

# Radical Prostatectomy Care Guide:

## A checklist of what to expect



UHN

How to prepare for your operation as an Out Patient	
<p><b>1. Pre Admission Visit</b></p>	<p style="text-align: center;"><b>Toronto General Hospital 200 Elizabeth St. Preadmission Department - Ground Floor, Eaton Wing</b></p> <p>Remember to bring:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Your health card and any other insurance cards with you. You will need the policy number of your extended health insurance if you have any.</li> <li><input type="checkbox"/> Bring someone with you to your appointment.</li> </ul> <p>During the Preadmission visit:</p> <ul style="list-style-type: none"> <li>• The admitting clerk will register you.</li> <li>• Blood work is done.</li> <li>• ECG and CXR tests, if ordered, will be done.</li> <li>• The nurse will enter information in the computer about your health history.</li> <li>• The nurse in pre admission will conduct an in-depth assessment to help us manage your stay safely.</li> <li>• You may have an appointment with the anesthetist if ordered by your surgeon. This is arranged if you have had heart problems, breathing problems, problems with anesthetics, or any other conditions in the past that your surgeon may want to have assessed.</li> </ul>

Please visit the UHN Patient Education website for more health information: [www.uhnpatienteducation.ca](http://www.uhnpatienteducation.ca)

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## How to prepare for your operation as an Out Patient

<b>2. Teaching</b>	<p>You will meet the Urology clinical co-ordinator who will review specific information about the surgery including:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Instructions to follow at home before your surgery.</li> <li><input type="checkbox"/> Plans for your discharge home after your surgery.</li> <li><input type="checkbox"/> Bowel preparation with the fleet enema.</li> <li><input type="checkbox"/> Activity after surgery</li> <li><input type="checkbox"/> Tubes and drains such as foley catheter, J/P drain, PIV, DB&amp;C, incentive spirometry and leg exercises.</li> <li><input type="checkbox"/> Activity limits such as NO heavy lifting after surgery – nothing greater than 5kg or 10 lbs for 6 weeks.</li> </ul> <p>Review the possible risks and side effects and how to deal with them, including:</p> <ul style="list-style-type: none"> <li>• DVT (blood clots), rectal injury, blood loss</li> <li>• Possible stress incontinence, use of incontinence products such as Depend® Guard for men or newborn baby diapers</li> <li>• Kegel exercises and how to do them</li> <li>• Possible urethral stricture with instructions</li> <li>• Possible erectile dysfunction (information about when to start penile rehabilitation after surgery)</li> <li>• Return to work advice which will depend on your situation</li> <li>• Dealing with pain after your surgery (i.e. TORADOL, antispasmodics and oral pain medication)</li> </ul>
<b>3. Day of Surgery</b>	<ul style="list-style-type: none"> <li>• Arrive 2 hours before your scheduled surgery time Surgical Admission unit <b>2nd floor NCSB</b></li> <li>• Prepare for surgery</li> <li>• If you did not see the anesthetist in the preadmission department you will meet them before surgery</li> <li>• Surgery</li> <li>• Wake up in Post Anesthetic Care Unit / Recovery room</li> <li>• Return to nursing unit 6A West</li> </ul> <p><b>Your surgeon and the surgical team will follow your progress everyday while you are in hospital.</b></p>



Recovery and Follow-up	What to expect as an In Patient
<p><b>4. Return to Nursing Unit 6A West</b></p>	<ul style="list-style-type: none"> <li>• You may have sips of clear fluids.</li> <li>• You will have a peripheral intravenous (PIV) for 24 hours until you are drinking well; then it will be stopped.</li> </ul> <p><b>Nurses will monitor and assess you regularly. They will:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Encourage deep breathing and coughing exercises use of incentive spirometry every hour while you are awake.</li> <li><input type="checkbox"/> Encourage range of motion exercises to keep circulation moving in your legs.</li> <li><input type="checkbox"/> Check your pulse and blood pressure often.</li> <li><input type="checkbox"/> Monitor your urine flow.</li> <li><input type="checkbox"/> Check your incision and drain.</li> <li><input type="checkbox"/> Reinforce teaching everyday.</li> </ul>
<p><b>5. Post op Days 1 and 2</b></p>	<p>On the First Day after surgery:</p> <ul style="list-style-type: none"> <li>• Your diet will increase from sips to clear fluids and then to a regular diet as tolerated.</li> <li>• We will remove your peripheral intravenous (PIV) when you are drinking well, usually the first day after your surgery.</li> <li>• We will order medication for your pain that may be taken by mouth.</li> <li>• If you have bladder spasms, please let the nurses know. We have medication to help control bladder spasms</li> <li>• You will be walking the first day with help, and then walking by yourself.</li> <li>• We will remove your drain on the second day after your surgery if the amount of fluid is less than 50cc/24hr.</li> <li>• Your incision will be left open to air on the second day after surgery.</li> </ul>

## Recovery and Follow-up

### What to expect as an In Patient

#### 6. Discharge Planning

Here are the things we will review with you when you are ready to go home from hospital:

- Discharge teaching checklist
- Incision and catheter care, how to change from daytime leg bag to night drainage bag, and cleaning your bags
- Lifting and straining limitations
- Signs and symptoms of infection
- Signs and symptoms of (DVT) blood clots
- Home care supplies such as a leg bag, night drainage bag, a staple remover
- Your activity progression to regular walking: 2 - 3 walks outside everyday or you may use a treadmill
- Your feeling of fatigue improves
- Follow up in 8 to 14 days in the Cystoscopy department to remove catheter tube
- Possible stress incontinence and using incontinence products
- If you are sexually active, starting penile rehabilitation anytime after the catheter is removed

#### 7. Cystoscopy

- Go to Cystoscopy: 2nd floor NCSB at Toronto General Hospital**
- Bring incontinence products with you

If you are having trouble passing urine within the first few hours of the catheter being removed, return to the Cystoscopy department or go to your nearest emergency department if it is after hours

- Start your Kegel exercises the day after your Cystoscopy appointment.

## Recovery and Follow-up

## What to expect as an In Patient

### 8. Prostate Center at PMH

\*Only Dr. Robinette will follow up at TGH Hospital

- Make sure you have a PSA test done in week six before your 7-week appointment at a LifeLabs Medical Laboratory Services.**
  - Your PSA and Pathology test results will be reviewed with you during this appointment.
- Penile rehabilitation**
  - If you are sexually active and want to start penile rehabilitation, you may start whenever you feel ready. We do not start medication to help with erections until you see your doctor at 7 weeks.
  - You will be given a prescription for Erectile Dysfunction (ED) medication during this visit.
  - You will receive a call from the Rehabilitation Clinic with a time for your appointment which usually happens 3 months from the time of surgery.