Arthur L. Burnett, M.D.

Discharge Instructions
Radical Retropubic Prostatectomy

DIET

You may eat and drink whatever you wish. Alcohol consumption in moderation is acceptable. Adjust your diet so that you avoid constipation. If you do become constipated take mineral oil and milk of magnesia. Do not have an enema - for the first 3 months after surgery your rectal wall is very thin and you may injure yourself. It is important to drink plenty of fluids while the catheter is in place; enough to keep the urine in the tubing (just past the catheter) clear. The urine in the collection bag will almost always be blood tinged, but that is not important as long as the urine in the tubing is pink to clear.

AMBULATION

After you are discharged from the hospital you must avoid heavy lifting and vigorous exercise (calisthenics, golf, tennis, vigorous walking) for a total of 8 weeks from the day of surgery. It takes at least 8 weeks for firm scar tissue to develop in both your wound and in the areas where you underwent surgery. You may climb stairs slowly. Take frequent short walks during the day (6-8) for 5 minutes or so like you did in the hospital while the catheter is in place. After catheter removal, there is no limitation on walking.

During the first 4 weeks you are at home do not sit upright in a firm chair for more than 1 hour. I prefer having you sit in a semi-recumbent position (in a reclining chair, on a sofa, or in a comfortable chair with a footstool). This accomplishes 2 goals: 1) it elevates your legs, thereby improving drainage from the veins in your legs which will reduce the possibility of clot formation (see below); and 2) it avoids placing weight on the area of your surgery in the perineum (the space between the scrotum and the rectum). While at home I would like you to have your Foley catheter connected to the large bedtime drainage bag. If you use only the large collection bag there is no need to disconnect anything and no cleaning is required. There are no other serious restrictions. You may take off the support stockings 4 weeks after surgery and you may drive your car several days after catheter removal.

You may shower after discharge. The water will not harm the incision or the catheter. You may want to cover up the tape holding the catheter to your leg with a “baggie” or plastic wrap to avoid getting it wet.

PROBLEMS

Bleeding- It is not uncommon to have a bloody discharge around the catheter when you strain to have a bowel movement; do not become concerned; it will stop. Also, do not worry about some blood in the urine; it may arise from vigorous walking, the ingestion of aspirin or Motrin, or it may occur spontaneously. If this occurs, force fluids.

This will dilute out the blood so that it does not clot off the catheter and will encourage the cessation of bleeding. Blood in the urine usually has no significance and spontaneously resolves on its own.

Leakage around the catheter - This is very common, especially when you're up walking around. The tip of the catheter is not in the most dependent part of the bladder; the balloon that holds the catheter in the bladder elevates the tip of the catheter away from the bladder neck. For this reason, when walking many patients have leakage around the catheter. This can usually be managed through the use of diapers or other absorbent materials. If your catheter stops draining completely, lie down flat and drink a lot of water. If after 1 hour there is no urine coming through the catheter it is possible that your catheter has become obstructed or dislodged. At that point call me (see below).

Bladder Spasm - While the catheter is in place, it is not unusual to have a strong sudden desire to urinate with pain over the bladder area and simultaneous leakage of urine or blood around the catheter. This is called a bladder spasm and commonly occurs at the time of a bowel movement. If it occurs you should lie down until the discomfort passes. If bladder spasm becomes frequent and bothersome, Motrin or Advil can be used to help stop the spasm. These medicines should not be used if the urine is still bloody because they could lead to clotting of the catheter.

Wound - The wound should heal satisfactorily with the steri-strips serving to hold the skin edges together only and they may be removed entirely within 3 weeks. Many patients develop some drainage from the wound once they go home. This can either be clear fluid (a seroma) or a mixture of blood and pus. In either instance it usually can be treated simply. If the wound should open, obtain some hydrogen peroxide and Q-tips; soak the Q-tip in the hydrogen peroxide and place it through the opening in the wound. This will keep the opening from closing until all the material has drained. I suggest that you shower in the morning washing this area thoroughly (you cannot hurt it). After your shower use the Q-tip and then place a dressing over the site. Repeat the Q-tip and dressing before you go to bed that night. Feel free to call me for further advice (see below).

Clots in the legs - During the first 4-6 weeks after surgery, the major complication that occurs in 1-2% of men is a clot in a vein deep in your leg (deep venous thrombosis). This can produce pain in your calf or swelling in your ankle or leg. These clots may break loose and travel to the lung producing a life threatening condition known as pulmonary embolus. A pulmonary embolus can occur without any pain or swelling in your leg- the symptoms are chest pain (especially when you take a deep breath), shortness of breath, the sudden onset of weakness or fainting, and/or coughing up blood. If you develop any of these symptoms or pain/swelling in your leg, call me. Also, you should immediately call your local physician or go to an emergency room and state that you need to be evaluated for deep venous thrombosis or pulmonary embolism. If the diagnosis is made early, treatment with anticoagulation is easy and effective.

