

**John M Cannon, MD**  
Urology and Urologic Surgery  
1770 Long Pond Road, Suite 101  
Rochester, NY 14606  
Telephone (585)244-8110  
Fax (585)244-9435  
www.cannonurology.com

## **Laparoscopic Robotic Assisted Radical Prostatectomy Surgery**

### **Preparation for surgery**

**Pre-Surgical Testing:** You will receive a call from HH pretesting approximately 1-2 weeks prior to set up this appointment. Pre-surgical testing is very important; if you do not receive a call from them, please contact Pre-Surgical Testing at 585-341-6707. Your procedure could be canceled if you do not have pre-surgical testing.

**If you see a Cardiologist:** You will need to notify them of the surgery, as you will need cardiac clearance prior to your procedure. **CALL YOUR CARDIOLOGIST WELL IN ADVANCE OF YOUR PROCEDURE; IF THEY NEED TO SEE YOU FOR CLEARANCE, YOU WILL HAVE TIME TO DO SO PRIOR TO YOUR SURGERY.** Your clearance can be faxed to us at 585-244-9435. **Please speak with your Cardiologist** regarding permission to stop aspirin and/or any other blood thinners you may be taking.

**Medications to Avoid 7 Days Prior to Surgery:** Fish oil, Vitamin E, Alka Seltzer, Aspirin, Brilinta, Celebrex, Coumadin, Eliquis, Lovenox, Plavix, Pradaxa, Ticlid, Warfarin, Xarelto and some other arthritis medications that can cause bleeding.

**Medications to Avoid 3-5 Days Prior to Surgery:** Advil, Ibuprofen, Motrin, Voltaren, Vioxx.

**Questions?** Please contact Dr. Cannon's office (585-244-8110) if you are unsure about which medications to stop prior to surgery. Do not stop any medication without contacting the prescribing doctor to get their approval. You may take acetaminophen (Tylenol) if needed. If you have flu like symptoms or feeling ill 2-3 days before surgery, please notify us.

**Surgical Arrival Time:** Call **585-341-6707** between **1:00 pm and 4:00 pm the day prior to your procedure** for arrival time. **NOTE:** If your procedure is on a Monday, you will need to call the number the Friday before.

### **Bowel Preparation and Clear Liquid Diet:**

1. The last solid food you should consume is at **12:00 Noon the day before** the scheduled surgery. Following that meal you should only consume clear liquids, defined as, any liquid you can see through: apple juice, water, beef/chicken broth, black coffee/tea – no milk or cream. You may have clear liquids **up to 5 hours** prior to your procedure.
2. Obtain **three Fleets enemas** from a pharmacy. Use two of the enemas between 6 pm and 10pm the night before your surgery. If you evacuate, and it is not clear after the second enema, use the third,
3. Obtain **1 large quart of Gatorade** (any flavor). You will need to start drinking at 6:00 pm the night prior to your scheduled surgery for hydration.
4. Two weeks prior to your surgery, start taking one multi-vitamin daily. **FOUR** days before your surgery stop taking the multi-vitamin.
5. **As of 5 hours before your surgery you should not eat or drink anything.**

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Potential Risks and Complication Although this procedure has proven to be very safe, as in any surgical procedure there are risks and potential complications. The safety and complication rates are similar when compared to the open surgery. Potential risks include:

**Bleeding:** Although blood loss during this procedure is relatively low compared to open surgery, a transfusion may still be required (in <1% of patients) if deemed necessary by your surgeon either during the operation or afterwards during the postoperative period.

**Infection:** All patients are treated with intravenous antibiotics, prior to the start of surgery to decrease the chance of infection from occurring within the urinary tract or at the incision sites.

**Adjacent Tissue / Organ Injury:** Although uncommon, possible injury to surrounding tissue and organs including bowel, vascular structures, pelvic musculature, and nerves could require further procedures. Transient injury to nerves or muscles can also occur related to patient positioning during the operation.

**Hernia:** Hernias at incision sites rarely occur.

**Conversion to Open Surgery:** The surgical procedure may require conversion to a pure laparoscopic procedure (performed without the robotic system) or even to the standard open operation if extreme difficulty is encountered during the robotic procedure (e.g. excess scarring or bleeding). This could result in a standard open incision and possibly a longer recuperation period.

**Urinary Incontinence:** As in open surgery, urinary incontinence can occur following robotic prostatectomy, but often improves over time.

