Please pack this booklet with your belongings that you will bring to the hospital. You will need to refer to this booklet after your surgery.
**Disclaimer**

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.
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Introduction

Welcome to The Ottawa Hospital. This booklet was prepared for you by the Robotic Radical Prostatectomy Surgery team to help you understand:

- your condition and your surgery
- how you can help yourself
- your care in hospital
- your needs, care and resources after discharge.

Your health-care team has made a plan in advance for certain parts of your care, which shows the usual plan of care so you will know what will happen to you on a day-to-day basis. This plan is shown in the *Robotic Radical Prostatectomy Clinical Pathway* on pages 4 and 5. The clinical pathway describes some of the usual care for people with your condition. This plan will be adapted for your specific needs.

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.

Please:
- Read the booklet carefully.
- Share it with your family.
- Ask questions if there is anything you don’t understand.

The Health-Care Team

**Urologist**
The urologist and a team of surgical residents 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.

**Anesthesiologist**
The anesthesiologist will discuss your anesthetic and oversee your pain control after surgery.

**Registered Nurses**
The registered 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 patient care assistant. 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.**

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**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 amounts by the adrenal glands. The growth of the cancer cells in the prostate is stimulated by male hormones, especially testosterone.

Treatment for prostate 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 prostate gland, seminal vesicles that produces seminal fluid, and part of the urethra that passes through the prostate. Lymph nodes may be removed from the area surrounding the prostate.
Robotic radical prostatectomy is a surgery performed under general anesthesia. The surgeon makes five to six small keyhole incisions in the abdomen. Surgical instruments including a small camera are inserted into these incisions. Your abdomen is filled with a gas. This provides the surgeon more space to do the surgery. The surgeon separates the bladder and the urethra from the prostate and removes any lymph nodes if necessary. You will have a small drain called a Jackson Pratt drain in your abdomen. This drain helps remove any extra fluid from your abdomen. A urinary catheter will be inserted into the urethra to the bladder to drain urine while healing occurs. After the surgery the gas is removed from the abdomen and the small incisions are closed. Sometimes the catheter is held in place using a suture (or stitch). You will go home with the urinary catheter connected to a drainage bag. This urinary catheter will be removed as early as seven days or in two to three weeks.

The surgery lasts between three to four hours. After the surgery you will be transferred to the Post Anesthetic Care Unit (PACU) to begin your recovery. After a couple of hours in the PACU, you will be transferred to a hospital room.

This surgery 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 your 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 available 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 continence is usually regained over several months. Some men may experience mild incontinence with coughing, sneezing, or exercise, which is generally 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. Refer to page 21.

The following two pages show the clinical pathway for your condition. There is more detailed information after the clinical pathway.
## Robotic Radical Prostatectomy Clinical Pathway

<table>
<thead>
<tr>
<th>Tests</th>
<th>Cancer Assessment Clinic/Pre-Admission Unit (PAU)</th>
<th>Pre-op Day of Admission/Day of Surgery</th>
<th>Post-op in PACU/Ward</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Blood test</td>
<td>• Blood test as required</td>
<td>• Other testing as required</td>
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<td></td>
<td>• Other testing as required</td>
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<td>Consults</td>
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<td></td>
<td>• You may see a nurse or anesthesiologist in PAU</td>
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<tr>
<td>Treatments</td>
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<td>• Intravenous (IV) if diabetic</td>
<td>• Vital signs</td>
<td></td>
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<td></td>
<td>• Vital signs</td>
<td>• Oxygen level</td>
<td></td>
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<tr>
<td></td>
<td>• Blood pressure, respiratory rate, oxygen level, heart rate</td>
<td>• Wound dressing</td>
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<tr>
<td></td>
<td>• Urinary catheter</td>
<td>• Wound drain (JP)</td>
<td></td>
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<tr>
<td></td>
<td>• Post-op in PACU/War</td>
<td>• Intravenous (IV)</td>
<td></td>
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<tr>
<td>Medications</td>
<td></td>
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<tr>
<td></td>
<td>• Bring all of your medications with you to your PAU appointment</td>
<td>• IV antibiotics</td>
<td>• Patient specific medications</td>
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<td></td>
<td></td>
<td>• Other medications if ordered</td>
<td>• Pain medication</td>
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<td>• Oxygen as needed</td>
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<td>• Anticoagulant</td>
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<td>Activity</td>
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<td></td>
<td>• Bedrest to activity as tolerated with assistance</td>
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<td></td>
<td>• Deep breathing and coughing exercises</td>
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<tr>
<td></td>
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<td></td>
<td>• Foot and ankle exercises</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Nothing by mouth after midnight except clear fluids up to 90 minutes prior to your arrival at the hospital</td>
<td>• Fluids after surgery</td>
<td></td>
</tr>
<tr>
<td>Patient Teaching / Discharge Planning</td>
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<td></td>
<td>Patient Teaching:</td>
<td>Patient teaching:</td>
<td>Patient teaching:</td>
</tr>
<tr>
<td></td>
<td>• Other pre-op instructions</td>
<td>• Pain management</td>
<td>• Pain management</td>
</tr>
<tr>
<td></td>
<td>• Length of stay of 1 day</td>
<td>• Activity</td>
<td>• Breathing exercises</td>
</tr>
<tr>
<td></td>
<td>• Discharge time at 5 p.m.</td>
<td>• Breathing exercises</td>
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</tbody>
</table>

