



**Montfort**  
Hospital

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P A T I E N T   I N F O R M A T I O N

**Radical**  
**Prostactectomy**  
**Surgery**

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*Please bring this book to the hospital  
on the day of your surgery.*

## ***Disclaimer***

*This document is not intended to replace the advice of a qualified healthcare provider. Please consult your healthcare provider who will be able to determine the appropriateness of the information for your specific situation.*

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## Introduction

You are being admitted for a Radical Prostatectomy at the Montfort Hospital. Your hospital stay is planned for three nights and four days (including the day of your operation).

### **The Clinical Pathway**

The health care team has put together a CLINICAL PATHWAY, which shows the usual plan of care, so you will know what will happen to you on a day-to-day basis. If needed, this plan of care may be adjusted based on your condition. The CLINICAL PATHWAY is on the next page.

This book will also give you information on your care related to your surgery and discharge. Please be sure to read this book before your surgery, and bring this book to hospital, as team members will refer to these instructions throughout your hospital stay.

### **The Health Care Team**

#### **Urologist**

The Urologist will discuss all aspects of your care including, your surgery and your recovery and also answer any questions you might have. Your urologist will oversee your care with the other health care providers.

#### **Anaesthesiologist**

The Anaesthesiologist will discuss your anaesthetic and oversee your pain control for after surgery.

#### **Nurses and Registered Nurses Assistants**

The Nurses will directly care for you before and after surgery including providing emotional support, teaching instructions, medications, and nursing care. You may also receive care by another member of the health care team, such as an orderly or physio-therapist. They will work with your nurse to assist with your baths, meal trays and help with getting you up in chair, to the washroom etc.

