

DISCHARGE INSTRUCTIONS

Dr. Ronald Rodriguez, M.D., Ph.D.

CATHETER REMOVAL: Once you leave the hospital, please call 410-955-6101 for your catheter removal appointment at Hopkins. The catheter should stay in for at least 2 weeks after surgery. The nursing staff will remove your catheter when you come in. If your catheter is not removed at Hopkins please call my office at 410-614-6662 to give us the name, address and fax number of the physician who will remove your catheter.

NOTE: PLEASE TAKE ANTIBIOTICS (*one pill twice a day*) STARTING THE DAY BEFORE CATHETER REMOVAL.

DIET

You may eat and drink whatever you wish. You may wish to increase your fresh fruit and vegetable intake to keep your stools soft. If you do become constipated take mineral oil and milk of magnesia (alternate one in the morning, the other at night). Alcohol consumption in moderation is acceptable. Do not have an enema--for the first 3 months after surgery your rectal wall is thin and you may injure yourself.

AMBULATION

After you are discharged from the hospital you must avoid heavy lifting and vigorous exercise (calisthenics, golf, tennis, cycling, and vigorous walking) for a total of 6 weeks from the day of surgery. It takes at least 6 weeks for firm scar tissue to develop in both your incision and in the areas where you underwent surgery. If you engage in strenuous activity before that time you might disrupt the delicate connection between your bladder and urethra; this could lead to long-term problems with urinary control or a hernia in the incision. 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). You may take off the support stockings after the Foley catheter is removed and you may drive after the Foley catheter has been removed. You are allowed to drive short distances after your catheter is removed. You may ride in a car at any time. If you take a long trip in a car, you need to stop at least once an hour to get up and stretch your legs. This will minimize the risk of blood clots forming.

CATHETER CARE

While at home I would like you to have your Foley catheter connected to the large bedtime drainage bag most of the time. The leg bag should only be used occasionally if you plan to go out of the house. Drink 4-6 glasses of water in a 24-hour period. This helps keep your urine clear. It is normal for your urine to be pink tinged to bloody during the next 2 weeks, especially with walking and bowel movements. Increasing fluids will usually make the urine clear again. If your catheter is not draining, make sure that it is not kinked. This can happen, particularly where the tape is located. If there are no kinks and the urine is not flowing, please notify our office immediately. Sometimes a blood clot can occlude the opening in the bladder and the catheter needs to be irrigated. You may notice a pink colored mucus type discharge at the tip of your penis. This is normal. You can use a warm soapy washcloth to cleanse the area 3 times a day and then apply antibiotic ointment.

Leaking around the catheter - This is very common, especially when you're up walking around. The tip of the catheter is not in the lowermost 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 you are up walking around

you may 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). If we ask you to go to your local emergency room to have your catheter irrigated, **do not** let them remove your catheter without talking to me or one of my colleagues first.

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).

INCISION

Your drain will be removed prior to your discharge in most cases. You may shower the day your drain is removed. Do not take tub baths until your catheter is removed. Do not use a hot tub or swim in the ocean for 3 weeks. You may swim in a pool at 3 weeks with common sense. Many patients develop some drainage from the incision after 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. 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 patent 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 the steri-strips over the incision will begin to curl at the edge and fall off on their own. Do not pull them off until that time.

PROBLEMS

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 also 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** and 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.

Urinary Tract Infection - Urinary tract infections are not uncommon following placement of a catheter and removal. They can be manifested in several ways. Before the catheter is removed the urine may become permanently cloudy (see below) or you may develop some painful purulent drainage around the catheter. This suggests that you may have a urinary tract infection. Please call me and I may prescribe an antibiotic. 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 often times becomes alkaline. There are normal substances in the urine. If you see these periodically do not be concerned. This is a normal phenomenon. However, 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 during surgery; sometimes it is where the drainage tubes exited. It will resolve spontaneously. Try to avoid activities that bring it on. You may also experience some discomfort in your penis and scrotum. **Please note it is very normal for both the penis and scrotum to be swollen and discolored for about 1-2 weeks.**

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 buttocks muscles tightly (Kegel exercises). Perform these exercises every time you urinate. When you practice the exercises at times other than when you void, try not to fatigue the sphincter muscle. Only perform the “Kegel” exercises when not voiding in the morning and early afternoon. 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 special 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 unless I talk to you about this. If you do, you will not develop the muscular control necessary for continence. Until your urinary control is perfect avoid drinking excessive amounts of fluids. Also, limit your intake of alcohol and caffeine; both will make the problem worse. 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. Again I emphasize that urinary control takes time. Do not get discouraged.

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, you should 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 little emission of semen because the prostate and seminal vesicles have been removed. When erectile function returns many men 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. Many patients have told me that rubber bands, ponytail holders, or “erection rings” (which can be obtained from novelty stores) work. It is preferred to start injection therapy, a vacuum erection device, or the oral pill (Viagra) at one month following surgery if spontaneous erections do not occur.

COMMUNICATION

If you have any problems while you are at home please feel free to call my nurse or myself directly. The phone numbers are (Dr. Rodriguez's office) 410-614-6662, (clinic) 410-955-6101. If you should have a problem during the night or on a weekend call the Johns Hopkins Hospital 410-955-6070 and ask for **THE UROLOGY RESIDENT ON CALL**. The paging operator will put your call through. Please be patient, these pages sometimes take as long as five to ten minutes. If for some reason you need to speak to me and you are not able to get through to someone above, you may call me directly. If I am not out of town, I can usually be contacted in this way. The phone numbers are listed below. I only ask that you reserve such calls for urgent matters. If at any point you are seen by another physician, especially in an emergency room, please provide them with these phone numbers as well:

Home Phone Number: 410-489-5054
Cell Phone Number: 410-917-7978
Pager: 410-283-9550

LONG-TERM EVALUATION

I would like your first PSA 3-months after your surgery, then at 6 months and then every six months thereafter. I would like to receive these reports by fax (443-287-1010) at regular intervals so that I can follow your progress.

It has been wonderful taking care of you. I hope you will always consider me as your urologist and your friend. Good luck.

Ronald Rodriguez, M.D., Ph.D.