**Nutrition:**
- Nothing by mouth after midnight except clear fluids up to 90 minutes prior to your arrival at the hospital
- Fluids after surgery

**Activity:**
- Bedrest to activity as tolerated with assistance
- Deep breathing and coughing exercises
- Foot and ankle exercises

**Nutrition:**
- Nothing by mouth after midnight except clear fluids up to 90 minutes prior to your arrival at the hospital
- Fluids after surgery

**Activity:**
- Bedrest to activity as tolerated with assistance
- Deep breathing and coughing exercises
- Foot and ankle exercises

**Patient Teaching / Discharge Planning:**
- Patient Teaching:
  - Other pre-op instructions
  - Length of stay of 1 day
  - Discharge time at 5 p.m.
- Patient teaching:
  - Pain management
  - Activity
  - Breathing exercises
<table>
<thead>
<tr>
<th>Robotic Radical Prostatectomy Clinical Pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Post-Op Day 1/Discharge Day</strong></td>
</tr>
<tr>
<td><strong>Tests</strong></td>
</tr>
<tr>
<td>• Blood test</td>
</tr>
<tr>
<td>• Other testing as required</td>
</tr>
<tr>
<td><strong>Treatments</strong></td>
</tr>
<tr>
<td>• Vital signs</td>
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<tr>
<td>• Wound dressing</td>
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<tr>
<td>• Urinary catheter</td>
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<tr>
<td>• Wound drain (JP)</td>
</tr>
<tr>
<td>• Intravenous (IV)</td>
</tr>
<tr>
<td><strong>Medications</strong></td>
</tr>
<tr>
<td>• Patient specific medications</td>
</tr>
<tr>
<td>• Pain medication</td>
</tr>
<tr>
<td>• Oxygen as needed</td>
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<tr>
<td>• Anticoagulant</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
</tr>
<tr>
<td>• Chair with assistance</td>
</tr>
<tr>
<td>• Walk short distance and progress to longer walks throughout the day with minimal assistance</td>
</tr>
<tr>
<td>• Deep breathing and coughing exercises</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
</tr>
<tr>
<td>• Regular diet</td>
</tr>
<tr>
<td><strong>Patient Teaching / Discharge Planning</strong></td>
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<tr>
<td>Patient teaching/discharge instructions:</td>
</tr>
<tr>
<td>• Pain management</td>
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<tr>
<td>• Breathing exercises</td>
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<tr>
<td>• Kegel exercises</td>
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<tr>
<td>• Wound care</td>
</tr>
<tr>
<td>• Drain Care</td>
</tr>
<tr>
<td>• Activity</td>
</tr>
<tr>
<td>• Catheter care and drainage system</td>
</tr>
<tr>
<td>• Diet</td>
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<tr>
<td>• Review and confirm discharge plans</td>
</tr>
</tbody>
</table>
Preparing for Surgery

The Pre-Admission Unit Visit
Before you are admitted for surgery you will have an appointment at the Pre-Admission Unit (PAU). Please bring all of your regular medications to this appointment.