***Remember, please pack this booklet with your belongings and bring it with you to the hospital.***

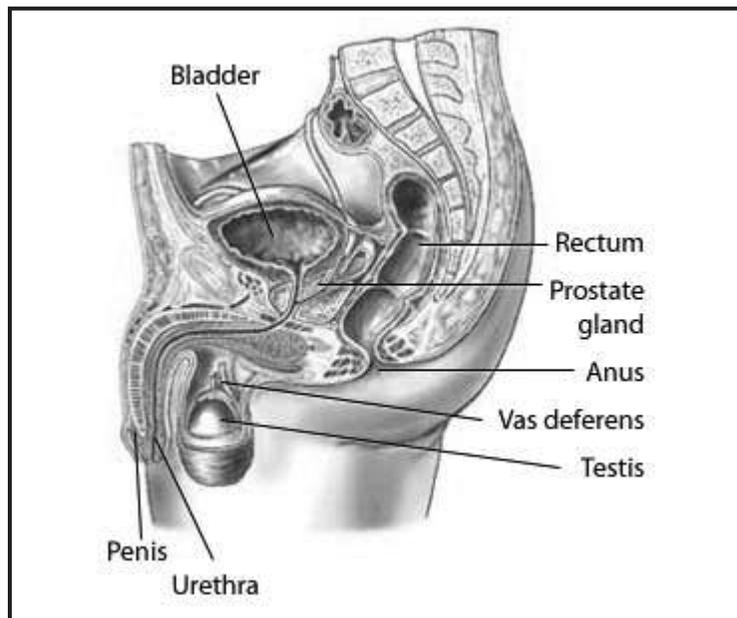


## Clinical Pathway – Radical Prostatectomy Surgery

	Pre-Admission	Day of Admission / Day of Surgery	Post-Op Day 1	Post-Op Day 2	Post-Op Day 3 Discharge Day
<b>Tests</b>	<ul style="list-style-type: none"> <li>Blood test</li> </ul>	<ul style="list-style-type: none"> <li>Blood test</li> </ul>			
<b>Consults</b>	<ul style="list-style-type: none"> <li>Anaesthesia if needed</li> </ul>				
<b>Treatments</b>		<ul style="list-style-type: none"> <li>Support stockings</li> <li>Wound dressing</li> <li>Urinary catheter</li> <li>Wound drain</li> <li>Intravenous (IV)</li> </ul>	<ul style="list-style-type: none"> <li>Support stockings</li> <li>Wound dressing</li> <li>Urinary catheter</li> <li>Wound drain</li> <li>Intravenous (IV)</li> </ul>	<ul style="list-style-type: none"> <li>Support stockings</li> <li>Wound dressing</li> <li>Urinary catheter</li> <li>Wound drain</li> <li>Intravenous (IV)</li> </ul>	<ul style="list-style-type: none"> <li>Removal of support stockings</li> <li>Removal of IV</li> <li>Home with urinary catheter</li> <li>Removal of wound drain; dressing over drain site</li> <li>Home with clips if present</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>Urology Bowel Prep instructions</li> </ul>	<ul style="list-style-type: none"> <li>Patient specific medications</li> <li>Pain medication</li> <li>Oxygen</li> <li>Anticoagulant</li> </ul>	<ul style="list-style-type: none"> <li>Patient specific medications</li> <li>Pain medication</li> <li>Oxygen as needed</li> <li>Anticoagulant</li> </ul>	<ul style="list-style-type: none"> <li>Patient specific medications</li> <li>Pain medication</li> <li>Anticoagulant</li> </ul>	<ul style="list-style-type: none"> <li>Patient specific medications</li> <li>Pain medication</li> <li>Anticoagulant</li> </ul>
<b>Activity</b>		<ul style="list-style-type: none"> <li>Bedrest</li> <li>Up at side of bed</li> <li>Deep breathing &amp; coughing exercises</li> <li>Foot and ankle exercises</li> <li>Spirometry</li> </ul>	<ul style="list-style-type: none"> <li>Chair with assistance</li> <li>Walk short distance and progress to longer walks throughout the day with minimal assistance</li> <li>Deep breathing &amp; coughing exercises</li> <li>Spirometry</li> </ul>	<ul style="list-style-type: none"> <li>Progressive walks independently</li> </ul>	<ul style="list-style-type: none"> <li>Walk independently</li> </ul>
<b>Nutrition</b>		<ul style="list-style-type: none"> <li>Nothing by mouth after midnight</li> <li>Fluids after surgery</li> </ul>	<ul style="list-style-type: none"> <li>Regular diet</li> </ul>	<ul style="list-style-type: none"> <li>Regular diet</li> </ul>	<ul style="list-style-type: none"> <li>Regular diet</li> </ul>
<b>Patient Teaching / Discharge Planning</b>	<ul style="list-style-type: none"> <li>Review of Clinical Pathway instructions &amp; patient booklet:                             <ul style="list-style-type: none"> <li>Bowel prep</li> <li>Keigel exercises</li> <li>Discuss discharge plans</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Patient teaching:                             <ul style="list-style-type: none"> <li>Pain management</li> <li>Activity</li> <li>Breathing exercises</li> <li>Medication</li> <li>Diet</li> <li>Spirometry</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Patient teaching:                             <ul style="list-style-type: none"> <li>Pain management</li> <li>Activity</li> <li>Catheter care and drainage system</li> <li>Diet</li> <li>Review discharge plans</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Patient teaching:                             <ul style="list-style-type: none"> <li>Medications</li> <li>Activity</li> <li>Possibility of discharge if you are ready</li> <li>Wound care</li> <li>Catheter care and drainage system</li> <li>Confirm discharge plans</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Reinforce discharge instructions</li> <li>Discharge from Hospital</li> <li>Prescription and follow-up appointment</li> <li>Patient evaluation given</li> </ul>



## Prostatectomy Surgery



### The Prostate

The prostate is a male sex gland. It produces a thick fluid that forms part of semen. The prostate is about the size of a walnut. It is located below the bladder and in front of the rectum. The prostate surrounds the upper part of the urethra, the tube that empties urine from the bladder.

The prostate needs male hormones to function. The main male hormone is testosterone, which is made by the testicles. Other male hormones are produced in small amounts by the adrenal glands. The growth of the cancer cells in the prostate is stimulated by male hormones, especially testosterone.

Treatment for prostate cancer depends on many factors including the stage of the disease, age, general health and feelings about the treatments and their possible side effects.

Prostate cancer can be treated by one or more of the following.

- Surgery
- Radiation Therapy
- Hormone Therapy
- Chemotherapy

## **Radical Prostatectomy**

Surgery is a one-time procedure that may cure prostate cancer in its early stages. A Radical Prostatectomy is the surgical removal of the prostate gland, seminal vesicles that produce seminal fluid, and part of the urethra that passes through the prostate. Lymph nodes may be removed from the area surrounding the prostate. A radical retropubic prostatectomy procedure is performed through an incision in the lower abdomen.

The incision may be closed with dissolvable sutures or closed with clips (like staples). A small tube is placed close to the incision to drain fluid from the area of the operation. After a few days, when there is minimal drainage, this drain will be removed. A urinary catheter will be inserted down the urethra to the bladder to drain urine while healing occurs. Sometimes the catheter is held in place using a suture (or stitch). You will go home with the urinary catheter connected to a drainage bag. This urinary catheter will be removed as early as 7 days or in 2 – 3 weeks according to your surgeon's instructions.

