

Radical Prostatectomy Care Guide:

A checklist of what to expect

How to prepare for your operation as an outpatient

1. Pre-Admission Visit

Where to find us: Toronto General Hospital (TGH), 200 Elizabeth St.
Pre-Admission Department
Ground Level – Eaton Building

Remember to bring:

- 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.
- Someone with you to your appointment.
- A list of your medications to your Pre-Admission appointment.
- Any past test results such as scans, blood work or consult notes from specialists. This will help us to manage your care better.

During the Pre-Admission visit:

- The admitting clerk registers you.
- Blood work is done.
- If ordered, ECG and chest x-ray tests are done.
- The nurse enters information in the computer about your health history.
- The nurse in Pre-Admission completes an in-depth assessment to help us manage your stay safely.
- You may have an appointment with the anesthesiologist, if ordered by your surgeon. This is arranged if you had heart problems, breathing problems, problems with anesthetics, or any other conditions in the past that your surgeon may want to assess.
- You see the Pharmacist who records any medication you are currently taking.



How to prepare for your operation as an outpatient

2. Teaching

You will meet the Urology clinical co-ordinator who reviews specific information about the surgery including:

- Instructions to follow at home before your surgery
- Plans for your discharge home after your surgery
- Preparing your bowel with the fleet enema
- Activity after surgery
- Tubes and drains such as foley catheter, J/P drain, PIV and DB&C
- Incentive spirometry and leg exercises
- Activity limits such as NO heavy lifting after surgery – nothing greater than 5 kilograms or 10 lbs for 6 weeks

You will review the possible risks, side effects and how to deal with them including:

- DVT (blood clots), rectal injury, blood loss
- Possible stress incontinence, use of incontinence products such as Depend® Guard for men or newborn baby diapers
- Kegel exercises and how to do them
- Possible urethral stricture with instructions about how to manage
- Possible erectile dysfunction (information about when to start penile rehabilitation after surgery, with a review of treatment strategies)
- Return to work advice which will depend on your situation
- Dealing with pain after your surgery (taking Tylenol, Regional Tap Block, TORADOL, antispasmodics and oral pain medication)
- Return to work recommendations
- Review of follow-up appointments and what to expect

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3. Day of Surgery

**Arrive 2 hours before your scheduled surgery time and go to:
TGH, Surgical Admission Unit
Norman Urquhart Building (NU) - 2nd floor**

- Prepare for surgery
- An IV is started to so we can give you antibiotics
- If you did not see the anesthetist in the Pre-Admission department, you will meet them before surgery
- The area where we do the operation is marked
- The area where we do the operation is shaved
- We give you medication to help lower the chance of blood clots
- Have surgery
- Wake up in Post-Anesthetic Care Unit (PACU) or Recovery Room
- When you are awake and stable we transfer you to 6A West
- Return to nursing unit 6A West

Your surgeon and the surgical team will follow your progress while you are in hospital.

Recovery and Follow-up

4. Return to Nursing Unit 6A West after your operation

- You may have sips of clear fluids.
- You have a peripheral intravenous (PIV) for about 24 hours until you are drinking well. Then it will be stopped.
- Your diet increases from sips to clear fluids and then to a regular diet, as tolerated.
- We remove your peripheral intravenous (PIV) when you are drinking well, usually the first day after your surgery.

Nurses monitor and assess you regularly. They will:

- Encourage deep breathing and coughing exercises, using incentive spirometry every hour while you are awake.
- Encourage range of motion exercises to keep the blood moving in your legs.
- Check your pulse and blood pressure often.
- If you were the first operation of the day, the nurse helps you in the evening to get up for a walk.
- Monitor your urine flow.
- Check your incision (cut) and drain.
- Reinforce teaching every day.

5. After your operation

- Once you are eating and drinking we will order medication for your pain that you can take by mouth.
- If you have bladder spasms, please let the nurses know. We have medication to help control bladder spasms.
- We remove your drain on the day after your surgery if the amount of fluid is less than 50cc/24hour.
- Your incision is left open to air on the day after surgery.
- You may shower the second day after your surgery.

Recovery and Follow-up

6. Discharge Planning (going home)

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

- Discharge teaching checklist
- Who to call in case you have questions at home
- 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
- Supplies such as a leg bag, night drainage bag and staple remover
- Making an appointment with you family doctor to have your staples removed
- Your activity progression to regular walking (2 or 3 walks outdoors or on a treadmill every day)
- Increasing activities as your feeling of fatigue improves
- Follow-up in 10 to 14 days in the Cystoscopy Department to remove your catheter
- Possible stress incontinence and using incontinence products
- If you are sexually active, starting penile rehabilitation any time after the catheter is removed. Rehabilitation is not about achieving an erection, but reaching orgasm to help with healing. Most men do not achieve a natural erection at first.

7. Cystoscopy

**Go to: TGH, Cystoscopy Department
Norman Urquhart Building (NU) – 2nd floor**

- Bring incontinence products with you.**
 - If you are having trouble passing urine a first few hours after the catheter is 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	
<p>8. Prostate Center at Princess Margaret Cancer Centre</p> <p>*Only Dr. Robinette will follow-up at TGH Hospital</p>	<p><input type="checkbox"/> Make sure you have a PSA test done in week six before your 7-week appointment at a LifeLabs Medical Laboratory Services.</p> <ul style="list-style-type: none"> Your PSA and Pathology test results will be reviewed with you during this appointment.

Recovery and Follow-up	
<p>9. Rehabilitation Clinic</p> <p>123 Edward Street</p>	<p><input type="checkbox"/> Penile rehabilitation</p> <ul style="list-style-type: none"> 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. We give you a prescription for Erectile Dysfunction (ED) medication during this visit. You receive a call an appointment in the mail from the Rehabilitation Clinic with a time for your appointment. This usually happens 3 or 4 months after your surgery. Pamphlets are available for more information on the Prostate Cancer Rehabilitation Clinic.

Visit www.uhnpatienteducation.ca for more health information.

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