You will be seen by a nurse and possibly a doctor/anaesthesiologist. The nurse will ask about your medical history and what medications you usually take.

These tests will be done:
- Blood tests
- Urine test

As well, the doctor/anaesthesiologist may decide that you need 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. Refer to pages 8 and 21.

The nurse will:
- Teach you what you need to do to prepare for surgery.
- Review this booklet with you.
- Give you instruction sheets.
- Answer your questions.

The Day of Surgery – Before the Surgery (Pre-Op)

Please follow all the pre-operative instructions given to you at your pre-admission visit by the nurse and/or doctor. There will be additional (special) instructions given to you at your pre-admission visit about what you can or cannot eat or drink the evening before and day of your surgery.

Be sure to bring in both home and work telephone numbers of a spouse/relative who will be helping you, so that they can be contacted if needed.
Make arrangements for help in the home (if needed), before coming into hospital. Refer to your clinical pathway so you and your family know what to expect on a daily basis.

After Surgery

Assessments
The nurse will check you often to ensure that you are comfortable and progressing well. Your temperature, heart rate, blood pressure, oxygen level and dressing are checked routinely. Your drain will be emptied as often as needed. The nurse will also listen to your lungs to check your breath sounds and your abdomen to check your bowel sounds. You will also be asked about “passing gas” and bowel movements. Your nurse may have to wake you during the night to assess you and monitor your condition.

Pain Management
Your comfort is our concern. It is important that you have effective pain relief. Pain is personal. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery. Our goal is that your pain will be well controlled at rest and also with activity. Your pain should be controlled enough that you can rest comfortably and that pain does not prevent you from deep breathing, coughing, turning, getting out of bed and walking.

The most common pain control treatments for after surgery are described in the Pain Management After Surgery booklet. You, your doctors and your nurses will decide which ones are right for you to manage your pain. Please read the booklet before your surgery. Bring it to the hospital on the day of your surgery.

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
You will have an intravenous (IV) to replace your fluids until you are able to drink and eat well. Do not pull on the IV tubing. When you are walking, use your hand that does not have the IV to push the IV pole.
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. These conditions may include lung disease, heart disease and the demands of surgery.

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 enough oxygen. The amount of oxygen is then increased or decreased and eventually removed based on these measurements. The oxygen will be discontinued when appropriate.

Post-Operative Exercises

Deep breathing and coughing

After surgery we tend to take smaller breaths. This can be because of pain, anesthesia given during your surgery, or not moving around as much after surgery. Doing deep breathing and coughing exercises post-operatively will help keep your lungs healthy by getting rid of extra secretions.

Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed. Follow these instructions:

- Support your incision with a pillow or folded blanket.
- Take a deep breath in through your nose. Hold for five seconds.
- Breathe out through your mouth slowly.
- Repeat this exercise ten 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 and should be done after your first five deep breaths.

To produce an effective cough:

- Support your incision with a pillow or folded blanket.
- Take a deep breath and cough.
Calf pumping exercises
- Point your toes (as if you were pressing on a gas pedal) and point your toes towards your chin. Repeat ten times.

These exercises will help prevent blood clots by increasing blood circulation in your legs.

Ankle exercises
These exercises help the blood circulate in your legs while you are less mobile. Do these ten times each hour, while you are awake and until your activity level increases.

With your legs flat on the bed:
- Move your ankles in a circle clockwise and counter-clockwise.

Moving and positioning
You will be encouraged to sit in the chair and walk as much as possible. This will keep your lungs clear, allow your bowels to return to their normal functioning and prevent clots from developing in your legs.

While in bed, it is important to move and reposition yourself. You should reposition yourself every two hours while awake.
- Support your incision with a pillow or folded blanket.
- Bend your knees and roll from your side to your back.

Getting out of bed
The first time out of bed you will be assisted by your nurse, this is to ensure you are safe to get up on your own without assistance. If your nurse states that it is safe for you to get up on your own the use the following process to do so:

Obtain assistance as needed.
- Roll onto your side and bring your knees up towards your abdomen.
- 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.
- Once in the sitting position, take a few breaths and ensure your balance is good before attempting to stand.
- Slide your bottom to the edge of the bed.
- Stand up keeping your back as straight as possible.
- When getting back into the bed, reverse the process.

