

Prostate Removal Surgery

(Prostatectomy - Radical)

Your surgery and recovery at home

This booklet belongs to: _____

We also give you '**Preparing for Your Surgery**' booklet.

Read both booklets carefully.

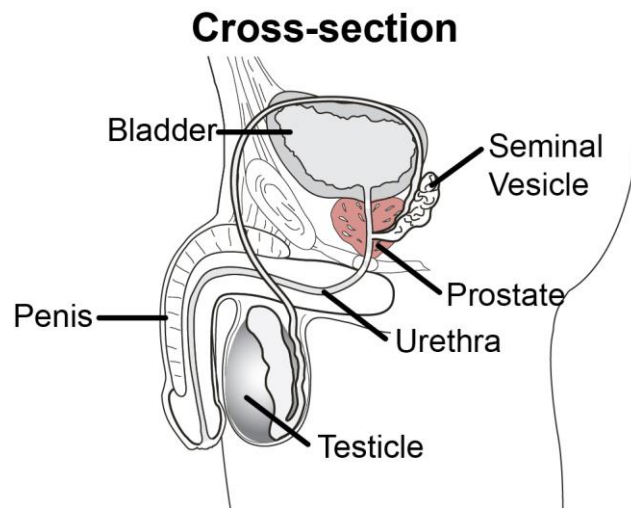
Bring both booklets to every hospital visit before your surgery.

Prostate Removal Surgery

(Prostatectomy - Radical)

You are having surgery (an operation) to remove your prostate gland and some of the tissue around the gland. This surgery is usually done to remove cancer in the prostate.

The prostate is a walnut-sized gland located between your bladder and your penis. The urethra runs through it. It makes and adds fluid and nutrients to semen.



This surgery can be done one of two ways:

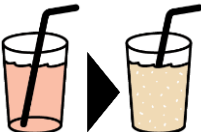
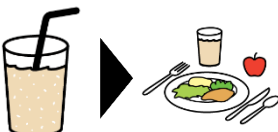








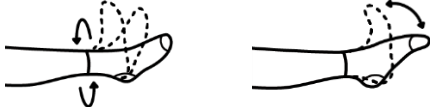
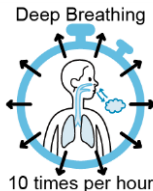
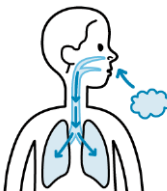


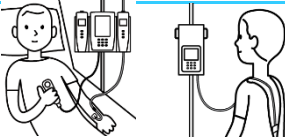
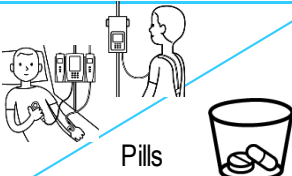

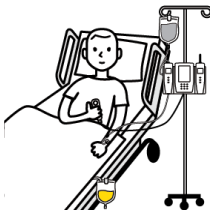


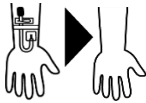

1. **Open incision:** The surgeon makes a cut through the skin (an incision) either in the lower belly or between the anus and scrotum. The surgeon might also remove lymph nodes in the area so they can be tested for cancer cells. This surgery usually takes about 3 to 4 hours.
2. **Laparoscopy:** The surgeon makes 4 to 6 small cuts in your abdomen. Through one of these incisions, the surgeon inserts a tiny camera (a laparoscope) so the area can be viewed on a video monitor. The surgery is done using different long skinny tools inserted through the other small incisions. This surgery usually takes about 3 to 4 hours.

You and your surgeon choose what is best for you.

Read '**Preparing for Your Surgery**' booklet for instructions on how to prepare for your surgery.

Path to Home Guide: Prostate Removal Surgery

This gives you an example of a person's recovery in hospital after surgery done with an open incision. If done with laparoscopic incisions, you might go home sooner.

Category	After Surgery			
	Surgery Day	Day 1	Day 2	Day 3
Nutrition	 Clear to full fluids	 Regular diet		
Activity	 Sit or stand at side of bed  Up in chair	 Walk 3 or more times  3 or more times	 3 or more times 	
	Leg exercises every day 			
Deep Breathing Exercises	Every day  10 times per hour   Hold 5 sec 			
Pain Control	 PCA pump or epidural*		 Pills 	
	Pain at a level comfortable for you			
Tubes and lines	 Intravenous Surgical drain tube(s) Urinary catheter		 Intravenous capped   	

* PCA Patient Controlled Analgesia is a pump connected to your intravenous that lets you give yourself pain medicine when you need it.
Epidural A small tube put into your lower back between 2 vertebrae and sits in the space around the spinal cord. Numbing medicine is delivered through the tube into the space, blocking any pain.

After Your Surgery

Going home



How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

Most people can go home 2 to 3 days after the surgery.

