

A GUIDE TO ROBOTIC RADICAL PROSTATECTOMY

You have elected to undergo a robotic radical prostatectomy. The primary purpose of a prostatectomy is to cure the cancer by removing the prostate gland completely. Other key goals are to preserve sexual function (erections) and to preserve urinary control (continence). You should note that your physician has made recommendations for your treatment according to the grade of the cancer from the biopsy report, your general health, and other personal factors.

This booklet is aimed at helping you understand your surgery, what will happen in the hospital, and what you can expect when you go home. Remember, the understanding and treatment of prostate cancer continues to evolve as our knowledge of prostate cancer grows. You should talk to your surgeon or a member of your healthcare team any time you have questions or concerns.

Please keep this information. You may want to read it again at a later time.

[Robotic Surgery](#)

Your surgery is called a laparoscopic robotic radical prostatectomy. A robotic prostatectomy is done using five to six small puncture holes in the lower abdomen. It involves the removal of the prostate and seminal vesicles. The entire prostate is removed because cancer cells tend to be randomly spread throughout the prostate. The seminal vesicles are attached to the prostate and store fluid until it is ejaculated. They are removed because sometimes they are one of the first places to which the cancer spreads. Also, by being able to examine the entire prostate gland, the pathologist can accurately assess the extent and aggressiveness of the cancer, and that assessment can help your physician decide if further treatment is necessary. It takes at least one week for the pathology report to be completed. It will be available when you return for follow-up or by a phone consultation, and a copy will be sent to your primary physician and your local urologist. You are also welcome to request a copy for yourself.

Scheduling and Other Matters to Take Care of Before Surgery

1. Scheduling of Surgery Date: The robotic surgery scheduler will contact you two to three days after you have your consultation visit with your surgeon. The scheduler will arrange a specific date for your surgery and go over other pertinent information. Usually surgeries are scheduled six to eight weeks after the prostate biopsy in order to allow time for the prostate to heal.
2. Pathology Report and Slides: If your prostate biopsy was performed at a medical facility other than Urology Centers of Alabama, you will need to have the pathologist send the biopsy slides and pathology report to our office for review. It is critical that we confirm the diagnosis of prostate cancer.
3. Medical Clearance: Before surgery, a letter is needed from your primary physician or cardiologist stating that you are cleared for surgery. Please have your primary physician or cardiologist fax this letter to the robotic surgery scheduler at **205-445-0150**.
4. Pre-Operative Visit and Pre-Registration Appointment: Two days to two weeks before your surgery, depending on the distance you live from the hospital, you will undergo a pre-operative visit with your surgeon to get answers to any questions that you may have and to obtain the prescriptions that you will need after your surgery. You will also have a pre-registration appointment at the hospital the same day you see your surgeon. At that time, you will be told where to report for surgery.

Medications, Vitamins, and Supplements To Stop Taking Before Surgery

1. Please **do not** take PLAVIX at least **three weeks** prior to surgery.
2. Please **do not** take Coumadin for **one week** prior to surgery.
3. Please **do not** take any of the following for at least **three weeks** prior to surgery:

Advil	Darvocet ASA	Indocin	Nuprin
Anacin	Ecotrin	Midol	Relafen
Anaprox	Excedrin	Motrin	Stanback
Aspirin	Feldene	Naprosyn	Vitamin E
Bufferin	Goody BC	Norgesic	Voltaren
Clinoril	Ibuprofen	NSAID's	

Also: *All multivitamins and herbal supplements.*

4. PLEASE NOTE: Be sure to notify your surgeon if you are on any type of blood-thinning medications (Coumadin, aspirin, or Plavix).

Instructions for the Day Prior to Surgery

1. Clear liquids all day, no solid foods (clear liquids also include apple juice, cranberry juice, grape juice, chicken & beef broth, Jell-O, popsicles, plain tea & coffee).

2. Take all of your normal medications except those containing aspirin, Coumadin, Vitamin E, or other blood thinners.
3. Bowel preparation:
6 p.m. 1 Fleet enema

This may be purchased at your local pharmacy without a prescription.

If you have questions prior to surgery, please contact our surgery scheduler at 205-445-0177.

[The Day of Surgery](#)

On the day of surgery, you will need to arrive at the hospital at least two to three hours before your scheduled surgery in order to be admitted to the hospital and prepare for surgery.