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 remember to plan for many rest periods.

**Incisions**
Dressings will cover your incisions. The nurse may change your dressing, if needed, two to three days after your surgery.

**Drain (Jackson Pratt)**
You will have a drain called a Jackson Pratt (JP) in your abdomen. This drain removes excess fluid from the surgical area. The amount of drainage will be monitored and recorded by the nurse. You may be going home with this drain in place. The nurse will teach you how to care for your drain.

**Urinary Catheter (Foley)**
You will have a urinary catheter to drain urine from your bladder. The nurse will clean the area around your catheter. You and your family will be taught how to care for your catheter.

**It is very important that the catheter is secured to your leg so that it cannot be pulled accidentally.** Please be careful when handling your catheter bag. Avoid catching or pulling it accidentally.
Diet
You will be allowed to start taking fluids after your surgery. As you are feeling better you will progress to a regular diet.

• Try to eat three small meals plus two to three snacks daily until your appetite is back to normal.
• Eat slowly and chew your food well.
• It is important to drink plenty of fluids. You need to drink at least 2 liters of fluid per day.
• Your body needs more energy and protein when recovering from surgery and during illness. Try to eat as much of your meal trays as possible to ensure you have enough calories for healing.

Discharge planning
When you are discharged from hospital, you may need some help at home. It would be best to arrange for this before being admitted to the hospital. Arrange for someone to pick you up at 5 p.m. on the day of discharge. If you think you will have problems coping at home, discuss this with your nurse. You will receive a prescription for medication and a follow-up appointment with your urologist in one to three 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.

Going Home

Preparing For Discharge

Be sure you understand your:
• Medications
• Activity
• Diet
• Any restrictions regarding your surgery
• How to care for your catheter and drainage bags
• How to care for your drain
• When to call the doctor for symptoms
• Wound care
• Follow-up appointments
• Emergency visit instructions
At Home

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. Take your medication for erection recovery (if applicable) as instructed by your urologist.

Activity
- Take frequent rest periods as necessary. Let your body be your guide.
- Continue doing the deep breathing and coughing, ankle and calf pumping exercises.
- Do your pelvic floor (Kegel) exercises (see page 21).
- Do light activities for four to six weeks. Avoid strenuous exercise including heavy lifting (defined as more than 15 pounds), lifting grocery bags, shoveling snow, or pushing a lawn mower until you have seen your doctor on your follow-up appointment. Do not lift more than fifteen pounds (7 kilograms).
- Increase your walking distance each day.
- You can resume driving after the urinary catheter has been removed, you are not taking any more narcotic medications and you are able to slam on the brakes without pain.
- Resume your usual activities (sexual relations, housekeeping, regular exercise) gradually six weeks after your surgery.
- Discuss any specific concerns with your urologist including when to resume sexual activity.

Wound Care
- If you have clips/staples, these will be removed after about one week. Your urologist will speak with you about removal of your clips/staples.
- You may take a shower. Clean your incision gently with mild soapy water. Pat incision dry. Do not scrub the incision.
- You may tub bath once the catheter and the clips/staples have been removed. Avoid hot tubs, Jacuzzis, pools and saunas for six weeks after your surgery.
- Swelling or bruising may appear around the wound. This may continue for several weeks. Swelling or bruising around the incision is common and will go away with time.
• Observe your incision sites for increased redness, warmth, swelling, drainage or incision separation. Contact your urologist if problems with your incision develop.
• Wear non-restrictive clothing while the wound is still tender.
• Swelling and discoloration of the scrotum and penis commonly occurs following this procedure and usually resolves on its own. You can use ice packs to help reduce the swelling. When you are lying or sitting, you can also place a rolled towel under the scrotum. This elevates it to help reduce the swelling.

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.
• The doctor or clinic nurse will remove the drain in a few days, once the amount of drainage is reduced.
• Do not swim or soak in the bath while the drain is in place. You may shower.
• Please see page 18 for more information on caring for your Jackson-Pratt Drain.