You are ready to go when:

- ✓ You are eating and drinking regular food and drinks.
- ✓ Your bowels are working (passing gas and maybe have a bowel movement or poop).
- ✓ Your pain is well controlled with pills.
- ✓ You can move around safely.
- ✓ You know what medications (including new ones) you are taking, how to take them, and why you need them.
- ✓ You can care for your urinary catheter and urinary drainage bags.
- ✓ You have prescription(s) for your medications, if needed.
- ✓ You have a ride home from the hospital.
- ✓ You have arranged for some help at home for the first few days, if needed.

Caring for Yourself at Home

Managing pain

It is normal to have some discomfort or pain when you return home. This should steadily improve but might last for a few days to a couple of weeks.

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

The level of pain and type of pain medication you need depends on:

- The type of surgery you had
- If you were taking pain medicine before surgery

When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

For the first few days:

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

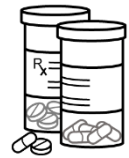
Non-prescription pain medicines (also called 'over-the-counter' medicines) – You buy them at the pharmacy without a prescription. You might only need to take this type of medicine if you don't have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
- acetylsalicylic acid or ASA (Aspirin®)
- non-steroidal anti-inflammatory drugs (NSAIDs)

Examples: ibuprofen (Advil®, Motrin®) ★
 naproxen (Naprosyn, Aleve®) ★

★ **Note:** **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.



Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.

Family Practitioner:

Refers to either a family doctor or nurse practitioner

Remember

You can do other things to help ease your pain or distract you from the pain:

- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

Opioid (narcotic) pain medicines – You might get a small number of pills for severe pain.

They are only meant to be taken for a short time. Take only as much as you need to allow you to do daily activities.

Examples of opioid pain medicines:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

When taking non-prescription pain medicines as well, most people need to take a lower amount of the opioid or take the opioid less often.

Safe use of opioid pain medicines

If you are using any medicines with opioids (narcotics) in them, we want you to do so safely. However, serious problems can happen. Take note of the following safety information.

Before taking opioids:

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.

Safely storing opioids:

- Store opioid medicines in a secure place.
- Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.

Safely disposing of unused opioids:

- Take any unused opioid medicines back to your pharmacy to be safely disposed. **Do not** keep unused medicines at home.

Safely taking opioids:

- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines: **Do not** drive or drink alcohol. **Do not** take any sleeping pills unless your doctor has said you can.

Always read the label and/or information from the pharmacist for how to take medication safely.

Caring for your incision

Always wash your hands before and after touching around your incision site(s).

Before you leave the hospital, your nurse will teach you how to care for your incision(s). You will have a light bandage over your incision(s). You can take the bandage(s) off after 2 days. If you have white skin tapes (steri-strips) over your incision(s), leave them on until they fall off on their own (takes about a week).

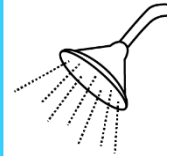
Showering:

- You can shower starting 3 days after surgery.
- Continue to take only showers for at least 2 weeks after your surgery.
- Try not to let the shower spray directly on your incision(s).
Gently pat the area dry.

Until the incision(s) is healed and your surgeon has given you further instructions:

- ✗ No soaking in a bath tub or hot tub.
- ✗ No swimming.
- ✗ No creams, lotions, or ointments on your incision, unless directed by your surgeon.

Doing any of these things could delay healing.



Swelling around the scrotum and penis

It is normal for your penis and scrotum to be swollen for a few weeks after surgery. You might find it uncomfortable to sit for a long time.

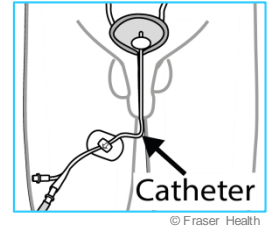
To help bring down the swelling:

- Wear brief underwear (not boxers) to give support.
- Put a gel pack or ice pack in a cloth (such as a pillow case) and place on the scrotum area. Leave in place for no more than 10 to 15 minutes at a time.
- When sitting or lying down, place your scrotum on a towel.

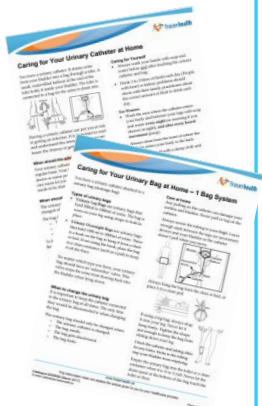


Caring for your urinary catheter

You have a urinary catheter in place for about 2 weeks. It drains urine from your bladder into a bag through a tube. A small, water-filled balloon at the end of the tube holds the catheter in your bladder. The tube is connected to a bag for the urine to drain into. You might notice grey or white particles in your urine bag. Your urine will look blood-tinged and cloudy. This is normal.



