

YOUR GUIDE TO RECOVERY AFTER RADICAL PROSTATECTOMY SURGERY

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you will play an active part in your recovery after surgery

Enhanced Recovery After Surgery:

When you are admitted to the hospital for your prostate surgery, you will be part of a program called Enhanced Recovery After Surgery (ERAS®). This program integrates a series of scientifically proven care elements that start at home prior to surgery and then continue through your surgery, hospital stay, and recovery at home.

ERAS® program goals:

- Recover more quickly
- Experience less pain
- Decrease your risk of complications such blood clot or serious infection

Having surgery is stressful for patients and their families. Research shows that you will feel better overall and recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These things will help you to feel better faster, go home sooner, and resume your normal activities.

Please bring this booklet with you to all of your appointments before surgery and to the hospital when you are admitted for your surgery. Use this booklet to share the information with all of your physicians and your family. Use it as a guide before, during, and after your surgery.

You are not alone as you prepare for surgery. We will support you each step of the way. Please ask us at any time if you have questions about your care.

Fill in the following information as you receive it from your care team:

DATE OF SURGERY: _____

TIME OF SURGERY: _____

TIME TO ARRIVE AT THE HOSPITAL: _____

DATE & TIME OF FOLLOW-UP APPOINTMENT _____

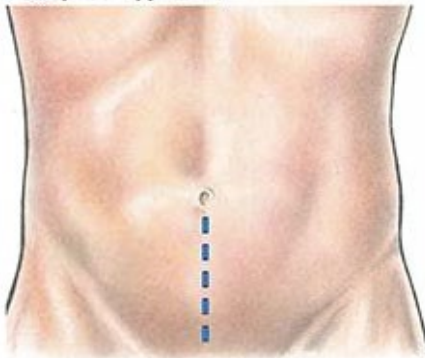
What is Radical Prostatectomy Surgery?

The primary purpose of a radical prostatectomy is to remove the prostate gland completely, most commonly for treatment of cancer. Additional key goals are to preserve sexual function as well as urinary continence and control. As part of the procedure, in many cases the surgeon will also remove lymph nodes to assess for possible spread of cancer.

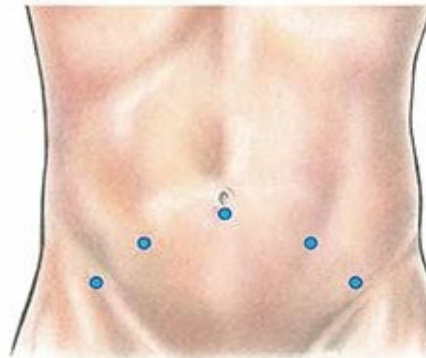
There are two different approaches to doing a radical prostatectomy. The open approach uses an incision in your lower abdomen to access and remove the prostate.

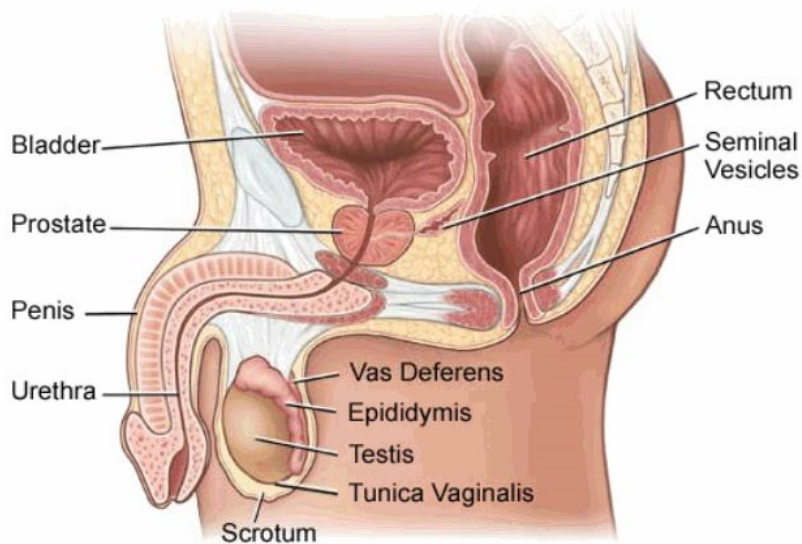
The robotic approach uses several small incisions (ports) to access and remove the prostate. The robot used during surgery has several small arms with very small tools at the end. With your surgeon controlling the movements of the arms from a computer, the arms are inserted through the ports to access and remove the prostate. The robot cannot move on its own; it acts as an extension of the surgeon. The robot allows the surgeon to operate with enhanced vision, control, and precision. This means there is less trauma to your tissues, diminished bleeding, shorter recovery time, and usually decreased post-operative pain.