Work
• You may return to part time work when the catheter is removed. You should take on light duties only.
• After six weeks you can return to regular work responsibilities. The amount of time off work will depend on how quickly you recover from surgery and the type of work you do.

Diet
• Return to normal eating habits. A well balanced diet is encouraged to promote healing.
• Drink plenty of fluids, at least 2 liters per day.
• Avoid constipation. Pain medication such as narcotics can cause constipation. Make sure your diet is high in fiber.

Medications
• Take your pain medication as required. It is normal to experience some wound discomfort for a period of time after discharge.
• Eat well-balanced meals with high fiber (e.g. fruits, vegetables, whole grain products) to avoid constipation (a side effect of many pain medications). If constipation is still a problem, you may take a mild laxative.
• Do not drive a vehicle if you are taking narcotics, (e.g. Tylenol #3, Hydromorphone, Percocet). Narcotics may slow your reaction time and impair your judgment.
• Do not drive while your urinary catheter is in place.

**Care of your catheter**

You will be going home with a urinary catheter (tube) to drain urine out of your bladder. The catheter will be removed as early as seven days or in two to three weeks. As a result of having a catheter in your bladder, you may experience discomfort from contractions (also called bladder spasms), 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.

**Remember the catheter is to be stabilized with a device so there is no pulling of the catheter.**

**Cleaning the Catheter Exit Site:**

• Always wash your hands with soap and water before and after caring for your catheter.
• Clean the catheter and skin around the catheter twice a day, using a wet facecloth and soap. Dry with a clean towel afterward. Apply over-the-counter antibiotic ointment or lubrication to the tip of the penis around the catheter twice a day after washing.
• Unless you’ve been told otherwise, it’s okay to shower with your catheter and drainage bag in place.
• The catheter must be secured to the leg using flexitrak or stabilization device to avoid catching or pulling it accidentally.
• Make sure that the drainage bag does not drag and pull on the catheter.
• Do not tug or pull on the catheter.
• Make sure the drainage tube doesn’t get twisted or kinked.
• Routinely check to make sure that urine is flowing out of the catheter into the drainage bag.

**Preventing Infection:**

• While the catheter is in place, it is important to observe the urine for color, amount, odor and sediment. Normally, urine is a pale yellow to light amber color, 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 one to two litres of fluid daily as this will help keep your urine clear. A urinary 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.

• Check the skin around the catheter for inflammation or signs of infection, such as irritated, swollen, red or tender skin at the insertion site or drainage around the catheter.

• Do not apply any other powder or lotions (with the exception of antibiotic ointment) to the catheter insertion site.

**Signs of urinary tract/bladder infection may include:**

• Fever (temperature greater than 38.5° C / 101.3° F)

• Chills

• Increase in mucous and/or sediment in urine, cloudy urine

• Dull pain over the kidney area, lower back pain

**Bladder Spasms or Distension:**

• If you experience bladder discomfort, extreme urinary urgency and leakage around the catheter you may be having bladder spasm. Your surgeon may have prescribed medication to help with this.

• Leaking around the catheter often occurs during bowel movements. This is normal.

• Make sure the drainage tube doesn’t get twisted or kinked. Routinely check to make sure that urine is flowing out of the catheter into the drainage bag. Keep the drainage bag below the level of the bladder.

• A catheter can occasionally block. When this happens, urine will not be able to drain and the bladder will become distended (over-full).

**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.

**If any of these signs of distention occur, contact your urologist. If you are unable to contact your urologist go to the Emergency Department.**

**When to Call your Urologist:**

• Mild discoloration of the urine is normal; however please contact your urologist if you have blood clots in your catheter tubing or cloudy, yellow urine.

• If your catheter should fall out, **CALL YOUR UROLOGIST AND DO NOT LET ANY PHYSICIAN REPLACE THE CATHETER WITHOUT TALKING TO YOUR UROLOGIST.**
**Catheter Drainage Bags**

**Draining the leg bag**
In addition to understanding how to care for your indwelling catheter, you will also need to become comfortable with a leg (day) bag and an overnight drainage bag. A leg bag is a urine collection bag that is strapped to your leg and can easily be hidden beneath your clothing. This smaller bag allows you to move around more easily and should be used when you are in an upright position e.g. during the day and when you go out. However, you must empty the leg bag every 3 to 4 hours.