**Erectile Dysfunction:** Similar to open surgery, a nerve-sparing technique is attempted during robotic dissection of the prostate gland unless there is obvious involvement of the nerve tissue by tumor. The return of erectile function following prostatectomy is a function of the age of the patient, degree of preoperative sexual function, technical precision of the nerve-sparing technique, and time.

**Urethrovesical Anastomotic Leakage:** Transient small urinary leakage can occur at the connection between the bladder and urethra following both open and robotic prostatectomy and often resolves without further intervention within a few days to up to a week. The urinary catheter will remain in place until the leakage has stopped.

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### **WHAT TO EXPECT AFTER SURGERY**

#### During your hospitalization

Immediately after the surgery you will be taken to the recovery room, then transferred to your hospital room once you are fully awake and your vital signs are stable.

**Hospital Stay:** Length of hospital stay for most patients is 1 - 2 days.

**Diet:** You can expect to have an intravenous catheter (IV) in for 1-2 days. (An IV is a small tube placed into your vein so that you can receive necessary fluids and stay well hydrated; in addition it provides a route to receive medication.) Most patients are able to tolerate clear liquids the first day after surgery and can then ease gradually over a few days back to a regular diet. You may start with easily digested foods like soup and crackers and toast.

**Post Operative Pain:** Pain medication can be controlled by injection (pain shot) administered by the nursing staff. You may experience minor transient shoulder pain (1-2 days) related to the carbon dioxide gas used to inflate your abdomen during the laparoscopic surgery. Many can go home on tylenol only for pain control.

**Bladder Spasms:** Bladder Spasms are commonly experienced as a moderate cramping sensation in the lower abdomen or bladder and are quite common after prostatectomy. These spasms are usually transient and often decrease over time. If severe, medications can be prescribed by your doctor to decrease the episodes of these spasms.

**Nausea:** You may experience transient nausea during the first 24 hours following surgery, which can be related to the anesthesia. Medication is available to treat persistent nausea.

**Urinary Catheter:** You can expect to have a urinary catheter (Foley) draining your bladder (which is placed in the operating room under anesthesia) for approximately 1-2 weeks after the surgery. It is not uncommon to have blood-tinged urine for a few days to a week after your surgery.

**Pelvic Drain:** A drain tube from the area of surgery may be used but is unusual. This is usually kept in place for 2-3 days.

**Fatigue:** Fatigue is common and should start to subside in a few weeks.

**Incentive Spirometry:** You will be expected to do some very simple breathing exercises to help prevent respiratory infections by using an incentive spirometry device (these exercises will be explained to you during your hospital stay). Coughing and deep breathing is an important part of your recuperation and helps prevent pneumonia and other pulmonary complications.

**Ambulation:** On the day after (or the same day for morning surgery) surgery it is very important to get out of bed and begin walking with the supervision of your nurse or family member to help prevent blood clots from forming in your legs. You can expect to have SCD's (sequential compression devices) along with tight white stockings on your legs to prevent blood clots from forming in your legs while you are lying in bed.

**Constipation/Gas Cramps:** You may experience sluggish bowels for several days following surgery as a result of the anesthesia. Suppositories and stool softeners are usually given to help with this problem. Taking a teaspoon of mineral oil daily at home will also help to prevent constipation. Another option is over the counter stool softeners(i.e. Colace). Narcotic pain medication can also cause constipation and therefore patients are encouraged to discontinue any narcotic pain medication as soon after surgery as tolerated.

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### **WHAT TO EXPECT AFTER SURGERY**

#### What to expect after discharge from the hospital

**Pain Control:** You can expect to have some incisional discomfort that may require pain medication for a few days after discharge, and thereafter Tylenol should be sufficient upon returning home to control your pain.

**Showering:** You may shower at home. Your wound sites can get wet. Tub baths can soak your incisions and therefore are not recommended in the first 2 weeks after surgery.

**Incisions and suture:** Your incisions will be closed with skin staples and this area is covered with a waterproof cover. These are to be removed 7-10 days after surgery by Dr. Cannon in the office. If these come off, or water gets underneath, then the cover over the staples can be removed before you see Dr. Cannon.

**Follow up cystogram appointment:** The first postoperative appointment will be to remove the catheter, usually done at 1-2 weeks after surgery. Dr. Cannon will decide on the timing of this. At this appointment you may undergo a cystogram (if determined necessary by Dr. Cannon) in a radiology department. The cystogram is an X-ray study of the bladder that determines whether the bladder has healed completely to the urethra. At that same visit, Dr. Cannon will decide on whether the catheter can be safely removed after reviewing your cystogram X-ray films or whether it will need to remain for a longer period of time to allow for healing. Most people will have some difficulty initially with urinary control at the time the catheter is removed. Therefore, come to the office with a small supply of adult diapers (like ATTENDS or DEPENDS) that can be purchased at any drug store. Once your catheter is removed it is recommended that you avoid caffeine, alcohol, and excessive fluid intake for 1-2 months as this can aggravate incontinence.