If you are traveling home from the hospital in a car, stop the car every 45-60 minutes and walk around the car to prevent the blood from pooling in the legs.

Urinary Tract Infection - Urinary tract infections are not uncommon following catheter drainage. They can be manifested in several ways. Before the catheter is removed the urine may become permanently cloudy (see below), there may be purulent drainage around the catheter, and there may be continuous pain at the end of the urethra. This suggests that you may have a urinary tract infection (drainage of mucous around the catheter is normal). Also, it is not unusual for some bacteria to be present in the urine. For this reason, many urologists will place you on an antibiotic for a few days after the catheter has been removed.

Urinary sediment - It is not uncommon for there to be some sediment in the urine. This can be manifested in a number of different ways. Old clots may appear as dark particles which occur after the urine has been grossly bloody. With hydration these will usually clear spontaneously. Also, the pH (acidity or alkalinity) of the urine changes throughout the day. After a meal the urine oftentimes becomes alkaline. There are normal substances in the urine called phosphates. They precipitate out in alkaline urine and form cloudy masses in the urine. If you see these periodically do not be concerned. This is a normal phenomenon. Finally, if the urine is persistently cloudy this suggests that an infection may be present (see above).

Pain - Abdominal pain is common, but it is not located where you would expect it (i.e., in the midline). Rather it is either on one side or the other of the midline (it rarely hurts equally on both sides). The pain is from irritation of the abdominal muscles; sometimes it is where the drainage tubes exited. It will resolve spontaneously. Try to avoid activities that bring it on. It is very common to have a deep feeling of discomfort in the perineum (between the scrotum and rectum), especially after sitting. The pain is coming from the area where the operation took place and will disappear with time. Avoid sitting for a long time if it is bothersome. Discomfort in the testicles is very common after radical prostatectomy because the spermatic cord (attached to the testicle) is stretched during the operation. This discomfort will disappear in time. If bothersome, use Motrin or Advil if the urine is clear.

Swelling – It is very common to have swelling and discoloration of the scrotum and the penile skin after radical prostatectomy. This is simply fluid that has not been reabsorbed. It is not harmful. If the scrotum is swollen, put a rolled hand towel underneath the scrotum to elevate it when lying down.

Catheter removal - Your catheter should be removed approximately 2 weeks from the day of surgery. On the day you are going to have your catheter removed drink a lot of fluids before you arrive at the office. On that day I am only concerned whether or not you are urinating with a strong stream. The recovery of urinary control takes longer (see below). At the time that you are scheduled to return for catheter removal, antibiotic coverage will be necessary. Catheter removal in our clinic necessitates that you obtain your antibiotics from a prescription that has been provided to you with your discharge papers.

URINARY CONTROL

Problems with urinary control are common once the catheter is removed. Do not become discouraged. Urinary control returns in 3 phases: Phase I - you are dry when lying down at night; Phase II - you are dry when walking around; Phase III - you are dry when you rise from a seated position. This is the last component of continence that returns. Everyone is different and, for this reason, I cannot predict when you will be dry. To speed up your recovery, practice stopping and starting your urinary stream every time you void. To do this, you must stand up to urinate. To shut off your urinary stream, contract your pelvic urinary control muscles which are identified when you see your urinary stream stop. Sustain this contraction for 10 seconds, and then you may release your hold to let the stream pass again briefly. If you are able, repeat the 10 second contraction, again observing your stream to stop. Only perform these exercises when you urinate. Do not do them at other times because you will fatigue the sphincter muscle. Until your control returns completely wear a pad or disposable diaper. You can obtain Depends, an adult diaper, from your local grocery store. Some patients prefer using a Serenity pad and others like a product called ConFiDenS, which is a specialty type of either jockey underwear or boxer short. For information on ConFiDenS please write to: CFDS Dept. REO, 2245 D Rome Drive, P.O.Box 88319, Indianapolis, IN 46208 or telephone (317)-291-4423. Do not wear an incontinence device with an attached bag, a condom catheter, or a clamp. If you do, you will not develop the muscular control necessary for continence. Until your urinary control returns, avoid drinking excessive amounts of fluids. Also, limit your intake of alcohol and caffeine- both will make the problem worse. Once the catheter is removed, limit fluids to the amount necessary to satisfy your thirst.