Patients will be registered for surgery at the waiting area, and will be taken to the holding area in surgery. The family will remain in the waiting area and get updates from the operating room as the surgery progresses. After the operation is completed, the surgeon or a member of the surgical team will come out and talk to the family. The surgery itself takes approximately two to three hours. You will spend anywhere from one to three hours after surgery in the recovery room.

[Your Room](#)

Once you are awake after surgery, you will be transported to your room where you will be reunited with your family. Often the patient is alert by this time. However, some patients are still sleepy from the medicines used during the operation. Occasionally, these medicines make some patients nauseated. If you have pain or nausea, you may ask for medicine to help with this. Most patients find that they do not have a great amount of pain after surgery and only need to use oral medicine to relieve the pain. However, you must ask for your pain medicine. You will also receive antibiotics to prevent infection, a stool softener to prevent constipation, and IV fluids to prevent dehydration. Most patients will also be ordered a medication to relax the bladder. Frequently after prostate or bladder surgery, the bladder becomes irritated and undergoes uncontrolled squeezing. This can be felt as sharp shooting pain or spasms in the lower abdomen. If you feel these, ask for the bladder relaxant medication which will help calm the bladder. While in your room, you will be asked to wear leg hose and leg pumps which will squeeze your legs to prevent blood clots. You will also be asked to use an incentive spirometer every one to two hours while you are awake. This is a breathing exercise device that helps to keep your lungs from getting an infection. The evening of surgery, you will be asked to get up and move around as much as you feel comfortable doing.

[The Hospital and Staff](#)

Once you get to your room, a team of nurses will care for you. They will be responsible for getting your medicines, checking your vital signs, and helping you with your daily activities. Other hospital personnel will draw your blood, bring you your meals, and help with your care. Any specific questions you might have should be directed to your attending surgeon or nurse.

[Day One After Surgery](#)

You will have blood drawn on this morning to check your blood count and kidney function. There will be a small drain called a J-P drain that is left near your incision after surgery. This drain may be removed on this day. Later in the morning, you should get out of bed and walk around. The first time you walk, there should be a nurse or a nurse's aide there to help you. Much of the day should be spent in the chair or up walking. When you are sitting in the chair, you should sit on a cushion which the nurse will give you. Continue to use your spirometer. If you have walked around the floor more than three times, you don't need to wear your leg squeezers. It is normal to have some discomfort. Ask for pain medicine if you need it. About 95% of patients are discharged by noon depending on when your surgery was performed. Your nurse will teach you how to take care of the catheter and your incisions at home.

[Recovery At Home After Your Prostatectomy](#)

After you have been discharged from the hospital, you should walk around your house at least three times each day for exercise the first week, slowly increasing this as you feel better. If you have any of the following problems, please report these to your doctor:

- No urine in your catheter and you feel your stomach is hurting down low just above the pubic bone.
- Temperature > 101.5° F
- Constipation that does not respond to laxatives, or no bowel movement at all.
- Swelling in the calves or legs, or pain in the calves.
- Uncontrolled nausea and vomiting.
- Chronic coughing or coughing up fluid.
- Any shortness of breath.
- Any chest pain.
- Any skin rashes or hives.
- Pain not controlled by pain medication.
- Wound separation or severe wound redness or drainage.
- Catheter problems.

In case you need to speak with a physician, please call 205-930-0920.

The Catheter

Immediately after surgery, you will have a Foley catheter in your bladder which will drain the urine. It is essential that this catheter stay in place while the tissues connecting the bladder and the urethra are healing.

There is a balloon on the end of this catheter which is inflated with water to prevent the catheter from falling out. It is difficult to pull out the catheter with the balloon inflated, but it is possible, so be careful! The catheter stays in place for about a week, depending on your surgery and your surgeon.

The catheter is connected to a bag that holds the urine. You will be given two bags when you leave the hospital. One bag can be strapped to your leg during the day and hidden under long pants or sweat pants while walking around. The larger bag can be used at night or when at home.

Sometimes the catheter in the bladder causes irritation and bleeding. It is not uncommon to see some blood or blood fluid mixed with the urine. Even with the catheter in place, some urine, fluids secreted by the glands in the penis, and blood can leak around the catheter. This happens more commonly during bowel movements.

It is extremely important that you keep the catheter as it enters your urethra lubricated with Bacitracin ointment so that it does not become dry and cause urethral damage.