**Radical open prostatectomy incision
(retropubic approach)**



**Robotic-assisted laparoscopic radical
prostatectomy incisions**





BEFORE YOUR SURGERY

Preparing for Surgery (See checklist on page 18)

1. MEDICAL CLEARANCE

You will need to arrange an appointment with your primary care physician (PCP) within 30 days prior to your surgery date for a medical exam similar to an annual physical. **This should be scheduled to occur at least two weeks prior to your surgery** in case there are additional consultations or tests needed before you can safely have surgery.

2. BE ACTIVE

Exercise will help your body to be as fit as possible and keep your weight under control. If you are already active, keep it up. If not, please try to begin exercising. Even a minimum of 15 minutes per day is beneficial. This does not need to be strenuous!

3. STOP SMOKING!!

If you smoke, stop before your surgery to reduce the risk of lung problems and other complications. Your PCP can help you stop smoking by prescribing medications if necessary.

4. RESTRICT ALCOHOL

Do not drink alcohol 24 hours before surgery. Alcohol can interact with medications. If you need help decreasing your alcohol use before surgery, let us know.

5. PLAN AHEAD

You may need help with meals, laundry, bathing, or cleaning when you go home from the hospital. Stock your fridge and freezer with food that is easy to reheat. Make plans with your family and friends so you will have the help you need.

6. OTHER APPOINTMENTS

Some patients will see a sexual health advisor prior to surgery and again at intervals after surgery, to discuss, evaluate, and address sexual issues, medication side effects, and incontinence. The first visit prior to surgery is typically about one hour long. Partners are welcome and encouraged to attend the visit. This visit will provide information to help you fully understand your surgery in relation to sex, intimacy, and continence. It will also allow you to be proactive about working on any sexual or continence issues.

You will also meet with the office nurse navigator to review this booklet and other important information about your upcoming surgery. Again partners are welcome and encouraged to attend.

7. PICK UP SUPPLIES AND ANY PRESCRIPTIONS

Your surgeon may order prescriptions for you to take prior to surgery - such as **Cialis (tadalafil) or Viagra (sildenafil)**. If so, those should be picked up from your pharmacy along with other supplies mentioned on page of this booklet: **Hibiclens (4% chlorhexidine)** - an over the counter skin cleanser; **Magnesium Citrate** - an over the counter liquid laxative; **carbohydrate rich fruit or other drinks**; and **sugarless gum**.

8. ARRANGE TRANSPORTATION

The plan is for you to go home from the hospital on the day after your surgery. Please arrange a ride as you will not be able to drive.

9. CANCELLING

If you get sick, or other issues arise that make it necessary for you to re-schedule your surgery, please call the Urology clinic as soon as possible at 847-503-3000.

10. EXPECT OUR CALL

A day or two before your surgery, staff from the following areas will contact you:

A. Hospital Admitting Department

- A staff member will call to verify your insurance coverage. If you have not been contacted within 24 hours prior to your surgery, please call:
 - Glenbrook Hospital at 847-657-5625
 - Evanston Hospital at 847-570-2130
 - Highland Park Hospital at 847-480-3779

B. Ambulatory Surgery Unit (ASU)

- A nurse from the ASU will call to review your health history, medications, surgical preparation instructions, and tell you what time to arrive on the day of surgery.

Medications - General Guidelines - Use Worksheet on page 17!!

1. Multivitamins, herbs, green tea, and over-the-counter supplements - **Stop all of these 10 days before surgery.**

2. If you are currently taking Aspirin 325 mg under the direction of a physician - **Stop the 325 mg dose 10 days before surgery** and begin taking 81mg daily instead.
3. If you are currently taking Aspirin 81mg under the direction of a physician - Continue to take this up to and including the day of surgery.
4. Non-steroidal anti-inflammatory drugs, also known as NSAIDS, such as Advil, Aleve, Motrin, ibuprofen, Mobic etc. - **Stop 3 days before surgery.**
5. Tylenol (acetaminophen) - Can be taken as needed until the night before surgery.
6. Seizure medication - Take this on the day of surgery with a sip of water.
7. Blood Pressure medication - Take as directed until the day before surgery. Most should also be taken on the day of surgery with a small sip of water. All blood pressure medications should be discussed with your primary care physician, or cardiologist before surgery.