If you develop a red painful rash you may have a fungal infection, especially if you were treated with antibiotics. This usually responds well to treatment with Lotrimin cream, a non-prescription formulation that can be purchased over the counter.

SEXUAL FUNCTION

Erections return gradually. Be patient. As I told you before the operation, the return of sexual function varies depending upon the age of the patient and the extent of the tumor. There are some patients who don't recover potency until two years after surgery. Furthermore, most patients continue to experience improvement of erections over the long term after the operation. Erections return gradually and quality improves month by month. The stimuli for erection during the first year will also be different. Visual and psychogenic stimuli will be less effective and tactile sensation will be more effective. Indeed, the major stimulus for erections during the first year postoperatively is tactile sensation. For this reason, do not be afraid to experiment with sexual activity - you can do no harm. If you obtain a partial erection, attempt vaginal penetration. Lubrication of the vagina with K-Y jelly can help. Vaginal stimulation will be the major factor which encourages further erections. Do not wait until you have the "perfect erection" before attempting intercourse. In addition, you should be able to have an orgasm even if you do not have an erection. With orgasm there will be no emission of semen because the prostate and seminal vesicles have been removed. When erectile function begins to return many patients complain that they lose their erections when they attempt intercourse. This is caused by a venous leak. This can be overcome by placing a

soft tourniquet at the base of the penis before foreplay. The purpose of this tourniquet is to retain the blood in the penis once blood flow increases secondary to stimulation. Do not worry; the tourniquet will not impede the flow of blood into the penis. My patients have told me that rubber bands, ponytail holders, or “erection rings" (which can be obtained from novelty stores) work.

COMMUNICATION WITH DR. BURNETT

If you have any problems when you are at home, call me at (410) 614-3986 between 9:00AM and 5:00PM. My secretary will arrange for us to speak. If it is an emergency my secretary will get in touch with me. If you have an emergency at night or on a weekend call The Johns Hopkins Hospital- (410) 955-6070 and ask for the urology resident on call who may then reach me. My fax number is (410)-614-3695.

LONG-TERM EVALUATION

I would like to speak to you by phone 1 week after catheter removal, to review your progress if catheter removal is done elsewhere than with me or my clinical staff. You should have a PSA measurement done at 3 months either at the time of a clinic visit with me or with your local physician, prior to arranging a telephone consultation with me. PSA measurement is the only follow-up exam that is needed thereafter and should be done at 6 month or 12 month intervals depending upon the final pathology report.

Many patients have told me that they would like to share their experiences with others to help them navigate the uncharted waters of diagnosis, treatment and recovery. If you or your wife would like to share your personal story, please contact my secretary at 410-614-3986. She will put your name on our list of volunteers who are willing to talk to others about their experience.

I am proud to be the author on two publications which you may also find helpful as you continue your journey as a prostate cancer survivor. **Prostate Cancer Patients Speak Their Minds** combines personal stories of men who have defeated prostate cancer with expert medical advice and supplemental observations from me. The **Johns Hopkins Patients' Guide to Prostate Cancer** is a concise, “how-to” guide that explains prostate cancer treatment from start to finish. Both books are available on Amazon.com or at national booksellers such as Barnes and Noble and Borders.

Finally, patients frequently ask how they can help support the research programs of The Brady Urological Institute. The Brady is the premier urology research center in the world. Here we are pioneering basic science, clinical, and surgical advances in the fight against prostate cancer. In addition to my clinical and surgical practice, I run a fully equipped research lab with five full-time staff. We focus on improving and preserving erectile and voiding dysfunctions which occur as a result of pelvic disorders and traumas, including prostate cancer surgery. We are particularly optimistic about our investigations regarding the development of specialized drugs to better preserve erectile function for men undergoing radical prostatectomy.

Despite these promising research findings, there are some clouds on the horizon. In real dollars, funding for cancer research is lower than it has been in the last 36 years. Even current grants from the National Institutes of Health and the National Cancer Institute are being funded at much lower levels than we request. Private philanthropic support is critically needed from people like you - people who have a personal stake in our fight against prostate cancer, the leading cancer affecting men of all races in the United States today.

If you have an interest in supporting my research and our ongoing investigations at the Brady through a financial contribution, please contact Lisa Hammann, Senior Associate Director of Development, at 443-948-6418 or lhamman1@jhu.edu for more information. Tax-deductible gifts can be made to "Johns Hopkins Medicine" and mailed to The Brady Urological Institute, The Fund for Johns Hopkins Medicine, 600 North Wolfe Street, Marburg 135, Baltimore, MD 21287.

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