Radical Prostactectomy

Patient information

Montfort
Hôpital universitaire
Academic Hospital

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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.

About Hôpital Montfort

Hôpital Montfort is Ontario's francophone academic hospital, providing exemplary, patient-centred care.

You are being admitted for a Radical Prostatectomy at the Montfort Hospital. Your hospital stay is planned for one night.

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.

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.

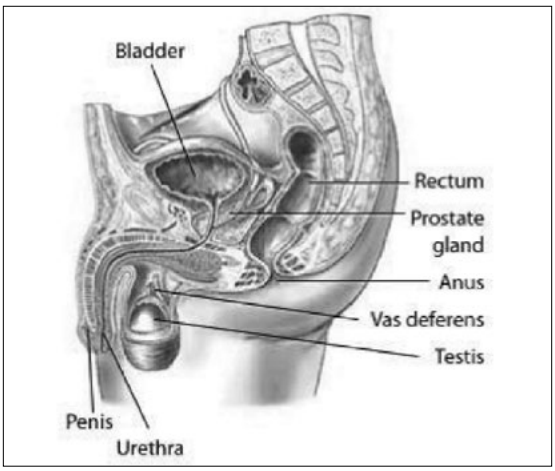
Nurses and Registered Nurses Assistants

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 nursing aid. 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.

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 amounds by the adrenal glands. The growth of the cancer cells in the prostate is stimulated by males hormones, especially testosterone.

Treatment for prostrate 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 prostrate 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 (a drain called the Jackson Pratt) 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. 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. You will spend a minimum of 30 minutes in this room, after which you will be transferred to a hospital room.

This surgrey 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 availabe 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 usally regained over several months.Some men may experience mild incontinence with coughing, sneezing, or exercise, which can be 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.

Preparing for Surgery

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

- Be sure to bring in telephone numbers from your support person, who will assist you after your surgery
- Make arrangements for help in the home, 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.
- 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.
- You will be given an instruction sheet for bowel preparation prior to surgery.

Day Before your Surgery:

- You may have a regular diet the day before surgery.
- You must be fasting starting at 11 p.m. Do not eat any solid food. You may drink water or apple juice only, up to 2 hours before your surgery, for a maximum of 1 cup (250 mL). Do not smoke or consume alcoholic beverages.
- If you were told to take your usual medications (such as blood pressure or heart medication) on the morning of your surgery, take them with a small sip of water only. Please follow the instructions provided by the clinicians during your pre-admission visit regarding these medications.

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-inflamma-tory) 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.

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.

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.

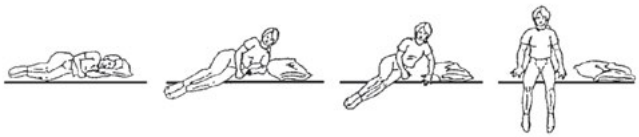
Moving and Positioning

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.

Getting Out of Bed

- Roll onto your side.
- 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.



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 re-member 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 practitioner.

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
- Jackson-Pratt drain care
- When to call the doctor
- Follow-up visit
- Emergency Visit Instructions

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

- You will have a waterproof dressing over your incision when you return home.
  This dressing can be removed 3 days after your surgery. Your incision will have stitches or staples, which will be removed by your surgeon at your follow-up appointment.
- You may shower even with your dressing in place. If you no longer have a dressing, gently pat the incision dry with a clean towel.
- You are strongly advised not to take a bath, go to the pool, or use a hot tub until your surgeon tells you otherwise.
- Swelling or bruising may appear around the wound. This may continue for several weeks.
- Observe your incision for increase redness, swelling, drainage or incision seperation.
- 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.
- It is very important to rinse well after cleansing to avoid leaving any soap residue.
- The catheter must be secured to the leg or lower abdomen using tape or a catheter strap.

The nurse will provide you with instructions on how to care for your urinary catheter at home.

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 occassionally block. When this happens, urine will not be able to drain and the bladder will become distended (over-full). If an 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.

Follow-up

Following discharge from hospital, expect to see your Urologist in about 3 weeks.

During your visit to your Urologist after the surgery, the wound clips will be removed if present.
At this time, your urinary catheter may be removed. Following removal of your drain (if still in place) and the urinary catheter, return of continence (bladder control) is variable. Incontinence may be experienced immediately following 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

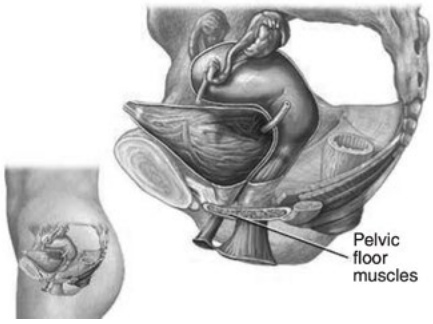
Pelvic floor muscle exercises have proven beneficial in reducing incontinence following radical prostatectomy. It is recommended that you start these exercises before your surgery and continue after your urinary catheter has been removed. Once the exercises have been regularly performed for five to six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



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
- Email: pca@ncf.ca

Information Lines and Websites

Canadian Cancer Society Cancer Information Service:

- www.cancer.ca
- Telephone: 1-888-939-3333
- This website provides general information in both French and English about cancer treatment and support services.

Canadian Prostate Cancer Network:

- www.cpcn.org

Canadian Continence Foundation:

- www.canadiancontinence.ca
- Tel: 1-855-415-3917

Clinical Pathway

	Pre-Admission	Day of Surgery	Post-Op Day 1
Tests	• Blood test	• Blood test (if required)	
Consults	• Anaesthesia		
Treatments		• Wound dressing • Urinary catheter • Intravenous (IV) • Jackson-PrattDrain (if required)	• Wound dressing • Urinary catheter • Wound drain • Removal of the IV, discharge home with a urinary catheter, and Jackson-Pratt drain removal as needed.
Medications		• Patient specific medications • Pain medication • Oxygen (if required) • Anticoagulant	• Patient specific medications • Pain medication • Oxygen (if required) • Anticoagulant
Activity		• Mobilization at the bedside starting the evening of surgery • Deep breathing & coughing exercises • Spirometry • Foot and ankle exercises	• Chair with assistance • Walk short distance and progress to longer walks throughout the day with minimal assistance • Deep breathing & coughing exercises
Nutrition		• Nothing by mouth after midnight • Fluids after surgery	• Regular diet
Patient Teaching / Discharge Planning	Review of Clinical Pathway instructions & patient booklet: • Bowel prep • Kegel exercises • Discuss discharge plans	Patient teaching: • Pain management • Activity • Breathing exercises • Medication • Diet	Patient teaching: • Pain management • Activity • Catheter care and drainage system • Diet • Review discharge plans

Avertissement

Ce guide d'enseignement ne vise pas à remplacer les conseils de votre médecin.

Veuillez consulter votre médecin afin de déterminer si l'information présentée dans ce guide s'applique à votre situation.

Ce livret a été préparé par l'Hôpital d'Ottawa et adapté pour l'Hôpital Montfort.

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