The surgery is performed with general anesthetic and may take up to four (4) hours. After surgery, you will awaken in the Recovery Room. After a couple of hours in the Recovery Room, you will be transferred to a hospital room.

This surgery can produce side effects including impotence (erectile dysfunction) and urinary incontinence (loss of urine control). Impotence is the inability to have an erection and results from a combination of factors. Most commonly, this results from cutting nerves that control erection and affect the blood supply that causes erection. Through the use of a nerve sparing technique, the incidence of impotence can be minimized. The use of this technique is dependent on the size and location of the cancer. Potency is usually regained within months to a year following radical prostatectomy. Removing the prostate does not affect your hormonal balance, but does mean you will not be able to produce children. In addition, as both the prostate and the seminal vesicles are removed, orgasm will be dry, i.e. without fluid ejaculation. Various treatments are available for impotence and should be discussed with your doctor as necessary.

Incontinence is the loss of urinary control and results from post-surgical weakness of the muscles at the bladder neck. Incontinence may be experienced immediately following the removal of the urinary catheter, however incontinence is usually regained over several months. Some men may experience mild incontinence with coughing, sneezing, or exercise, which is generally managed with small pads. A very small percentage of men may experience severe incontinence, which can be successfully treated. Various treatments are available for incontinence and should be discussed with your doctor as necessary.

Pelvic floor exercises have proven beneficial in reducing incontinence following radical prostatectomy. It is recommended that you start these exercises before your surgery and continue after your urinary catheter has been removed.

Refer to page 17.



## Preparing for Surgery

*The following is a list of helpful points to consider before coming to hospital:*

- Be sure to bring in both home and work telephone numbers of spouse/relative who is helping you, so they can be contacted if needed.
- Make arrangements for help in the home (if needed), before coming into hospital.
- Refer to your CLINICAL PATHWAY so you and your family know what to expect on daily basis.

*In preparation for surgery:*

- Blood tests and a urine test will be done. Your urologist or anesthesiologist will decide any additional tests.
- An anesthesiologist will see you and explain your anesthetic and pain control.
- The nurse will measure your legs for special support stockings. Refer to page 10.
- Instructions about foot and ankle exercises, deep breathing and coughing exercises, pain control and pelvic floor exercises will be given. It is helpful if you practice deep breathing and coughing exercises and pelvic floor exercises before your surgery. Refer to pages 9, 10 and 17.
- You will be given an instruction sheet for bowel preparation prior to surgery.

### **Day Before your Surgery:**

1. You must begin a clear liquid diet beginning at breakfast and continuing until midnight. You can have as much of the following as you like: water, clear juices (apple, cranberry, grape), clear broth soups, plain Jell-o (any flavour, nothing added). Coffee, tea (no milk), any clear pop.
2. Do not eat from midnight, the night before your surgery. If you have been instructed to take your usual medication (for example, your blood pressure pills or heart pills) on the morning of surgery, you may use only a sip of water. If you are taking Aspirin or anticoagulants, notify your doctor. These drugs may have to be discontinued for 5-7 days prior to your procedure.



## After Surgery

### **Pain Management**

Pain is personal. The amount or type of pain you feel may not be the same as others feel, even for those who have had the same operation. The goal is that your pain will be well controlled with you at rest and also with activity. With satisfactory pain control at rest, you will be comfortable enough to sleep in your bed. With activity, the goal is that the pain is controlled well enough so pain does not prevent you from coughing, deep breathing, or walking as well as you like.

You will be given a light, general anesthetic at the time of your surgery. The anesthesiologist will also give you medicine (freezing and painkiller) through a small injection in your lower back. The pain-killer has a long lasting effect and will keep you comfortable long after your surgery. To help keep the pain under control, you will also receive medicine (anti-inflammatory) by either a suppository placed in your rectum or once you are drinking fluids, by mouth. This type of pain control is usually sufficient to keep you comfortable, however, you may receive supplemental pain killers as needed.

The health care team wants to make your recovery as pain free as possible. Inform your nurse if you experience any of the following:

- Unrelieved pain e.g. the pain prevents you from resting comfortably and completing your activity e.g. walking, getting out of bed, deep breathing.
- Itchy skin
- Nausea and/or vomiting
- Heaviness in your legs
- Tingling or numbness

### **Intravenous (IV)**

You will have an IV to replace your fluids until you are able to drink and eat well. Do not pull on the IV tubing. When you are walking, use your hand that does not have the IV to push the IV pole.

