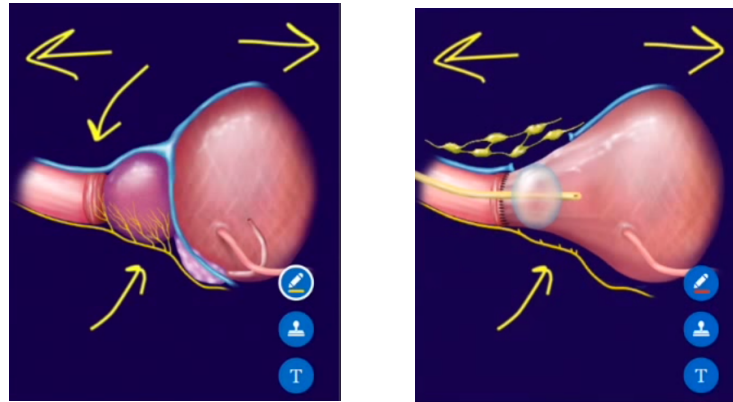


FREQUENTLY ASKED QUESTIONS FOR PATIENTS UNDERGOING ROBOT-ASSISTED RADICAL PROSTATECTOMY



Prior to Surgery:

Speaking to Other Patients Privately: Your physician is always willing to ask patients who have undergone a prostatectomy with him to speak with you. Please let us know if you would like to have someone who has gone through the experience to discuss your surgery with you.

What are my restrictions prior to surgery? Do not diet prior to surgery. The better nourished you are the better you will heal. If you are a smoker, stopping smoking is absolutely critical prior to surgery. Please let us know if you have trouble stopping – we can help!

Hospital Stay:

Q: How long will I stay in the hospital?

A: Generally, patients leave the hospital on the afternoon the day after surgery. In order to be discharged, you will need to be (1) tolerating a regular solid diet (i.e. no nausea) (2) need to be able to walk without difficulty (3) need to be comfortable managing the catheter and (4) your pain must be well-controlled with pain medications.

Q: What can I eat after surgery?

A: Any surgery within one's abdomen slows down the intestines. Therefore, your diet after surgery will at first include only liquids and will be advanced once you show the surgical team that you are not nauseous, generally at lunch on the day after surgery.

Q: How long will I stay in bed after surgery?

A: It is critical to be as active as possible while you are in the hospital. With the nurse's help you should plan to walk on the night of surgery. Being active, not only prevents deconditioning, reduces chances of developing dangerous blood clots, but also possibly accelerates return of bowel function.

After Hospital Discharge:

Q: What happens to drains?

A: Your physician may or may not place a drain in addition to the catheter. Generally all surgical drains (other than the catheter) will be removed prior to hospital discharge. Rarely, the drain site may leak fluid for several days after removal and this is normal – visiting nurses or our team can help you manage the site if the drainage is getting in the way of your daily activities (this is quite uncommon).

Q: How do I take care of my catheter?

A: You will receive detailed instructions on catheter care before leaving the hospital. It is critical to make sure that the catheter is draining at all times. If the catheter becomes clogged, this is an emergency. You should call our emergency number and plan to immediately come to the Fox Chase or the closest Emergency room to have the catheter flushed (this is exceedingly rare).

Q: When is my catheter removed?

A: Your catheter removal date will be scheduled at discharge and is generally within 10 days of surgery. Although catheter removal can be anxiety provoking, this is a largely a painless process.

Q: I have blood coming out from the tip of my penis around the catheter. Is this normal?

A: Generally, some blood and discharge coming around the catheter is not a concern; however, if the bleeding is copious and persistent, please be sure to check in with us over the phone.

Q: I have blood in my urine. Should I worry?

A: Urine looking like pink lemonade or rose wine is not unusual. As the catheter moves around in the bladder, minor bleeding can start and stop. If the urine starts looking more red/darker/thicker, please check in with us. It is especially important to call us if you are passing clots. Although this is quite unusual, the clots can clog the catheter and be an emergent issue.

Q: What are bladder spasms and will I get them?

A: At the time of prostate removal, the bladder is separated from the prostate. Stitches are then placed into the bladder to connect it to the urethra (the tube that leads urine out of your body). With all this manipulation, the bladder can get quite irritated as it is healing. Bladder spasms can occur. Bladder spasms are painful bouts of lower pelvic pain that can be quite severe. It is difficult to predict which patients will have this issue. At times, when during bladder spasms, urine can leak from around the catheter. This issue can be extremely frustrating. If bladder spasms are occurring, please call us and we can prescribe a medicine that may help. Remember to stop this medicine 24 hours prior to catheter removal appointment.

Q: I heard blood clots are a risk after surgery. How can I prevent blood clots?

A: Keeping active and walking are some best ways of preventing blood clots. For patients who undergo pelvic cancer surgery, your physician generally adds a medicine to be administered after surgery. Lovenox is a low molecular weight heparin, administered by injection in subcutaneous tissue (the layer of tissue beneath the skin). This blood thinner is given in low doses and will be started in the hospital. Your physician asks many patients to self-administer it at home for up to 4 weeks following surgery. We will teach you how to do this. Almost everybody can manage this without difficulty.

Nutrition After Surgery:

Q: Will I lose weight after surgery?

A: It is not uncommon for people to have decreased appetite after surgery: food may taste differently, or they may feel full sooner. We recommend eating small frequent meals throughout the day rather than 3 large meals. It is important to eat a well-balanced diet to assist in the healing process. Your surgeon and his staff are willing to discuss your individual nutritional concerns after surgery and how we may help you. Staying well hydrated after surgery is very important. Please try to drink at least 6-8, 8 ounce cups of water daily.

Emotional Needs :

Q: How will I feel after surgery?

A: At times after surgery people will experience sadness and sometimes become tearful during their recovery process. It is normal to have feelings of sadness and grieving. You are going through a lot physically and emotionally. It is important to have people in your life that provide emotional support. Your doctor and our team are here to support you through this process. If these feelings continue and begin to cause difficulty with your recovery, such as excessive weight loss, decreased activity level, not getting out of bed, crying all day, isolating yourself from friends and family, or suicidal thoughts either you or your family members should discuss these concerns with your doctor and our team.