You may continue to have bladder spasms after you go home. You may feel these as intense cramping pain in the lower abdomen combined with a need to urinate. These are caused by the irritation from the catheter, and should decrease with time.

Occasionally catheters become clogged and stop draining. Always make certain urine is collecting in your drainage bag. In the rare event it is not, call your physician or go to the local emergency room. It may need to be irrigated.

Catheter Removal

Your catheter will be removed about a week after surgery in our clinic. An X-ray (cystogram) will be done to ensure proper healing before the catheter is removed. The balloon is deflated and the catheter slides out. Bring a Depends undergarment (Depends Guards for Men® work well) with you to the clinic the day the catheter is removed and expect to wear pads for protection for a period of time until your urinary control returns. If you live a long distance from Birmingham, you may want to bring a pillow to sit on to ease catheter discomfort.

Urinary Control

Once the catheter is removed, it takes some time for the bladder to learn how to function properly again. As the bladder learns how to hold more urine and the muscles in the bladder and urethra heal, your control will improve. While some patients regain control more quickly, most men require a period of time before their control returns. By three months after surgery, 94% of men are using 0-1 pad per day. Some men will continue to have mild leakage or stress incontinence when they bend over, lift, cough, or exercise vigorously. This gets worse when the bladder is full or when they are tired or drink alcohol. Leakage is usually worse in the evening when the pelvic muscles are tired. We recommend Kegel exercises to improve urinary control, and you will find detailed instructions for doing these exercises below. The National Association for Continence (NAFC) also offers a training booklet and audio tape that teach proper Kegel exercises (1-800-BLADDER).

Kegel Exercises

KEGEL (Kay-Gull) exercises are exercises that strengthen the pelvic floor muscles and should be started immediately after your initial visit with your robotic surgeon. These muscles contract and relax under your command to control the opening and closing of your bladder. When they are weak, urine leakage may result. However, through regular exercise you can build up their strength and endurance and, in many cases, regain bladder control.

Begin by Locating the Muscles to Be Exercised:

1. As you begin urinating, try to stop or slow the urine without tensing the muscles of your legs, buttocks, or abdomen. It is very important not to use these muscles because only the pelvic floor muscles help with bladder control.
2. When you are able to slow or stop the stream of urine, you have located the correct muscles. Feel the sensation of the muscles pulling inward and upward.

TIP: Squeeze in the rectal area to tighten the anus as if trying not to pass gas. You will then be using the correct muscles.

Now You Are Ready To Exercise Regularly:

1. When you have located the correct muscles, set aside time each day for exercising: morning, afternoon, evening, and at bedtime.
2. Squeeze your muscles to the slow count of 10 seconds and relax for 10 seconds. This makes one set.
3. Complete 10 sets starting off with maybe just 2 times a day, then increasing to 3 or 4 times.
4. When you feel that leakage may occur, squeeze and hold for 10 seconds and relax. If it starts again, repeat until the leakage has quit.

TIP: In the beginning, check yourself frequently by looking in the mirror or by placing your hand on your abdomen and buttocks to ensure that you do not feel your belly, thighs, or buttocks move. If there is movement, continue to experiment until you have isolated just the muscles of your pelvic floor.

[Other Healthy Habits to Improve Your Bladder Control](#)

1. Use the toilet regularly.
2. Wear clothes that are easily removed when it is time to urinate.
3. Train your bladder. Use a clock to schedule times to use the toilet: every hour, then every one-and-one-half hours, etc. until you achieve a satisfactory schedule. Avoid “just in case trips” to the toilet.
4. Empty your bladder before you start on a trip of an hour or more; don’t try to wait until you get home or until it’s more convenient.
5. Learn to squeeze before you sneeze, cough, laugh, get out of a chair, or pick up something heavy.
6. Establish a regular bowel habit. Constipation affects bladder control.
7. Be aware of foods that can affect the bladder such as tomatoes, chocolate, spicy foods and beverages like alcohol, coffee, tea, and those containing caffeine. Even beverages that say “Caffeine Free” still have some caffeine in them.
8. Watch your weight. Obesity makes bladder control more difficult.
9. Stop smoking. Smoking is irritating to the bladder, and a smoker’s cough may cause leakage.

[Bladder Diary](#)

To get you started, here is a daily bladder diary for tracking your Kegel exercise sessions. After you complete each exercise session, place a check mark in the appropriate space, and at the end of each day, mark down the total number of pads used.