### **Oxygen**

Oxygen is an important part of the air we breathe. Oxygen is carried throughout the body by the blood to the tissues. Under certain conditions, the body may require extra oxygen. These conditions may include lung disease, heart disease and the demands of surgery.

Extra oxygen can help restore normal oxygen levels in the blood and body tissues and reduce the workload of the heart and lungs. During your hospital stay, you may receive extra oxygen. This is given through a mask placed over your nose and mouth or small tubes placed in your nostrils (nasal cannulae).

The amount of oxygen in your blood is measured by placing a small clip on your finger. This is called pulse oximetry. This measurement is used to check that your body is getting the right amount of oxygen. The amount of oxygen is then increased or decreased and eventually removed.

## **Deep Breathing and Coughing**

Air enters the nose and mouth, travels down the windpipe (trachea) into the the large airways (bronchi). As oxygen moves into the lungs, the airways get smaller and smaller like branches on a tree. Along the branches are tiny air sacs called alveoli. This where oxygen moves into the bloodstream and is carried to the cells.

Normally the alveoli stay open because we tend to take large breaths. Because of surgical procedures, anaesthesia, pain, or not moving around as much we tend to take smaller breaths, which may cause the alveoli to close. Deep breathing and coughing exercises after surgery will help keep, your lungs healthy.

Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed.

- Support your incision with a small blanket or pillow.
- Take a deep breath in through your nose. Hold for five (5) seconds.
- Breathe out through your mouth slowly.
- Repeat this exercise ten (10) times each hour while you are awake and until your activity level increases.

Coughing exercises help to loosen any secretions that may be in your lungs. This can be done after your first five (5) deep breaths.

*To produce an effective cough:*

- Hold your incision with your pillow or blanket.
- Take a deep breath and cough.

## **Ankle Exercises**

These exercises help the blood circulate in your legs while you are less mobile. Do these ten (10) times each hour, while you are awake and until your activity level increases.

*With your legs flat on the bed:*

- Point your feet toward your body.
- Point your feet away from your body.
- Move your ankles in a circle clockwise and counter-clockwise.

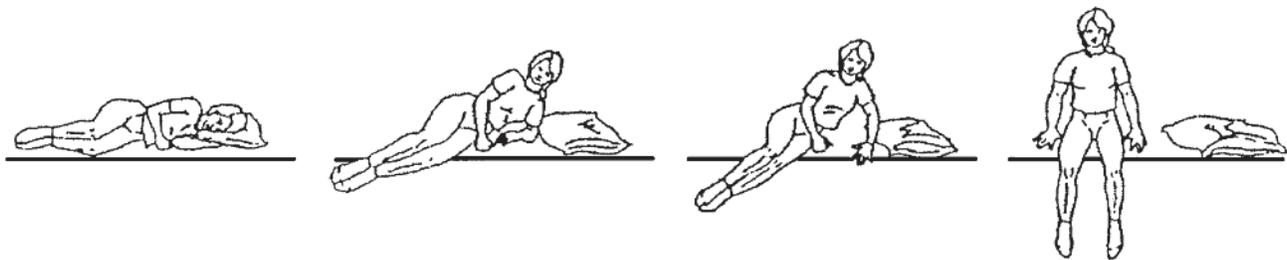
## **Moving and Positioning**

While you are in bed, it is important to move and reposition yourself. Avoid lying on your incision.

- Reposition yourself every 2 hours while awake.
- Support your incision with a small blanket or pillow.
- Bend your knees and roll from your side to your back.

## **Getting Out of Bed**

- Roll onto your side where there is no incision.
- Place your upper hand on the bed below your elbow.
- Raise your upper body off the bed by pushing down on the bed with your hand.
- Swing your feet and legs over the edge of the bed and bring your body to a sitting position.



## **Support Stockings**

Support stockings are long elastic stockings. These stockings help prevent blood clots forming by improving the blood circulation. They should be removed once during the day for about thirty (30) minutes. They are to be worn until you are walking on a regular basis.

## **Activity**

Get up, get out of bed and get moving! This will be the key to your discharge from hospital. Gradually increase your walking each day, beginning the day after your surgery. Walking will also help reduce any gas pain you may experience. Let your body be your guide and remember to plan for many rest periods.



## Going Home

### Discharge Planning

You may have a number of concerns related to how you are feeling or how you will manage once you return home. These might include such issues as:

- I live alone. How will I manage?
- I'm worried and scared. Who can I talk to?
- I have young children and I'm told I cannot lift anything. What do I do?
- My wife is ill. Who will take care of her while I'm in the hospital?

