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## What to Expect After Your Prostatectomy

With a robotic (laparoscopic) prostatectomy you will wake up with bandaids on your small incisions, a catheter in your bladder and some abdominal pain that will be treated with medication. Open prostatectomy is associated with a bit more pain and an incision that goes from below the belly-button to above the penis. The catheter makes you feel as though you have to urinate. Medicine will also be given for that, along with antibiotics, laxatives and your other medicines as needed. With the open prostatectomy you will have a drain tube from the lower abdomen to remove blood, lymph or urine from the operative site for a day or two. This is generally not used with the laparoscopic procedure. On the day of surgery you will be in the recovery room for an hour or two and then go to a regular hospital room. You can take fluids the same day after surgery, but most people do not have an appetite for solid food until the next day. You will need help getting out of bed, so call a nurse to give you a hand and be sure that you have your tubes- the intravenous (IV) feeding tube, the catheter, and if present the drain- ready to travel with you. With the robotic prostatectomy most are ready to leave for home the next morning after the procedure. The nurses will remove the IV and instruct you on the care of the catheter. You will be sent home with an antibiotic and medicine for pain, and return to the office in 5 to 9 days to have the catheter removed. You will have both an overnight bag, like that used in the hospital, and a leg bag for urine. Neosporin/Bacitracin or "Triple Antibiotic" ointment on the catheter where it enters the penis will help keep it clean and lubricated. With the open procedure most are ready to go home on the second postoperative day, and the care is the same, except the catheter generally needs to stay in for 9 to 14 days, and sometimes the drain stays for a few days as well.

It is important to not strain or lift anything more than 10 lbs for 2 weeks after the laparoscopic prostatectomy and 6 weeks after the open procedure. To avoid straining you should take a laxative to prevent constipation. Any laxative that works for you is fine, or you can take Dulcolax, Milk of Magnesia, or Magnesium Citrate. Your pharmacist can suggest one of the many over the counter preparations. It is best not to drive while you are taking narcotic medicine or have a catheter in place. Catheters can cause "bladder spasms," painful contractions of the bladder that may require medicine (anticholinergics). This medicine, like the pain medicine, can cause constipation, so do not get behind on your laxatives.

When you return to the office your staples or sutures will be removed and at the proper time the catheter will come out. It should not hurt to have the catheter removed. The water in the balloon is removed, sterile water is placed in the bladder, and the catheter is taken out. You will be asked to void, starting and stopping the stream to demonstrate that the system works normally. Despite being able to start and stop the stream, you may have some leakage of urine. It is best to bring a pad just in case. You will be given instructions on exercises (Kegel's) to strengthen the bladder sphincter muscle. At the same office visit you may be given a prescription for Viagra or a similar medication and a script for a Vacuum Erection Device. These can speed the recovery of erections. Your next visit will be in 3 months when a PSA will be checked. It should be less than 0.02.

If the pathology report confirms the cancer to be confined to the prostate your life expectancy is the same as a man your age without prostate cancer. Even so, we need to check PSA's at increasing intervals (eg, every 3-4 months at first, then every 6 months for a few years, then annually) to be certain the tumor does not return.

**Call if you have fever (over 100), burning and frequency of urination, a decrease in the force of stream, or questions.**