WEEK 1

	Morning	Afternoon	Evening	Bedtime	Total Pads Used
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

WEEK 2

	Morning	Afternoon	Evening	Bedtime	Total Pads Used
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

WEEK 3

	Morning	Afternoon	Evening	Bedtime	Total Pads Used
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

WEEK 4

	Morning	Afternoon	Evening	Bedtime	Total Pads Used
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

WEEK 5

	Morning	Afternoon	Evening	Bedtime	Total Pads Used
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

WEEK 6

	Morning	Afternoon	Evening	Bedtime	Total Pads Used
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Sexual Function

The operation may affect your sexual function in several ways, but it does not prevent you from enjoying a sex life after surgery. Usually men have some swelling and bruising in their scrotum and penis after surgery. This usually subsides within a couple of weeks. Some men prefer to wear briefs or a jock strap for support. Also, you can elevate your scrotum and testicles when lying down by placing a rolled washcloth or towel under them. It is not uncommon to feel occasional twinges or sharp pains in your penis or scrotum while the catheter is in place. You will be asked to put some Bacitracin ointment at the tip of the penis where the catheter exits several times a day to help lubricate and protect this junction.

For men, sexual function involves erection, ejaculation, and orgasm. Ejaculation occurs when seminal fluid is expelled. This fluid is made and stored in the prostate and seminal vesicles so when these organs are removed, only a small amount of fluid, if any, will come out during ejaculation and orgasm. The operation should not affect your ability to experience a pleasurable orgasm, even if there is little fluid ejaculation. Erection occurs when the penis fills up with blood. This usually occurs in response to nerve signals. These nerve signals are carried in two nerve bundles that run along either side of the prostate. Attempts are made not to cut these nerves during your surgery, but even preservation of these nerves does not guarantee the return of erections. The return of erections after surgery is usually slower than the return of urinary control. The average time until recovery of erections is 6 to 18 months, and it can improve for as long as 2 to 3 years after the operation. However, each patient is different.

It is well-known that some patients develop penile shortening and fibrosis after radical prostatectomy. One theory proposed for this frequent post-operative occurrence is the absence of sexual and nocturnal erections and the oxygenated blood that regular erections bring to erectile tissues. Efforts to re-establish erectile tissue oxygenation and prevent this phenomenon have been called by some penile rehabilitation. While patients are waiting for the return of erections that are spontaneously firm enough for vaginal penetration, several methods can be used to help induce and improve erections. These include oral drugs (Viagra, Levitra, or Cialis), penile injections, vacuum erection devices, and urethral suppositories (such as Muse).

Discussion of rehabilitation options and therapy will be initiated at approximately three to four weeks post-surgery. You may attempt sex as soon as you feel well enough to do so after the catheter is removed, your incision is healed, and your urinary control is satisfactory.

Please note that after this operation, you will not be able to father children by way of sexual intercourse. Therefore, if there is a chance you may wish to have children after your prostate surgery, you may wish to consider storing your sperm before surgery (a process called cryopreservation).

Patient Information About Impotence Treatment After Prostate Surgery

One of our major goals is to restore your normal erectile function as soon as possible after your surgery in order to prevent scarring and shrinkage of the penis. The treatments and methods to obtain this goal are discussed below. We hope that this information will be helpful and reassuring.

Goals:

1.) Preventing the Deterioration of Penile Tissue

A. Oral Medications: We will place you on certain oral medications to help increase blood flow to the penile tissue. Most patients will begin taking these pills as soon as their catheter has been removed. Most patients will take these pills on Monday, Wednesday, and Friday nights. This will promote nocturnal (night time) erections which exercise the tissue in the penis while you are asleep. We may keep you on these pills for one to three months and follow your response.

B. Vacuum Erection Device (VED): This device stretches the tissue of the penis and pulls oxygenated blood into the penis, thereby preventing shrinkage and scarring. We want to place patients on the use of a vacuum device as soon as possible, and that may be four to eight weeks after surgery. This is dependent on comfort, as we do not want to create any pain with this device. However, we may not use this treatment if you have responded sufficiently with oral medications.

C. Penile Injections: You may want to try these injections if you are not responding to any of the above treatments. There is a minimal amount of pain involved, and these injections are very effective in helping to obtain an erection for sexual activity.

2.) Obtaining Erections for Sex

As soon as you are ready to try and have sex, all of the above treatments can be used to allow you to begin sexual activity. However, we do not want the tissue to deteriorate and the penis to shrink while you are waiting to attempt sexual activity.

