effort in order to regain control. Think of it as rehabbing any other muscles in your body after a surgical procedure. If you are having difficulty performing

the exercises or you are not sure you are doing them correctly, you can come in to review your technique and monitor your progress using specialized computer techniques.

Mild incontinence with straining may continue in some men years after their surgery. This can be managed by wearing a thin pad in your jockey style underwear. In the event that urinary control is unsatisfactory after a year, something can still be done. There are techniques for restoring control such as a male sling or artificial urinary sphincter. Dr. Bruno will be happy to discuss this with you.

## SEXUAL FUNCTION:

Regaining erectile function after robotic prostatectomy surgery takes time. The nerves, even when spared, take time to recover from the inflammation and scarring that occurs after surgery. Factors affecting patient recovery include age (better recovery before the age of 65), how rigid the erection was prior to surgery, and whether one or both nerves are spared. Even if the nerves are spared, there is no guarantee that they will function properly after surgery due to variability in patient anatomy and results of scarring. It is important to realize that some men never regain the ability to maintain an erection after prostatectomy regardless of nerve sparing.

It is important to let the surgical area heal for four weeks before attempting anything. Taking the medication Dr. Bruno has prescribed helps stimulate the nerves. This is thought to be a first step in helping to regain erectile function. You may experience little to no effects from the medication but do not worry. To maximize the chances of regaining erections after surgery, Dr. Bruno sometimes recommends the use of Cialis, Viagra or Levitra following catheter removal. Any history of a heart condition should be mentioned to him before taking any of these medications. Viagra and Levitra should be taken on an empty stomach. Dr. Bruno can give you samples of one of these during your first follow up appointment.

Don't despair since recovery takes time. The average recovery time for erections adequate for intercourse is 6-18 months.

If you do have an erection with an orgasm the ejaculation (the release of fluid during orgasm) will no longer occur in any post prostatectomy patient. This is

because the seminal vesicles (which store fluid for ejaculation) and the vas deferens (the tubes that carry sperm to the prostate) are removed during the surgery. This means that you will no longer be able to father children by intercourse.

You can still experience pleasures and sensual stimulations without full erections. You may climax and experience the sensation of an orgasm without an erection. It is important to talk with your spouse or significant other about how each other feels due to the change in function. A change in your sex life is a change for both you and your partner.

Certainly, return of sexual function can be a major concern and is different for each individual. Feel free to discuss your concerns with Dr. Bruno during your follow – up visits. Rehabilitation of erectile function is much like a sports injury. It is managed on an individual basis. Proper conditioning and medical treatment promptly after surgery may potentially speed up recovery, but it is not guaranteed. If you see any fullness in your erections in the months after surgery, this is a positive sign that some of the nerves are working or re-growing. If there is no erectile function by 1 year after surgery be sure to address this concern with Dr. Bruno at your one year post-surgery visit. He will discuss options for you at this time.

## **THE FIRST 3 MONTHS AND CONTINUED HEALING:**

After your first post – op visit, you will have regularly scheduled appointments to see Dr. Bruno every three months for a year. Prior to these visits, you will have your blood work done (PSA) several days beforehand. Dr. Bruno will review your PSA results and address any of your other concerns. Following a year, your visits will begin to decrease, assuming your PSA level remains stable and below < 0.1 or undetectable.

You will continue the healing process for the first 3 months after surgery. You can gradually pick up the pace of your physical activity and begin a more normal routine, as you feel able.

You may see a small amount of blood in your urine (a tinge of pink) from time to time. This is normal within the 3 month post op period. If you experience pink tinged urine, reduce the vigorousness of your physical activity until the urine becomes clear again. If the urine remains dark red with blood clots, notify the office.

## **BLADDER CONTROL AND SEXUAL FUNCTION:**

These are both a work in progress and could take up to a year to resolve. Suggestions for long time management of these issues were reviewed in the "Regaining Bladder Control" and "Sexual Function" sections.

In addition, our Registered Nurse can be contacted to answer questions and concerns for the months following the surgery. Dr. Bruno is also available by email.

## **COMMON POST OP EXPERIENCES:**

### **Abdominal Distention, Constipation or Bloating:**

Remember to take your stool softener, eat small frequent meals, drink/ eat prunes or take milk of magnesia. If you haven't had a bowel movement in 5 days, call the office for further directions.

### **Bladder Spasms:**

Bladder spasms, bladder pain and burning around the catheter are common reactions to having a foley catheter in place. Typically, bladder spasms can be described as a sudden onset of abdominal discomfort along with a strong urge to urinate. Spasms may sometimes cause leakage around the catheter. Take the anticholinergic medication that Dr. Bruno has prescribed. If they persist, despite taking the medication, then contact us. You should stop the anticholinergic when your catheter is removed.

### **Bloody Drainage around the Catheter or Blood in the Urine:**

This is very common and can be caused by any stressful maneuver, such as physical activity or a bowel movement. It should subside after resting for a short time. You should increase your fluid intake. If the drainage in your tube is dark red and you see multiple large clots, or you have no urine output for two hours, contact the office.

Blood in the urine may continue for months after the catheter is removed. A tinge of pink (small amount of blood) in the urine is normal. You should reduce the strenuousness of your physical exercise

### **Bruising around the incisions:**

This is normal and will go away. It just takes time.

**Perineal Discomfort:**

Pain between your rectum and scrotum is normal. It may last for several weeks after surgery and will resolve on its own. If you are experiencing pain that is not relieved by the medication prescribed, call our office.

**Scrotal /Penile Swelling and Bruising:**

Scrotal and penile swelling can appear anywhere from immediately after surgery to 5 days later. It too will return to normal on its own in a week or two. Wearing supportive underwear and elevating your scrotum with a towel when lying down will help to reduce swelling.

**Contact us immediately if:**

Temperature of over 101.

Urine stops draining from your catheter into the bag for more than an hour.

You have pain that is not relieved by your pain medication.

You have a large amount of blood clots or dark red blood that does not resolve by increasing fluids.

You have bladder spasms that are not relieved by your anticholinergic medication.

You have any painful swelling in the lower extremities not relieved by elevating your legs.