On the day of surgery DO NOT take the following cardiac medications:

- a. Diuretic , also known as a water pill,
- b. ACE inhibitor: such as Enalapril, (AKA Vasotec); Lisinopril, (AKA Zestril or Prinivil); and Ramipril, (AKA Altace); and others too numerous to list here.
- c. Angiotensin receptor blocker (ARB) , such as Losartan (AKA Cozaar); Candesartan, (AKA Atacand); Valsartan, (AKA Diovan); Irbesartan (AKA Avapro); Olmesartan (AKA Benicar), and others too numerous to list here.

Blood thinning, Anticoagulant, and Antiplatelet medications may need to be modified or stopped before surgery. Follow the guidance of your PCP, Neurologist, or Cardiologist if you are taking these or other similar medications. **DO NOT STOP or CHANGE** the way you take these without specific instructions from your PCP, Neurologist, or Cardiologist!!

* Heparin (fondaparinux)	*Lovenox (enoxaparin)	*Arixtra
*Fragmin (dalteparin)	*Pradaxa (dabigatran)	*Xarelto
(rivaroxaban)	*Eliquis (apixaban)	*Coumadin (warfarin)
*Plavix (clopidogrel)		
*Effient (prasugrel)	*Brilinta (ticagrelor)	*Sayvasa
(edoxaban)		

For further questions regarding medications, please contact the Urology office at 847-5033000.

Patients with Diabetes

If you have diabetes, please see your primary care physician and endocrinologist before surgery to confirm how to handle your insulin and/or oral diabetes medications.

In general, DO NOT take your oral diabetic medication for two days prior to your operation.

Pre-operative Clearance

1. It is your responsibility to call and schedule an appointment with your Primary Care Provider (PCP) to perform a preoperative history and physical exam, similar to an annual physical. This must be done WITHIN 30 DAYS PRIOR to your surgical date. Bring this booklet with you to the visit with your PCP.
2. You will also need to have a series of pre-operative blood tests. These can be through your PCP's office, or at a [NorthShore Outpatient Lab](#).
3. You may need to have other testing done, such as a bone scan or CT scan. If these are necessary your surgeon will let you know and place orders for you to do them.
4. You will need to have a Nasal Swab to test to see if you are a carrier for staphylococcus. This can be ordered and done through your PCP's office, or at a [NorthShore Outpatient Lab](#). If the test is positive for staph, you will be notified of the results and be given additional instructions for an antibiotic ointment that you will begin using 5 days prior to surgery.
5. You may need to have a [Blood Type & Screen](#) done within 30 days of your surgery if you are having the open type of procedure. This test is done to determine your blood type and the presence of any antibodies in your blood. You MUST have this done at a [NorthShore Outpatient Lab](#). No appointment is required. You may want to discuss donation of your own blood prior to surgery with your surgeon. If you need a transfusion at the time of surgery it can be done using your donated blood.
6. If you are over age 65, or over age 50 AND have a cardiac history, you will need to have an EKG. If your PCP cannot perform this in their office, please let us know. We can place an order for the test and you can go to any [NorthShore Cardiographics Department](#) to have the EKG done. No appointment is required.
7. If you have an implanted pacemaker or defibrillator, you will need to have the device evaluated by your cardiologist within 3 months prior to the surgery date.

8. If you have been diagnosed with sleep apnea AND have been prescribed a sleep apnea device, such as a CPAP, you will need to bring this device to surgery with you.

THE DAY BEFORE SURGERY

Purchase the following items if you have not already done so:

1. Hibiclens wash- comes in a 4oz teal bottle (sold over the counter)



2. Magnesium citrate - an over the counter laxative that can be found at any drug store or pharmacy as a 10 oz. liquid that comes in varied flavors.
3. Any prescriptions your surgeon has given you.
4. Two 12 oz containers of a carbohydrate-rich drink. Choose from one of following allowed drinks:
 - Apple juice
 - Cranberry juice
 - Commercial iced tea
 - White grape juice
5. Sugarless chewing gum.

Eating and Drinking

1. Eat a normal diet the day before surgery.
2. At 4 pm in the afternoon on the day before surgery, drink the entire bottle of magnesium citrate. It will cause diarrhea. In order to avoid dehydration, continue to drink clear liquids throughout the evening.

