

Radical Prostatectomy

**Where is the
Prostate
Gland and
What Does it
Do?**

The prostate gland is located under the bladder and forms a donut-like collar around the urine channel (urethra). The job of the prostate is to make fluid that helps sperm survive. Sperm are made in the testicles and travel through a tube called the *vas deferens*. The sperm are stored in the seminal vesicles, which are located behind the bladder just above the prostate gland. During sexual intercourse, the sperm pass through the prostate gland, mix with a small amount of prostate fluid, and pass out of the penis during ejaculation.

**What Can You
Expect?**

In the Hospital. To prepare for surgery, you need to have some blood tests, a physical examination, a chest X-ray, and an EKG completed. You are also given a laxative to clean out your bowels.

After the surgery, a catheter is placed in your bladder to drain the urine until the area heals. You also have an intravenous drip to give you fluids until you can eat and drink, and you may have oxygen through a nose-piece. There will be a small drain in the incision to keep the internal swelling down. Most patients go home from the hospital in 3 to 7 days.

At Home. To be certain that the urethra heals without leaking urine and without forming scar tissue, you are sent home with your Foley catheter for 2 or 3 weeks. You are given instructions on how to care for the catheter. The catheter is removed when you return for a check-up after about 3 weeks.

Do not take any medications or receive treatment for any problems by your doctor or medical personnel without informing your urologic surgeon first.

Also, do not lift anything heavier than 5 lbs. (a 6-pack of soda) for 6 weeks from the day of your surgery. You should drink 6 to 8 glasses of water or juice every day. Drink enough fluids to keep your urine pale yellow. If it becomes dark yellow, drink more fluid.

Keep the drainage bag below the level of your bladder, use the large bedside bag when you are lying down, and use the smaller leg bag when you are up and about.

To prevent constipation, eat foods high in fiber such as bread and cereals made from

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What Can You Expect? (Continued)

whole grains, and raw fruits and vegetables with the skins left on. If you become constipated or have to strain to have a bowel movement, try a fiber expander (like Metamucil) or a stool softener (like Colase). If these fail, you may take a mild laxative like Milk of Magnesia. Do not use an enema or rectal suppository. You can drive your car after 4 weeks, but avoid long car rides.

Following surgery, you may notice some swelling of the scrotum, penis, groin, or ankles. This may be uncomfortable, but it is normal and will gradually disappear. You will be given prescriptions for pain medication and antibiotics when you leave the hospital as well as for vitamins or iron supplements to build your strength.

You may take showers and clean your incision daily. When you are sitting, prop your feet on a footstool or sit in a recliner to keep your feet elevated. This prevents the temporary swelling of your lower legs, which results from the removal of the lymph nodes. If swelling occurs, lie in bed and raise your feet on pillows until they are higher than your heart.

First Clinic Visit and Late Follow-Up. At your first clinic visit, you have a blood test done and may have a bladder x-ray to make sure there is no leakage before the catheter is removed. After the catheter is removed, you are asked to pass your urine and stop your stream. You are given a protective undergarment for your trip home. You may need to wear these until your control improves.

Control of urine returns gradually, beginning by staying dry at night and progressing to morning and then afternoons. Complete control takes time. You should drink most of your fluids during the daytime and stop drinking after dinner. Take only sips between dinner and bedtime. Drinking alcohol slows down the process, so avoid alcoholic beverages.

Pass your urine every 3 hours during the day and always stand to pass urine. Small amounts of blood and small clots are usually passed for about 1 month following surgery. Mild burning is common when you urinate for the first 3 or 4 weeks after the catheter is removed. If you develop burning with a fever, you should call your health care provider.

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What Can You Do to Prepare for This Surgery?

Your doctor may ask you to donate 2 or 3 pints of blood to reserve for use during surgery. This process, called autologous blood donation, takes 1 month to complete.

Do not take any Aspirin or Advil (Ibuprofen) or any medicine used to thin the blood for 1 week before surgery. Inform your health care provider of all your medications, including non-prescription medications, so they may be continued in the hospital.

The prostate gland also helps to control urine. There is an automatic response in the prostate that stops the flow of urine. Just below the prostate, there is a controllable response that also stops the flow of urine. When the prostate is removed, you need your pelvic muscles to control the flow of urine.

After the surgery there will be a catheter in your bladder that will drain your urine while your urethra heals. When the catheter is removed, most people leak urine until the pelvic muscles are strengthened. Practicing these **Kegel** exercises before you come to the hospital can decrease this problem. Included with this information are instructions for exercising these pelvic muscles, called Kegel exercises. Start today to exercise the muscles that help with urine control.

What Effect Will This Surgery Have on Your Sex Life?

Once you have recovered from your surgery, your sexual desires and urges will return. If you were able to have an erection before surgery, then you will more than likely be able to do so after surgery. Some men have erections very quickly following their surgery, while others need extra time to heal. Because the prostate gland and seminal vesicles were removed during surgery, your ejaculate will be dry or may contain only a few drops of fluid. It can take up to a year for complete return of sexual function because the nerves and blood vessels need time to heal after surgery.

If you have continued problems with erections after 3 to 6 months, discuss this with your health care provider. Because the vas deferens were divided (like a vasectomy), the sperm cannot leave the testicles. This means that you cannot father a child.

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