Our robotic physicians want to follow you as long as necessary but will refer you back to your original physician if you so desire at any time and for your own convenience. However, we do wish that you would continue to be followed regarding incontinence and erectile dysfunction at our clinic until we have you at a stable point or until you feel that you are satisfied with your function.

If you have any questions or do not feel you are progressing as expected, please call for an appointment at (205) 930-0920.

[Skin Care](#)

You may shower the day after you get home. Avoid tub baths until the catheter has been removed. It is important to try to keep your skin clean and dry to prevent a rash around your scrotum. If you get a rash, use a hair dryer on the cool setting twice a day to keep the area dry. Some people use creams such as Desitin if they get a rash. Because of the antibiotics you are given to prevent urinary infections while the catheter is in place, it is not uncommon to get a yeast infection. You may want to use a topical antifungal cream or powder such as Nystatin if you think you are getting a yeast or fungal infection. These infections frequently present as itching or a red rash.

[Diet and Bowel Function](#)

When you go home, you may eat the foods you normally eat. It is important to avoid constipation. While it is generally acceptable to leave the hospital without having a bowel movement, you should have one within three to five days after surgery. It is normal to feel fullness or tenderness in the rectal area during bowel movements. This occurs because the prostate was in this area, and your body is adapting to the swelling caused by the surgery. Any symptoms of urgency or fullness will go away soon after the surgery. The narcotic pain pills may cause constipation. You will be given a stool softener to take when you leave the hospital, but if you have trouble, you can take a mild laxative such as Milk of Magnesia or Magnesium Citrate. Drink plenty of fluids. Do not take an enema or put anything in your rectum for at least four weeks after surgery.

[Fluids](#)

Drink at least two quarts of fluids daily. This will help keep your urine clean, and it also helps avoid constipation. Avoid caffeine.

[Driving](#)

DO NOT DRIVE UNTIL YOU HAVE STOPPED TAKING THE NARCOTIC PAIN MEDICATIONS. Most surgeons will also tell you not to drive until the catheter has been removed.

[Exercise](#)

It is important to walk several times a day. This prevents blood clots from forming in your legs and keeps the blood circulating. Daily exercise such as walking or climbing stairs carefully will help you recover faster. For three weeks, do not lift heavy objects that might cause excessive straining in order to allow the incisions to heal completely. Your incisions are closed with absorbable sutures which do not need to be removed.

Work

Some patients return to light work as early as two weeks after surgery; however, recovery times vary from individual to individual as do work requirements. In some cases, you may be authorized for medical leave for up to six weeks.

Follow-Up

You will be asked to obtain regular follow-up PSA tests, usually every three months in the first year and every six months in the next several years. To help you monitor your progress, a PSA Diary is provided below for your use. Your physician will also want to see you regularly to evaluate your progress in urinary control and sexual recovery. If you are returning to your referring physician, it is **important** for you or your physician to fax or mail us a copy of your follow-up PSA reports, so we can follow your progress.

PSA Diary

3 Months _____	15 Months _____	27 Months _____	39 Months _____
6 Months _____	18 Months _____	30 Months _____	42 Months _____
9 Months _____	21 Months _____	33 Months _____	45 Months _____
12 Months _____	24 Months _____	36 Months _____	48 Months _____

Frequently Asked Questions Regarding Robotic Prostatectomy

1. If I want to stay in Birmingham before my surgery, where should I stay?

Ask your surgery scheduler for recommendations for places to stay.

2. What about parking?

If you are not staying overnight in the guest rooms, it is best to park in the main hospital parking lot.

3. Where do I go on the morning of my surgery?

Your surgery scheduler will tell you where to go the morning of surgery.

4. Where does my family go?

Your family should go to the surgery waiting room. Your surgeon or a member of the surgical team will meet with your family following surgery.

5. What should I wear?

You should wear loose clothing and slip-on shoes the day of admission to the hospital and especially when you are discharged from the hospital to go home.

6. Can I take medications before surgery?

You should not have anything to eat or drink after midnight the night before your surgery. On some occasions, patients are advised that they may take their blood pressure medicine or certain thyroid medicines with a sip of water, but unless you are advised that this is acceptable, do not take anything after midnight the night before your surgery. You also should stop taking aspirin, Vitamin E, and other blood thinners as instructed by your physician. Please note that these should be discontinued at specified times prior to your surgical date. Some medicines need to be stopped at least three weeks prior to surgery. This needs to be discussed specifically between each physician and patient.