*Draining the leg bag, follow these steps:*
1. Wash your hands with soap and water.
2. Unfasten the lower leg strap.
3. Remove the cap (if applicable) and open the clamp or twist the valve open. **Do not touch the drain port with your fingers or allow it to touch the toilet seat.**
4. Drain the urine into the toilet.
5. After the urine has drained completely, wipe the drain port and the cap with a cotton ball soaked with rubbing alcohol or alcohol swab.
6. Close the clamp and fasten the lower leg strap.
7. Wash your hands with soap and water.

**Draining the larger collection bag:**
1. Wash your hands with soap and water.
2. Position the drainage bag over the toilet or drainage container and move the white plastic lever to the “Open” position.
3. Empty the urine into the toilet, taking care that the bag or spout does not touch the toilet.
4. After the urine has drained completely, push the white lever to the “Close” position and make sure you hear it click shut.
5. Wipe the spout (end) of the drainage bag with an alcohol swab or with a cotton ball soaked with rubbing alcohol.
6. Wash your hands with soap and water.
**Changing collection bags**

During the day, you may want to use a leg bag. At night, you can change it to a larger collection bag. To change the bag follow these instructions:

1. Wash your hands with soap and water.
2. Drain the leg bag.
3. Unfasten the leg straps.
4. Use an alcohol swab or cotton ball soaked with rubbing alcohol to clean the junction between the catheter and the bag.
5. Disconnect the leg bag; cap the opening and set aside to clean as per the instructions below.
6. Clean the connection tip of the new/clean bag using an alcohol swab or cotton ball with alcohol.
7. Attach the end of the new bag to your catheter (being careful not to accidentally touch the clean end).
8. If you are attaching the larger collection bag for overnight use, hang the bag lower than your body when you are in bed.
9. If you are attaching the leg bag, wrap the elastic bands around your leg and clip them in place. Ensuring that the straps are on the underside of the bag (straps on the topside of the bag may inhibit flow of urine. The bag should be placed snugly so that it does not pull on the catheter.
10. Follow the directions under “How to care for your drainage bags/cleaning the drainage bags”.
11. Wash your hands when finished.

An **overnight drainage** bag is a larger bag and should be used during the night. It attaches to the catheter in the same manner as the leg bag. At night, attach the bag to the bed frame or sideboard with the hook or cord located on the rear of the bag. To empty the overnight drainage bag, open the drain spout by moving the lever clockwise. To close, move counterclockwise until the lever snaps into the **Closed** position.

**Getting ready for bed**

When your night drainage bag is connected and you are ready to go to bed, decide on which side of the bed you want the drainage bag to hang. Tape the drainage tubing to the thigh of the leg that will be next to the side of the bed where the bag will hang. Leave some slack on the tube so you will not pull on the catheter when you move while sleeping.
When you get into bed, set up the drainage tubing so it does not kink or loop. Then hang the drainage bag by its hook from the side of the bed frame. Be sure to keep the drainage bag below the level of the bladder at all times, whether you are lying, sitting, or standing. Do not hang the bag from the headboard or footboard of the bed, or from a chair beside the bed.

**How to care for your drainage bags**

**Cleaning the drainage bags**

*Follow these instructions to care for either your leg bag or your night drainage bag:*

1. Drainage bags must be cleaned daily with either:
   a. a household bleach solution diluted in a 1:10 ratio (one part bleach to ten parts tap water)
   b. a vinegar solution (one part vinegar to three parts tap water).
2. Wash your hands with soap and water.
3. Before changing the bag, clean the junction between the catheter and the bag with an alcohol swab or cotton balls and alcohol.
4. Disconnect the used bag.
5. Clean the connection of the clean bag with an alcohol swab or cotton ball with alcohol.
6. Connect the clean bag to your catheter and secure it to your leg.
7. Use a funnel to pour water into the used bag and clean by shaking the water vigorously and let drain. Do this twice.
8. Using a funnel, fill the bag with the 150 mL of the prepared solution and shake vigorously. Drain the bag and allow to air dry. If you are using the bleach solution, wear protective gloves. Skin irritation can occur if bleach comes in contact with skin surface.
9. Wash your hands with soap and water.