3. At 10 pm drink one of the 12 oz carbohydrate drinks you purchased.

ALLOWED CARBOHYDRATE DRINK CHOICES :

- Apple Juice
- Cranberry Juice
- Commercial Iced Tea (sweetened with sugar, not artificial sweeteners)
- White grape juice

Your drink
preference_____

4. Do not eat any solid food after midnight!!

Washing:

Shower or bathe the night before surgery using your normal routine. In addition, follow these instructions:

- Do not shave near the surgical site (see pictures on page 2).
- Wash with Hibiclens (4% chlorhexidine) as the LAST part of your normal shower or bathing routine. Wash gently from your neck to your ankles with the Hibiclens.
- Use about a palm size amount of the Hibiclens. It will not bubble or lather.
- Rinse the Hibiclens off completely and then repeat.
- AVOID CONTACT OF THE SOAP WITH YOUR EYES AS THIS CAN CAUSE IRRITATION. If some of the soap gets in your eyes, rinse thoroughly with water.
- Use a newly washed towel to dry off, put on newly washed underwear and pajamas, and change your bedding to make sure you sleep on freshly washed sheets.
- Discard the Hibiclens container in the regular garbage when finished.
- These activities help reduce the possibility of infections after surgery.

Medication:

Take your regular night time medication as previously discussed with your primary care physician.

Eating and drinking

1. **Do not eat any food!**
2. Drink the other (12 oz) carbohydrate drink you purchased. Start drinking it about 3 hours before your scheduled surgery time. **STOP drinking 2 hours before your scheduled surgery start time**, even if you have not completed the full 12 oz.

ALLOWED CARBOHYDRATE DRINK CHOICES:

- Apple Juice
- Cranberry Juice
- Commercial Iced Tea (with sugar, not with artificial sweeteners)
- White grape juice
- Remember! Drinking other juices or liquids such as milk may result in cancellation of your surgery. You may drink a cup of black or sugared coffee or tea - WITHOUT MILK OR DAIRY - in addition to your carbohydrate drink.

Your drink
preference _____

3. DO NOT drink any additional fluids within the 2 hours prior to surgery or your surgery may be cancelled!!

Getting Dressed

1. Put on clean underwear and clothes.
2. Do not wear lotion, cologne, jewelry, or piercings.
3. Do not shave the area where the operation will be done (see page 2).
4. Deodorant is okay to use.

THINGS TO BRING TO THE HOSPITAL

- ✓ This booklet
- ✓ Photo ID (driver's license or state ID)
- ✓ Insurance card and information
- ✓ Two packages of your favorite SUGARLESS gum



- ✓ List of prescription and non-prescription medications that you take (including vitamins, supplements and herbal medications).
- ✓ List of past hospitalizations, illnesses, surgeries, allergies (and allergic reactions) and immunizations.

- ✓ Assistive devices, such as CPAP for sleep apnea, walkers, crutches, canes, hearing aids, and glasses. Please label all personal items with your name.
- ✓ Names and phone numbers of family or friends to contact in case of emergency.
- ✓ Loose comfortable clothes to wear home.
- ✓ Copy of your advance directives, if you have such documents.
- ✓ Personal toiletries such as shampoo, deodorant, toothbrush, toothpaste, razor, etc.
- ✓ Electronic items such as phone, tablet, and charger are okay to bring.
- ✓ Please remember that your stay will be brief and the hospital is not responsible for lost or stolen items.

At the Hospital

1. Arriving at the hospital (check the hospital):

Glenbrook - You will enter through the east hospital entrance, just off Pfingsten. The entrance faces Glenbrook South High School. There is a desk just to the right of the fountain with a staff member who will greet and direct you.

Evanston - Park on the 5th floor of the parking garage (Notre Dame level). Signs will direct you from the parking garage to the check-in area where you are having your procedure. A staff member will greet and direct you from there.

Highland Park - You will enter through the main hospital entrance. A staff member at the front desk will greet and direct you.

- After check in you will be escorted to your individual room in Ambulatory Surgery Unit (ASU) where you will meet the nursing staff and your anesthesia team to prepare you for your surgery. You will also speak to your surgeon in the ASU before you have your surgery.

2. Pre-Operative area:

- The nurse will ask you to change into a hospital gown and complete the preoperative checklist with you.
- You will meet the members of your anesthesia team and discuss your anesthetic plan.
- You may be asked to put on leg-squeezing sleeves; these will help your circulation and prevent blood clots from forming.
- An IV will be inserted.
- You will receive several medications from the nursing staff that have been prescribed for you by your anesthesia and surgery team.
 - These medications may help to prevent pain, nausea/vomiting, and decrease the risk of infection and blood clots after surgery.
 - These medications may be given orally with very small sips of water, as a patch, or through your IV.