**Pathology Results:** Pathology results are usually available approximately 7 days following surgery. These results will be reviewed with you in the office.

**Long-term Follow-up:** A prostate-specific antigen (PSA) test is drawn at three months following surgery. Patients are evaluated every 3-6 months.

**Diet:** You may return to your normal diet immediately upon discharge from surgery. However, adhering to foods such as rice, soups, noodles and avoiding high fiber meals (e.g. vegetables such as celery) is advised as your intestines may take up to a week to recover from the surgery and anesthesia. Because of the raw surface in your bladder and urethra, alcohol, spicy foods and drinks with caffeine may cause some irritation or sense of the need to void despite the fact that the catheter is emptying the bladder. If these foods don't bother you however there is no reason to avoid them in moderation. More importantly is to keep your urine flowing freely, drink plenty of fluids during the day (8-10 glasses). The type of fluids (except alcohol) is not as important as the amount. Water is best but juices, coffee, tea, soda are all acceptable.

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Discharge Instructions continued

### **ACTIVITY:**

Your physical activity is to be restricted, especially during the first two weeks home. During this time use the following guidelines:

- a. Walking 6-8 separate short walks a day is advised to prevent blood clots from forming in the legs or pneumonia in the lungs.
- b. Climbing stairs is permitted if necessary but should be taken slowly. Climbing stairs is otherwise not a necessary activity in terms of exercise.
- c. No lifting heavy objects (anything greater than 10 lbs)
- d. No driving a car for 10 days and limit long car rides.
- e. No strenuous exercise for 6-8 weeks. Following this, patients can return to their normal activities of daily living.

### **BOWELS:**

Your bowels should return to normal after the surgery (over the course of 2-4 weeks) though pain medications can cause constipation and therefore should be discontinued as soon as tolerated. The rectum and the prostate are next to each other and any very large and hard stools that require straining to pass can cause bleeding in the urine. Use a mild laxative (e.g. milk of magnesium) or stool softener (e.g. colace) if needed and call if you are having problems.

### **MEDICATION:**

You should resume your pre surgery medication unless told not to. We recommend staying off aspirin or aspirin-containing products until after the catheter comes out following surgery. You will be given a prescription for pain pills (e.g. Vicodin) for incisional discomfort. Most men following robotic prostatectomy rely only on extra strength Tylenol at home and do not require narcotic pain medication.

### **HYGIENE:**

You may shower or bathe as soon as you get home. Dab your incision sites dry following a shower and avoid heavy creams or ointments on your incisions. Keeping them dry and open to air is adequate.

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PROBLEMS YOU SHOULD REPORT TO US: Please call Dr. Cannon's office at 585-244-8110.

- a. Fevers over 101 degrees Fahrenheit as this may be a sign of infection.
- b. Heavy bleeding or clots in the urine.
- c. Calf or thigh pain or swelling as this may be a sign of a blood clot.
- d. Difficulty breathing or chest pain as this may be a sign of a pulmonary embolus or heart attack.
- e. Skin rash or hives as these may be signs of potential medication reactions.
- f. Nausea, vomiting, diarrhea which may be a sign of infectious diarrhea (e.g. clostridium difficile)
- g. Call immediately if your catheter stops draining completely or falls out.

### **CATHETER CARE:**

Your catheter is very important to allow healing of the bladder to the urethra. The catheter should drain your bladder continuously. It should not be put on tension at any time. If you feel pulling or tugging, this means that your catheter needs to be fastened higher up on your leg to allow for some slack on the catheter as you move and walk. Your surgeon should be notified immediately if the catheter stops draining completely or if it falls out.

The urine collection bag must be positioned at all times below the bladder for proper draining by gravity. Drain the bag before it gets too full as this will result in a back up of urine in the bladder. Although use of the larger collection bag is advised, a smaller leg bag is available and can be worn under clothing. The larger bag is required at night as the smaller bags are likely to fill up too quickly.

The tip of the penis may get sore from catheter irritation. Use plain soap and warm water to wash this area daily. You may use Vaseline to prevent dryness and discomfort at the tip of the penis. A small amount of blood-tinged urethral secretions or even urine may leak around the catheter at the tip of the penis especially during bowel movements. This occurs due to mild straining and is completely normal.