*Special note:*
You may use both types of drainage bags for up to one month. After one month, you will need new bags. You can buy new bags at most health care supply stores. Ask your nurse for more information where to buy medical supplies.

**Caring for your Jackson-Pratt drain (JP)**

This drain is used to remove fluid that would otherwise collect at the surgical site. You may be going home with this drain in place. Your nurse will show you how to care for the drain at home.

The drainage set is a tube attached to a small container to hold the drained fluid. Empty the drainage system twice a day or whenever the drain is ¾ full.

The drain is usually removed once the drainage is reduced to between 20 to 50 mL in 24 hours.
Care of drain insertion site and care of the drain

- Wash the exit site with soap and water and pat dry, then apply the new gauze dressing.
- If there is leakage at the site, apply a gauze dressing and change it daily or when wet.
- Examine site for increased areas of redness, swelling, warmth and/or green or yellow drainage.
- Keep the drain secure to your clothing with a safety pin.
- The drain should be lower than the insertion site at all times.
- Guard against pulling on the drain tube.

How to empty Jackson–Pratt drain

*Follow these instructions:*

1. Wash hands with soap and water.
2. Unpin the drain from your clothing. Cleanse the drain spout area with an alcohol swab or cotton swab soaked in alcohol before opening.
3. Pull the stopper from the pouring spout and let the drain expand. The bulb will quickly expand.
4. Tilt the container above the measuring cup.
5. Try not to touch tip of drain opening, empty the contents of the container into the measuring cup.
6. Measure the amount of drainage, then empty drainage fluid directly into toilet. Cleanse the drain spout area with alcohol swab or cotton swab soaked with alcohol.
7. To re-establish suction: squeeze the drain with your hand until the drain appears to be flat and put the stopper back into the drainage spout. This creates a gentle suction that drains fluid from the wound.
8. Pin the drain back onto your clothes. This will help prevent the drain from being pulled out by mistake.
9. Wash hands with soap and water.
10. Write down how much drainage was present and bring this information with you for your follow-up appointment with your surgeon. Write in the date, time and drainage amount on the table below for your follow-up appointment.
Correcting problems with the drain
If the drain tube becomes temporarily blocked or is not draining properly, you may:
• Bend the tubing over your fingers.
• Gently squeeze the tube between your thumb and index finger, moving your fingers along the tubing towards the suction bulb, to help dislodge the obstruction or blood clot.

Notify your urologist if the following occurs with your drain
• Increased areas of redness around the insertion site of the drain.
• Increased swelling around the insertion site.
• Your drain is draining a cloudy fluid with a bad odour.
• Your drain is collecting thick yellowish or green fluid.
• Your drainage bulb does not stay flat after being emptied.
• There is new or increased leakage around your drain site.
• If the drain breaks or falls out.

Keeping Track of the Drainage from your Jackson Pratt

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Pelvic floor exercises (Kegel exercises)

Pelvic floor muscle exercises have proven beneficial in reducing incontinence following radical prostatectomy. It is a contracting/relaxing exercise and it is recommended that you start these exercises before your surgery and continue after your urinary catheter has been removed. These exercises help rebuild strength in this muscle. 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.

Doing the exercise:

1. **Squeeze** the muscle and hold for five seconds.
2. **Relax** the muscle for five seconds. It is just as important to relax the muscles as it is to contract the muscle.
3. **Repeat** the contractions 12 to 20 times.
4. **Complete** these three to four times per day.

Continue to perform these exercises until urinary control has returned.

Sometimes it is difficult not to have the stomach muscles involved in this exercise. To check whether you are also contracting the correct muscles, place your hand on your stomach while you do your exercises. If you feel your abdomen move, then you are also using these muscles. Abdomen muscle should not move when completing these exercises.

Once the muscles are stronger and control is achieved, the strength can be maintained by doing one set of ten exercises two or three times per week.