If you do have such concerns, or any others, you may request to see a **social worker** as part of your discharge plan. You may need general help at home. It is best to make arrangements before being admitted to hospital. Discuss your discharge plans with your nurse.

Arrange for someone to pick you up by 10:00 a.m. on the day of discharge. You will receive a prescription for medication and a follow-up appointment to see your urologist in about 1 – 3 weeks. You may also find it helpful to plan to wear loose fitting (non-restrictive) clothes for the first little while after your surgery. Be sure to bring them into hospital for your discharge day.

*Be sure you understand about:*

- Medications
- Activity
- Wound care
- Any restrictions
- Catheter Care
- Catheter Drainage Bags
- When to call the doctor
- Follow-up visit
- Emergency Visit Instructions



## At Home

### At Home Intimacy

After a radical prostatectomy, many men have reported experiencing a variety of feelings including feeling happy, sad, afraid, and mood swings. In addition, men have identified the need to maintain intimacy with their partner despite their inability to have full intercourse. “Ongoing intimacy” (touching, hugging, kissing, holding hands, long walks, long talks and being together) is a powerful satisfier and may help during your recovery. In time orgasm will be achieved. We recommend that you discuss any specific concerns or thoughts you may have with your partner and with your Urologist as needed.

### Activity

- Avoid strenuous exercise, including heavy lifting (greater than 7 kg or 15 lbs.), lifting grocery bags, snow shoveling, pushing a lawn mower.
- Resume your regular activities (sexual relations, housekeeping, regular exercise) gradually over eight (8) weeks. You may use stairs as needed and as tolerated.
- Take frequent rest periods are necessary. Let your body be your guide.
- Discuss any specific concerns with your urologist.

### Wound Care

- If you have clips, these will be removed after about one week. Your urologist will speak with you about removal of your clips.
- You may shower. Clean your incision gently with mild soapy water. Pat incision dry.
- You may tub bath once the catheter and the clips have been removed. Avoid hot tubs, Jacuzzis and saunas.
- Swelling or bruising may appear around the wound. This may continue for several weeks.
- Observe your incision for increase redness, swelling, drainage or incision separation.
- Wear non-restrictive clothing while the wound is still tender.

### Drains

- Drains are used to remove fluid that would otherwise collect at the surgical site.
- The nurse will usually remove your drain on the day you go home.
- Sometimes the drain is left in place so that fluid continues to be removed from around the incision.
- **If you are going home with a drain, you will receive an instruction booklet on how to care for your drain. Please feel free to remind your nurse to give you these instructions prior to discharge.**

## **Medication**

- Take pain medication as required e.g. before going to bed, prior to activity. You may experience some wound discomfort for a length of time after discharge.
- Eat well-balanced meals with high fiber to avoid constipation (e.g. fruits, vegetables, whole grain products).
- Do not strain at stool. A laxative or stool softener may be necessary until your bowels are regular.

## **Care of the Catheter**

You will be going home with an indwelling catheter (tube) to drain urine out of your bladder. The catheter will be removed as early as 7 days or in 2-3 weeks. As a result of having a catheter in your bladder, you may experience discomfort from contraction, since the bladder wall is sometimes irritated by this tube. It is common to feel a false sense of bladder fullness, and an urge to urinate. This sensation is normal, and medications are available to relieve these symptoms. Distinguishing between incision pain and bladder spasm discomfort is important, as taking the proper medications can provide relief.

In order to manage the catheter at home, you will need to understand catheter care and signs of urinary infection and bladder distention. Proper cleaning of the urinary catheter is essential in preventing urinary tract (bladder) infections and skin breakdown.

## **Cleaning the Catheter Exit Site**

Wash your hands with soap and water. Using a wet facecloth and soap, clean the catheter and skin around the catheter twice a day and as necessary. The catheter must be secured to the leg or lower abdomen using tape or a catheter strap.

## **Preventing Infection**

While the catheter is in place, it is important to observe the urine for colour, amount, odour and sediment. Normally, urine is a pale yellow to light amber colour, with an inoffensive odour. A small amount of sediment may or may not be present in the urine. Also, a small amount of discharge or leakage from around the catheter may be present.

It is recommended that you drink 1 – 2 litres of fluid daily as this will help keep your urine clear. An indwelling catheter might lead to urinary tract infection. If you suspect an infection in your bladder, contact your doctor immediately and increase fluid intake. If your doctor gives you a prescription for antibiotics, remember to take your antibiotics as ordered and complete the prescription.