It is common for your urine to turn pink or red-tinged as you become more active simply from the catheter rubbing against your bladder lining. If this occurs, reduce your walking and increase your fluid intake. It is permissible to bring the urine collection bag in the shower.

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FROM ONE PATIENT TO ANOTHER  
TIPS FOR EASIER RECOVERY FOLLOWING RADICAL PROSTATE SURGERY page 1

*(This paper was written by a patient, describing his views about recovery from radical prostatectomy. If you have something to add or suggest, please don't hesitate to let us know your 'Picks to Click' as they say. Some of the products may take some searching or calling)*

Upon arriving home from the hospital, the patient will find it much more comfortable (if not absolutely necessary) to spend most of the time in a Lazy Boy type recliner chair since it is almost impossible to lie on the flat surface of a bed because of the catheter. The adjustability of the reclining chair permits comfortable sleeping as well as sitting.

Another item needed for comfort because of the catheter is a nightshirt. An inexpensive substitute is an XXL "one size fits all" ladies T shirt, which can be found at Walmart stores. Because of the catheter, replacing the conventional toilet seat with one having a split front will make use of the toilet much more comfortable and convenient.

Once the catheter is removed, a new phase begins "the return to the diaper" stage. The Depend Company makes two basic styles of diaper: (a) the "bikini" style, shaped like a "V" and supported by elastic straps which button to the diaper, and (b) the typical diaper similar to that used on babies which covers a much larger area than the bikini style and attaches by three sticky tabs on each side. When in place, this diaper resembles a boxer style brief.

For at least the first few weeks following de catheterization, the "boxer style" diaper is needed to absorb urine that at times may be difficult to control or unpredictable. The diaper will probably require changing two or three times a day. During this time, an absorbent pad should be used to cover the chair seat. Once some control of bladder function returns, fewer diaper changes will be required daily. It's a good idea to change to a fresh diaper before retiring for the night as well as to keep the drinking of liquids to a minimum after 5:00 or 6:00 pm.

As far as water drinking is concerned, two liters or more should be taken during the course of the day. (A two liter soft drink bottle used as a water jug is a good measure of the amount of water intake.) Also, keeping the color of the urine in the catheter bag clear is also an indicator of proper fluid intake. Increase water consumption if the urine becomes amber or darker.

The scrotum and groin area will become irritated from being continually wet with urine. An excellent cleansing material which will increase your comfort is Carrington Perineal Cleansing Foam for Incontinent Care. It is an aerosol preparation that is easily applied and then wiped away, leaving the sticky, messy, irritated area clean and comfortable and will make life much more pleasant during this trying period. Nothing beats a good bath and soaking upon awakening in the morning, but Carrington's Perineal Cleansing Foam applied when necessary during the day is the next best thing. Another alternative for skin protection from moisture is Baza® Clear Skin

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FROM ONE PATIENT TO ANOTHER  
TIPS FOR EASIER RECOVERY FOLLOWING RADICAL PROSTATE SURGERY page 2

Protectant Ointment which may be available at certain pharmacies or can be obtained on-line.

About three weeks following removal of the catheter and after reacquiring major bladder control, you may find it possible to sleep without the diaper at night and really enjoy comfortable sleep. Once you become active during the day, however, the diaper will be necessary again.

By this time, you can switch to the bikini style diaper which allows for more freedom and more comfortable movement. Buy the "extra absorbency" form of the diaper to reduce changes because, by this time, you will have become much more mobile. Once you become more mobile, more socially active, and even feel that you can return to a limited work schedule, you will find that discarding the diaper for an "Incontinent Brief" will make your life feel like it's almost back to normal. A very nice incontinent brief is the "Prefer" Incontinent Brief which has a zippered front into which can be inserted an absorbent pad. What an improvement over wearing the diaper, even the bikini type!

(The Prefer Incontinent Brief can be purchased at many health supply stores.)

When you finally get to the stage that you are almost "dry" and experience only occasional dribbles during the day, another Depend product is great. It is the "Poise Pad," which has an adhesive tape on the outer surface that sticks to the inner surface of your ordinary jockey type shorts. Get the extra absorbent long Poise Pad.

You've gotten this far in your recuperation, so you're in the home stretch. Just don't get too frisky and overdo anything: work, exercise, or anything else. Take it easy, eat properly, drink lots of fluids, get a lot of rest, follow your doctor's instructions and get well completely.