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**Call your Urologist if you have any of the following symptoms**

- Chills or fever (temperature greater than 38.5°C/101°F).
- Increased discomfort, redness, swelling, warmth, drainage or separation of the incision.
- Nausea, vomiting, diarrhea, abdominal swelling.
- Chest pain or difficulty breathing.
- **If the catheter comes out. Do not reinsert the catheter. Go to the Emergency Department.**
• DO NOT ALLOW ANYONE TO REMOVE YOUR CATHETER WITHOUT PERMISSION FROM YOUR UROLOGIST. DO NOT ALLOW ANYONE TO REINSERT YOUR CATHETER EXCEPT UROLOGY (WITHOUT CONSULTING YOUR UROLOGIST FIRST).

• You experience severe pain that is not relieved by pain medication.

• You have back or flank pain.

• No urine or very little urine is flowing into the collection bag for two or more hours and you feel like your bladder is full.

• Your urine has blood clots in it and it has a foul odour or is cloudy in appearance.

• New or unexplained symptoms.

• If you are unable to reach your urologist please go to the emergency department.

Follow-up Appointment

• Expect to return to hospital to see your urologist in one to two weeks to remove the catheter. If you are unable to keep your appointment, please telephone in advance.

• During your visit to your urologist after your surgery, the wound clips/staples will be removed if present. At that time, your urinary catheter may also be removed. Following removal of the urinary catheter, return of continence (bladder control) is variable. Incontinence may be experienced immediately following the removal of the urinary catheter, however continence is usually regained over several months. Discuss any specific concerns you may have at this time with your urologist and/or nurse.

Urology Clinic

*Civic Campus: Main Building – B3, 3rd Floor 613-798-5555, ext. 14352
*General Campus: 2nd Floor – Module I 613-798-5555, ext. 71116

Your Surgeon’s name:

Dr. ________________________________

After your urinary catheter has been removed during your follow-up appointment, call your urologist if you experience any of the following:

(If you are unable to reach your urologist, go to the emergency department)

• Increased blood in your urine.

• Increased difficulty passing your urine.

• Chills or fever (temperature greater than 38.5°C/101.3° F).
Please remove this page from the book and carry this paper in your wallet for the first eight weeks after your surgery. Please present this paper to the health professional should you require a visit to the Emergency Department.

Emergency Visit Instructions

Important Information for Health Professionals

This patient has recently undergone a Radical Prostatectomy. This patient may present to you with or without an indwelling urinary catheter. The catheter is usually removed as early as seven days or within two to three weeks after surgery. Do not remove or change the catheter if one is currently in place. Under no circumstance should a urinary catheter be reinserted. It is imperative that the urology service is contacted and the patient re-assessed by urology. Insertion of a catheter by a non-urologist could result in serious consequences for this patient.

The Ottawa Hospital
Division of Urology
Resources

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 health-care provider.

Prostate Cancer Canada Network (PCCN)
Whether you are newly diagnosed or want to discuss your concerns, Prostate Cancer Canada is available to you and your caregivers. This is a volunteer organization of prostate cancer survivors and supporters. This organization provides information about prostate cancer and can facilitate contact with others who have had similar experiences.

Information:
P.O. Box 23122, Ottawa, Ontario, K2A 4E2
Telephone: 613-828-0762
Email: info@pccnottawa.ca
Website: www.pccnottawa.ca

Additional Resources:
• Canadian Cancer Society's Cancer Information Service: Canadian Cancer Society
  information in English and French on a wide variety of cancers, treatment and support
  services.
• The Canadian Continence Foundation: Telephone: 1-800-265-9575.
  Website: www.canadiancontinence.ca/EN/index.php.
  Mailing Address: The Canadian Continence Foundate
  c/o Jacqueline Cahill, Executive Director
  P.O. Box 417
  Peterborough, ON K9J 6Z3
• The Prostate Centre at the Princess Margaret Hospital, Toronto
  Website: www.prostatecentre.ca/
  Mailing Address: The Prostate Centre
  The Princess Margaret
  620 University Ave. 4th Floor
  Toronto, ON M5G 2C1
The Ottawa Hospital Learning Services
Do you need help finding more information about your disease? The Ottawa Hospital’s Learning Services can provide informational resources to patients and families upon request. Please email Learning Services at learningservices@toh.on.ca or leave a message at 613-737-8899 ext. 70107.

Notes