7. How long can I plan on being in the hospital?

Normally you will be able to go home the next day

8. Will I be given written post-op instructions?

There are nurses at the hospital who will give you post-op instructions to take home.

9. When do the stitches come out?

Most patients with this procedure have stitches which are on the inside. They will dissolve on their own. Usually there are no stitches on the outside unless there is one around the drain. That stitch is usually taken out the day after the surgery.

10. How long does the operation take?

The procedure usually takes two to three hours.

11. When will I go home from the hospital?

The morning following surgery, your drain will be removed, and you will go home with a catheter in place.

12. When will the catheter be removed?

You will return to your surgeon's office in about one week after surgery. An X-ray (cystogram) will be done, and if there is no leakage, the catheter will be removed.

13. Is it true that the robotic surgeon uses excessive cautery around the neurovascular bundles, and that this may damage the bundles? How does this affect potency results?

The surgeon does not use cautery around the neurovascular bundles but may use it during other steps of the surgery. The surgeon uses a combination of hem-o-clips and cold scissors around the neurovascular bundles. Many patients will undergo the "Veil of Aphrodite" type of nerve sparing, which offers added protection to the nerves. This has resulted in earlier return of and better quality of erections in many patients.

14. Does insurance cover a robotic prostatectomy?

Blue Cross Blue Shield of Alabama does cover a robotic prostatectomy. Other insurance carriers cover it as well, but verification is needed prior to the procedure.

15. Will I need to donate my own blood for this type of surgery?

No. One of the many benefits of the robotic surgery is minimal loss of blood. Therefore, it is not necessary to have your blood available for transfusion.

16. How much pain will I have?

The operation is not painless, but it is in fact much less painful than the open surgery. You may experience some shoulder pain after surgery because of the abdominal gas insufflations, which will decrease after the first day. You will be able to go home with oral pain medication. Some patients have a vague discomfort of the abdomen. Some patients may have temporary swelling and bruising of the scrotum, but that usually subsides within a couple of weeks.

17. Does the robotic surgery require general anesthesia?

Yes, general anesthesia is required. Robotic prostatectomy offers many advantages compared to conventional open surgery, but it is nevertheless a major operation.

18. How soon can I bathe after the surgery?

You may shower after you get home, but bathing in the tub is not recommended for the first two weeks. Treat the incision sites carefully and dry them by patting, rather than rubbing.

19. Do some patients require radiation therapy after the surgery?

Yes, if there is evidence of more extensive cancer found outside the prostate or a postoperative rise in the PSA on follow-up, then radiation may be required.

20. How experienced are the surgeons at the Urology Centers of Alabama in performing the robotic-assisted laparoscopic radical prostatectomy procedure?

Urology Centers of Alabama is fourth in the world in the number of robotic prostatectomy procedures performed.

21. Are you a veteran of US military service and did you serve in Vietnam or were you exposed to Agent Orange elsewhere?

If you have been diagnosed with prostate cancer and were exposed to Agent Orange, the prostate cancer is considered a “presumptive” service-connected disability by the Veterans Administration. A copy of your DD214 and a copy of your medical diagnosis or treatment of prostate cancer is all that’s required to permit you to obtain service-connected disability benefits (to which you are entitled) from the Veterans Administration.

22. If I live a long distance from Birmingham, how should I keep Urology Centers of Alabama informed of my PSA follow-up results after surgery?

If you are having your PSA follow-up tests done at another medical facility, please have your physician fax or send us a copy of your PSA lab reports.

23. Is there a prostate cancer support group?

On the third Thursday of each month, a prostate cancer support group meeting is held at 5:30 p.m. in the Urology Centers of Alabama’s Homewood lobby located at 3485 Independence Drive. The meetings are co-sponsored by the American Cancer Society. There is a separate break-out session for ladies each quarter. Dinner is provided, and no reservations are required. For questions about these support group meetings, please call **Sherry Wilson** at **205-445-0117**.

Notes:



UCA Prostate Cancer Support Group Meetings

Meetings are held the 3rd Thursday of each month, 5:30 p.m.

At Urology Centers of Alabama


3485 Independence Drive

Homewood, Alabama

DINNER WILL BE PROVIDED

***A separate support group meeting for ladies will meet once a quarter.
(January, April, July, and October)**



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