## **Signs of Urinary Tract / Bladder Infection May Include:**

- Fever (temperature greater than 38.5° C).
- Chills.
- Increase in mucous and/or sediment, cloudy urine.
- Dull pain over the kidney area, lower back pain.

## **Bladder Distention**

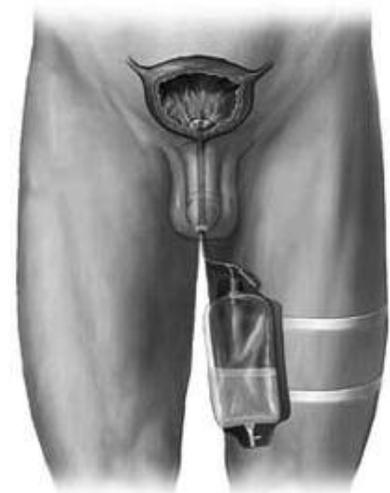
A catheter can occasionally block. When this happens, urine will not be able to drain and the bladder will become distended (over-full). If any of these signs of distention occur, contact your doctor.

*Signs of distention may include:*

- Full feeling in the bladder.
- No urine drainage
- Chills / perspiration
- Leakage around the catheter, with little or no urine coming through the catheter tubing.

## **Catheter Drainage Bags**

In addition to understanding how to care for your indwelling catheter, you will also need to become comfortable with a leg (day) bag and a night drainage bag. A leg bag is a smaller bag, attaches securely to your leg and can be easily hidden beneath your clothing. It should be used when you are in an upright position e.g. during the day and when you go out.

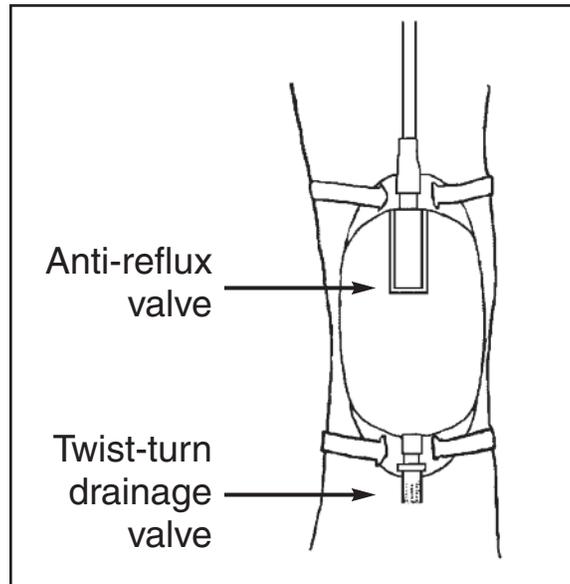


***Always keep the drainage bag below the level of the bladder.***

*To disconnect or change your leg drainage bag follow these steps:*

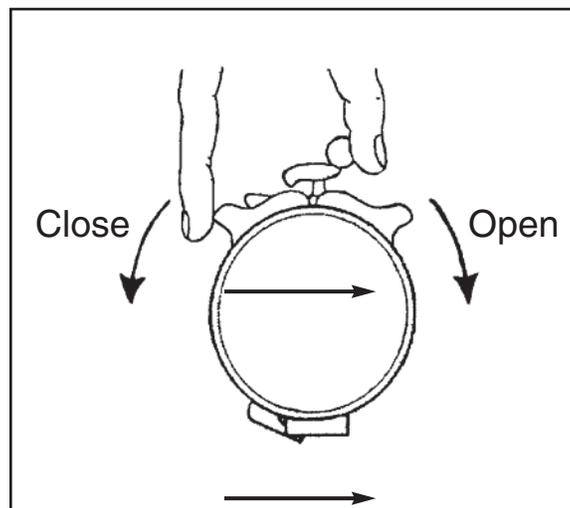
1. Place rubber straps through the holes in the bag on the thigh with the end marked up facing up.
2. Secure the leg straps on the thigh at a comfortable level, ensuring that the straps are on the underside of the bag (straps on the topside of the bag may inhibit flow of urine). The bag should be placed snugly.
3. Wash your hands prior to attaching the bag to the catheter.
4. Remove the protective cap from the top stem. Wipe the stem with an alcohol swab.
5. Firmly push the catheter over the stem. Place the protective cap on the stem of the night drainage bag for storage.

6. To empty the bag, position the twist-turn drainage valve over the toilet and twist valve counter-clockwise to drain bag.



