

Discharge Instruction Radical Prostatectomy

You are now ready to be discharged from the hospital after a radical prostatectomy for control of prostate cancer. The prostate was removed completely and the urinary tract was reconstructed by suturing the bladder to the urethra (urinary passage) over a catheter (bladder drainage tube).

Activity

It is normal to feel the need for extra rest in the first weeks after a radical prostatectomy. Gradually resume your activities over the next month and try to go for short walks every day. Avoid heavy lifting (10 lbs) or straining for about six weeks from the date of surgery as these activities can injure the healing incision.

Travel is not advisable for about six weeks, until your energy level has returned to normal. Sexual activity may be resumed when your catheter is removed and you are comfortable.

Wound Care

There may be some bleeding or swelling around the incision and into the base of penis or scrotum. This should disappear gradually over several weeks. The incision should eventually fade over several months. The staples closing your incision should be removed around 10-14 days after your surgery. The staples will be replaced with skin tapes which can be removed after one week.

A dressing may be applied to the incision for additional protection if it get irritated from your clothing. However, leave it undressed if you can tolerate it.

Catheter Care

A catheter (Foley) running from the bladder and out through the urethra drains urine while the new connection heals. A balloon on the catheter tip in the bladder prevents it from falling out.

Before your discharge from the hospital, you will be taught how to manage the catheter and urine collection bag. Bloody discolorations of the urine or small blood clots are not unusual. A "leg bag" can be fastened to the thigh with straps and worn discretely under the trousers. Keep the bag above your knee. Keep the Foley catheter loose and not pulling on your bladder. A larger bag is to be used at night and placed at the bedside for overnight drainage. It is not unusual for a small amount of urine to leak from the urethra alongside the catheter, particularly with straining or at the time of a bowel movement. This happens because the muscular urine control "valve" makes a poor seal around the catheter. If this happens, you may need to wear a small pad in your underwear. You may have an urge to urinate from bladder spasms. These are normal.

ALBUQUERQUE UROLOGY ASSOCIATES, P.A.

Aaron J. Geswaldo, D.O., F.A.C.O.S.
Shelly Pierson, M.A.

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SF: 490-A West Zia Road, Santa Fe, NM 87505
505-989-9500 fax:505-294-6315

A discharge, sometime with blood or crusting, at the opening of the penis or on the catheter is common. It can be washed away daily with a facecloth and mild soap. Half strength hydrogen peroxide (hydrogen peroxide mixed with water) works well to clean the catheter. In general, the more you try to clean your catheter the more likely you can infect your urinary tract. Do not over clean your catheter.

The urinary bags can be used for weeks. Clean them daily with white vinegar and water.

Bowel Function

Your normal bowel pattern should return when you resume your usual diet and activity. Avoid straining to have a bowel movement. A non-prescription stool softener, like Colace, is often helpful. Increasing your fiber helps.

Hygiene

You may shower as you like. You can get your incision wet for short durations. Prolonged soaking in water (swimming, hot tubs, or baths) should be avoided for at least 6 weeks.

Medications

Most men will be prescribed a strong painkiller. Additionally, you can take ibuprofen as needed. Ibuprofen or Tylenol can eventually replace your prescription pain medication. You may take a multivitamin along with an iron tablet. Antibiotics may be prescribed.

You should be able to continue with your usual medications. Blood thinners may increase the risk of bleeding after surgery. Your urologist will advise you when you can resume these drugs. If you have any questions, call the office during normal business hours.

Follow-Up

Arrangements will be made for you to be seen usually within a few weeks from the date of surgery for removal of your catheter. Your catheter should be removed only under the direction of your urologist. This involves deflating the catheter balloon after which it should slide out easily with minimal discomfort. It is common to have dribbling leakage or urine for a while after the catheter is removed. An absorbent pad, purchased from any pharmacy, should be available when your catheter is removed.

All of the tissue removed at surgery will be carefully examined to determine the extent of prostate cancer within the gland. The report of this examination will be discussed with your urologist at your follow-up appointment.

Feeling ill, having fever or chills, or having continuous bright red bleeding is not expected. Call our service and leave your name and number for a call back. My assistant, Shelly can help answer your questions at 505-242-3991 x2026.

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Medications:

- Keflex** (250, 500) one tab by mouth every 8 hours
- Levaquin** (250, 500, 750) mg one tab by mouth every 24 hours
- Cipro** (250, 500) mg one tab per mouth every 12 hours
- Lortab** (5, 7.5, 10 /500) mg one tab by mouth every 6 hours as needed for pain
- Percocet** (5, 7.5, 10/325) mg one tab by mouth every 6 hours as needed for pain
- Darvocet** (50, 100) mg one tab per mouth every 6 hours for pain
- Ibuprofen** (400, 600, 800) mg by mouth every 6 hours with food for pain (use Ibuprofen first and if you still have breakthrough pain use your narcotic prescription)
- Other: _____

Follow-Up Appointment:

You have an appointment on _____ at _____ a.m./p.m.
Date Time

The office will call with your follow-up appointment date and time. *(Please call my assistant if you do not hear back from us 7 business days post operatively).*

Please notify our office for any signs or symptoms of infection, such as fever (>101), chills, nausea, vomiting, or feeling ill. Call if you have bright red continuous bleeding, pain not controlled by your prescriptions, or retention of urine. My assistant, Shelly can be reached at 505-242-3991 x2026.

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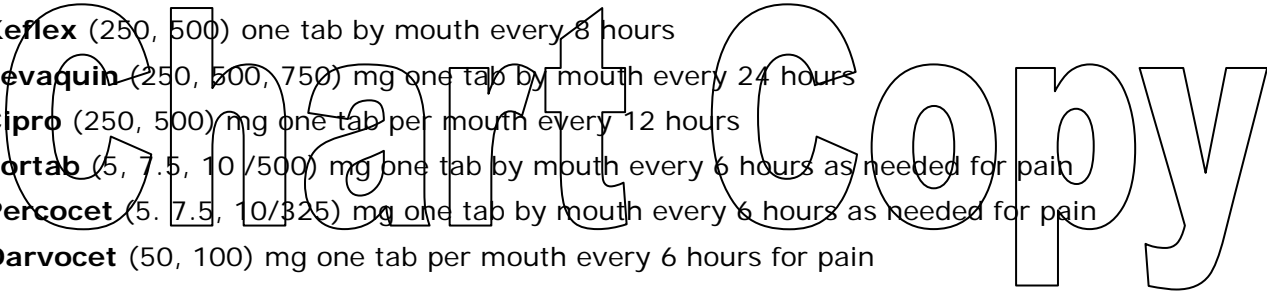
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A COPY OF THIS FORM WAS GIVEN TO PAIENT ALONG WITH APPROPRIATE PERSCRIPTIONS. DISCHARGE INSTRUCTIONS WERE EXPLAINED. ALL QUESTIONS WERE ANSWERED. THE PATIENT (AND/OR FAMILY) UNDERSTANDS THE IMPORTANCE OF PROPER FOLLOW-UP.

This document is an official patient record. Please place in the chart.