- Always wash your hands with soap and water before and after touching the urinary catheter and bag.
- Wash your penis and around the catheter carefully with soap and water **every morning and evening, and after every bowel movement** (poop).
 - If not circumcised, pull back and clean under the foreskin.
 - Always wash from front (where the catheter enters your body) to back.
- Rinse the soap off with a damp cloth and dry with a clean towel.
- Always keep the drainage bag below the level of your bladder so the urine can drain properly.
- Keep the drainage bag off the floor.
- Secure the tubing to your thigh. Leave enough slack between the tape (or securement device which we give you) and your penis so the catheter doesn't pull when you move. Never pull or tug on the catheter. Any pulling on the catheter can damage your urethra and bladder.
- When emptying the bag, do not let the drain spout touch the toilet, container, or floor. If it accidentally touches anything, clean it with rubbing alcohol.



We give you more information on **Caring for Your Urinary Catheter and Bag at Home.**

Urinating

Your urine will be red with blood. Your urine gradually gets clearer as you heal. This can take up to 4 weeks.

After the urinary catheter is taken out:

- You might notice that you are urinating (going pee) more often. You might also feel that when you need to urinate, you must go right away (called urgency). This should get better as you heal.
- You might leak urine. This can last for several weeks up to 6 months or more. You might need to use incontinence pads. Ask your nurse or pharmacist as to what type to buy.

Drinking and eating

To keep your urine clear and a light yellow colour:

- Drink at least 1 ½ to 2 litres (6 to 8 cups) of liquid each day (unless you have been told differently because of a medical condition). Water is a good choice.



It might take some time before your appetite returns to normal. To heal, your body needs extra calories and nutrients, especially protein.

To get the nutrients you need:

- Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes.
- Eat 5 to 6 small meals throughout the day.
This might be easier on your digestion. At the same time, this will help make sure you get the extra calories and protein you need.
- Limit foods and fluids that contain caffeine for the first week such as coffee, tea, cola, or chocolate. These can irritate your bladder.

Need help with food choices?

Call 8-1-1.
Ask to speak to a dietitian.

Keeping your bowels regular

You can get constipated because you are less active, eating less fibre, or taking opioid pain medication.

To prevent constipation:

- Drink at least 1 ½ to 2 litres (6 to 8 cups) of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Increase your activity.



If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

Managing Moods and Emotions

After major surgery, it is quite common to have a low mood or changeable mood at times. If you find your mood is staying low or is getting worse, contact your family practitioner.



Being active

Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. You need to find a balance between rest and activity. Pace yourself for the first few weeks.

Slowly increase how much you do each day (your activity level). Increase the distance and time you walk. Only increase your activity level as much as you comfortably can.

Plan your exercise 30 minutes after you have taken your pain medication.



A 4 litre milk jug weighs 4 kg (9 pounds)



For the next 6 weeks or until you see your surgeon, limit heavy activities:

- ✗ **Do not** lift, push, or pull anything over 4 to 5 kilograms (10 pounds). This includes carrying children and groceries.
- ✗ **Do not** reach for things, vacuum, rake leaves, paint walls, or do any other reaching activity.
- ✗ **Do not** play any sports, do high intensity exercise, or weight training.

Do not drive until you check with your surgeon at your follow-up appointment.
Never drive when you are taking opioid pain medication.

Talk to your surgeon about when you can return to **sexual activity**. It is common after this type of surgery to have trouble getting or keeping an erection. This is called 'impotence' or 'erectile dysfunction'. It often gets better on its own but if it doesn't, it can be treated. Talk to your surgeon or family practitioner about this

Getting Rest



It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.

- Try to get at least 8 hours of sleep each night
- Take rest breaks and naps during the day, as needed.

If you have trouble sleeping, talk to your family practitioner.

When to get help

Call your surgeon or family practitioner if:

- You have a fever over 38°C (101°F).
- Your urine stops draining from your catheter.
- After you take out your catheter, you have not urinated (gone pee) for 6 hours even though you drank enough fluids.
- You have blood or blood clots in your urine that do not go away with rest and drinking more fluid.
- Your urine smells bad or you notice stinging, burning, or pain when you urinate (go pee).
- Your incision is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- Your pain does not ease with pain medicine, or stops you from moving and recovering.
- You are throwing up often.
- You have diarrhea that is severe **or** continues for more than 2 days.
- You have redness, tenderness, or pain in your calf or lower leg.
- You feel increasingly tired or dizzy.

Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

► Call Fraser Health Virtual Care, 10:00 a.m. to 10:00 p.m., daily **1-800-314-0999**
fraserhealth.ca/virtualcare

► Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

► **Call 9-1-1** if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden, severe pain

9-1-1



HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.



Appointments after surgery

See your family practitioner 7 to 10 days after going home from the hospital.

My appointment is on: _____

See your surgeon 14 days after going home from the hospital.
Your urinary catheter is usually taken out during this visit.

My appointment is on: _____

Questions you might have:

Examples: 'When can I go back to work?' 'When will I be able to return to my regular activities?'

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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To order: patienteduc@fraserhealth.ca