7. To close, move the valve counterclockwise to closed position.
8. Clean the overnight drainage bag.

An *overnight drainage* bag is a larger bag and should be used during the night. It attaches to the catheter in the same manner as the leg bag. At night, attach the bag to the bed frame or sideboard with the hook or cord located on the rear of the bag. To empty the night bag, open the drain spout by moving the lever clockwise. To close, move counter clockwise until the lever snaps into the closed position.



## **Cleaning the drainage bags**

### *Supplies needed:*

- Face cloth and soap
- Leg and overnight drainage bag
- Alcohol swab or cotton balls and rubbing alcohol
- Vinegar

Drainage bags can be cleaned and deodorized by filling the bag with a solution of 2 parts vinegar and 3 parts water and letting it soak for 20 minutes. Hanging it with the emptying spout pointing downward can dry the drainage bag. Replace the bag as necessary. Bags may be purchased at most medical supply stores.

## **Call your urologist if you experience any of the following:**

- Chills or fever (temperature greater than 38.5°C).
- Increased discomfort, redness, incision separation, swelling or drainage around the incision.
- Increase in mucous and/or sediment, cloudy urine.
- Little or no urine drainage from catheter, with or without leakage around the catheter.
- Pain over kidney (flank) area, lower back pain.

## **Follow-Up**

Following discharge from hospital, expect to see your Urologist in about 1 – 3 weeks. After that, expect to see your Urologist on a regular basis. The PSA blood test should be completed 2 weeks before each visit to your Urologist.

During your visit to your Urologist after the surgery, the wound clips will be removed if present. At the time, your urinary catheter may also be removed. Following removal of the urinary catheter, return of continence (bladder control) is variable. Incontinence may be experienced immediately following the removal of the urinary catheter, however continence is usually regained over several months.

Various treatments are available for incontinence and should be discussed with your doctor as necessary. **You may consider bringing a small pad for your visit**, in the event that you experience some leakage of urine. Discuss any specific concerns you may have at this time with your Urologist and/or nurse.

## Pelvic Floor Muscle Exercises

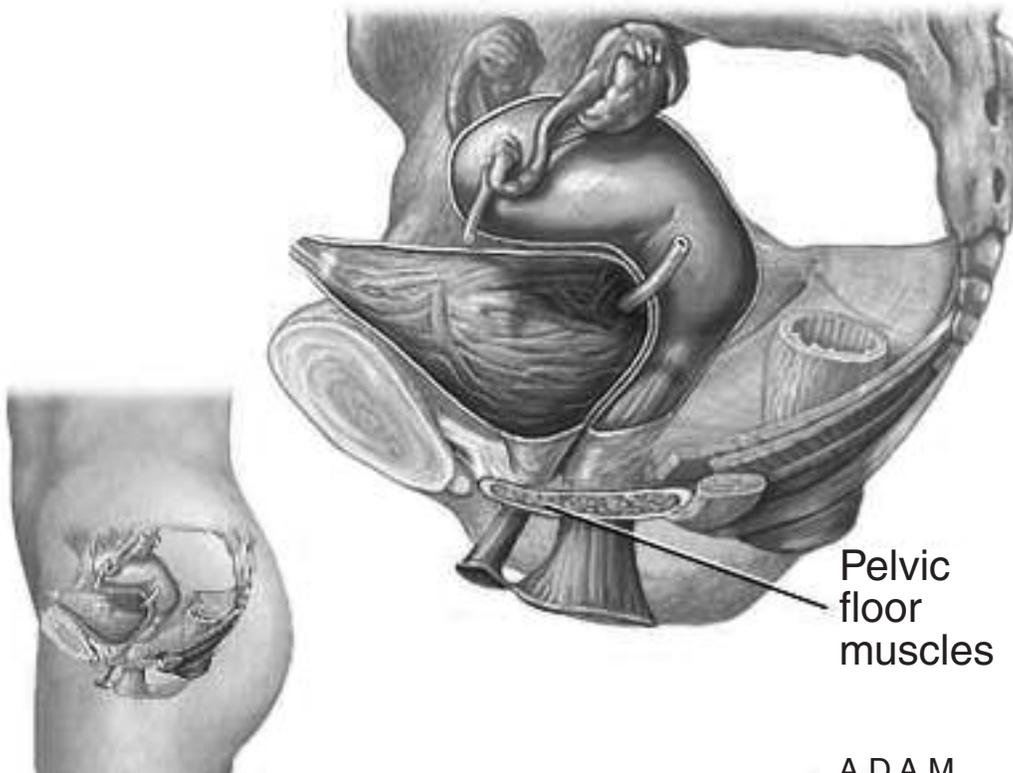
Pelvic floor muscle exercises have proven beneficial in reducing incontinence following radical prostatectomy. It is recommended that you start these exercises before your surgery and continue after your urinary catheter has been removed. Once the exercises have been regularly performed for five to six weeks, improvement should be evident.

Stand, sit or lie down with your knees slightly apart. Imagine that you are trying to hold back urine, or a bowel movement. Squeeze the muscles you would use to do that.

- **Squeeze** the muscles and hold for 5 to 10 seconds.
- **Relax** the muscles for about 10 seconds.
- **Repeat** the contractions 12 to 20 times.
- **Complete** these exercises three times per day.

To check that you are tightening the correct muscles, when you tighten, you should see your penis twitch and contract in. You should be able to feel the rectal muscle (the one you use to hold back bowel movements and passing gas) tighten. You can check this by touching the opening at the rectum as you are tightening the muscle. You should feel the opening contract at the same time.

Once the muscles are stronger and control is achieved, the strength can be maintained by doing one set of 10 exercises two or three times per week.



A.D.A.M.



*Please remove this page from the book and carry this paper in your wallet for the first eight (8) weeks after your surgery. Please present this paper to the health professional should you require a visit to Emergency.*

### **Emergency Visit Instructions**

#### **Important Information for Health Professionals**

This patient has recently undergone a Radical Prostatectomy. This patient may present to you with or without an indwelling urinary catheter. The catheter is usually removed as early as 7 days or within 2 – 3 weeks after surgery. Do not remove or change the catheter if one is currently in place. Under no circumstance should a urinary catheter be reinserted. It is imperative that the Urology Service is contacted and the patient re-assessed by Urology.

Insertion of a catheter by a non-urologist could result in serious consequences for this patient.

Montfort Hospital



## Resources

### Referral Documentation

Resources are provided for your information only and are not intended as a substitute for medical care. If you have any questions about your cancer treatment, you should talk to your doctor or other healthcare provider.

### Prostate Cancer Association (Ottawa)

Whether you are newly diagnosed or want to discuss your concerns, the Prostate Cancer Association (PCA) is available to you and your caregivers. The association provides information about prostate cancer, health organizations that relate to it and the association can facilitate contact with others who have been similarly afflicted so that experiences may be shared. Monthly meetings of the PCA are normally held on the third Thursday of each month.

#### *Information:*

Telephone: 613-828-0762

Website: [www.ncf.ca/pca](http://www.ncf.ca/pca)

Email: [pca@ncf.ca](mailto:pca@ncf.ca)

### Telephone Infoline and Websites

- Canadian Cancer Society's Cancer Information Service: Canadian Cancer Society [www.cancer.ca](http://www.cancer.ca). Telephone: 1-888-939-3333. The website provides general information in English and French on cancer treatment and support services.
- Canadian Prostate Cancer Association: [www.cpcn.org](http://www.cpcn.org)
- The Canadian Prostate Health Council: [www.canadian-prostate.com](http://www.canadian-prostate.com)
- Canadian Continence Foundation: [www.continence-fdn.ca](http://www.continence-fdn.ca) Tel: 1-800-265-9575
- National Cancer Institute (USA): [www.cancer.gov](http://www.cancer.gov)
- American Foundation of Urologic Disease: [www.afud.org](http://www.afud.org)
- Prostate Centre at the Princess Margaret Hospital, Toronto: [www.prostatecentre.ca](http://www.prostatecentre.ca)

## **Books and other materials**

- American Cancer Society's Complete Guide to Prostate Cancer. David G. Bostwick, 2005.
- Dr. Peter Scardino's Prostate Book. The Complete Guide to Overcoming Prostate Cancer, Prostatitis, and BPH. 2005.
- Prostate cancer: a comprehensive guide for patients, Jane Smith, 2003.
- Prostate Cancer: All you need to know to take an active part in your treatment. Goldenberg, S. L. (2001), Intelligent Patient Guide, Vancouver, Canada
- Our Voice is a quarterly publication for men who have already been diagnosed with prostate cancer. For a free subscription, send your name and address to:

Our Voice  
400 McGill St., 3rd Floor  
Montreal QC  
H2Y 2G1  
Tel.: 514-397-8833

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*This booklet was prepared by The Ottawa Hospital  
and adapted for the Montfort Hospital.  
October 2009*

*We hope this booklet has helped in  
providing you with important  
information regarding your  
Radical Prostatectomy Surgery.*