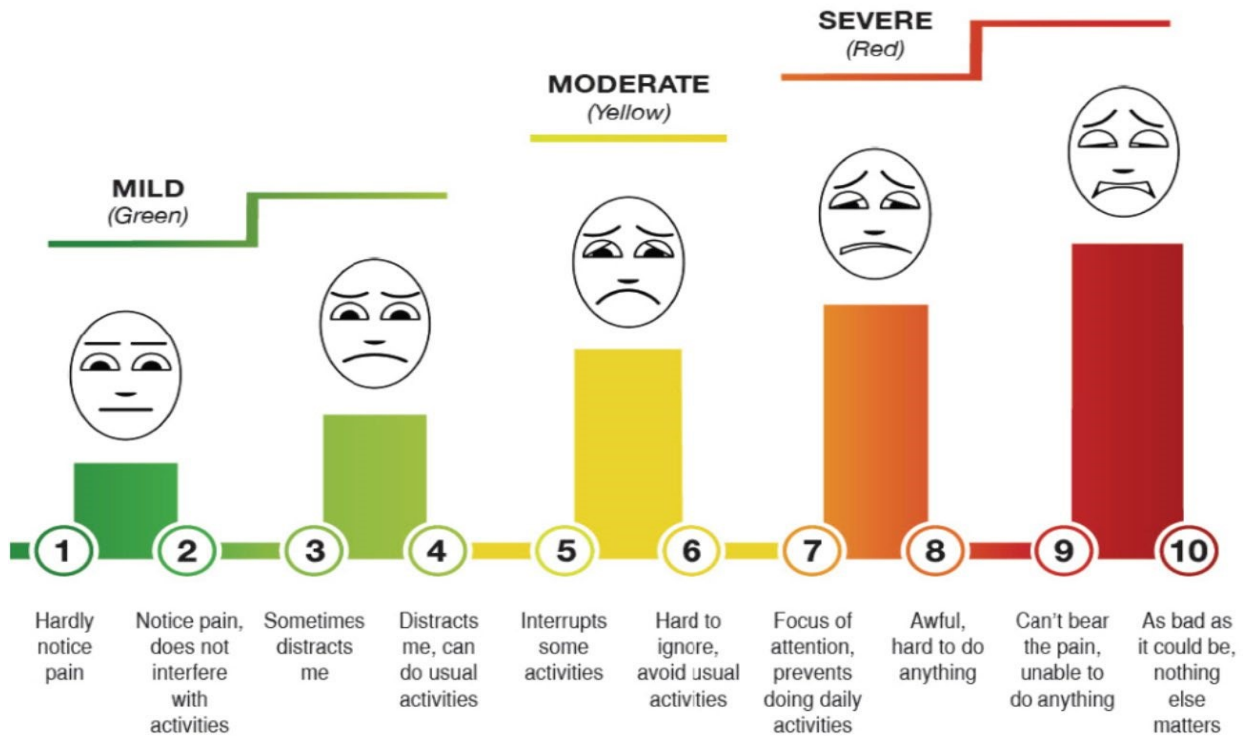
- Your family will be able to stay with you at this time.
 - Someone from the Admitting Department will see you in your room to complete any necessary forms.
3. Operating room
 - You will be given sedative medication just prior to being taken to the OR.
 - The anesthesiologist will put you to sleep in the OR and provide long acting local anesthetic agents to help reduce pain after surgery.
 - You will be asleep and pain free during your surgery.
 4. Waiting room
 - Your family will be escorted to the waiting room during your surgery.
 - They will be provided with updates and notified when you are out of surgery.
 - They should check in with the desk to provide a contact number in case they leave temporarily for any reason.
 - ATM's are located at each hospital
 - Each hospital has a cafeteria and gift shop for purchasing of food/beverages.
 5. PACU (post anesthesia care unit)
 - You will wake up here after your surgery is finished.
 - Family is not allowed to visit in the PACU.
 - You may have a mask providing you with oxygen, an IV giving you fluids, and a catheter draining urine from your bladder.
 - Because of the type of surgery you had, and the presence of the catheter, you will feel a strong urge to urinate. That is normal.
 - You may be here for several hours.
 - A nurse will check your vital signs often, check your bandages, and make sure you are comfortable.
 - Once your vital signs are stable, you will be transferred to your hospital room. Your family can visit you there.

AFTER SURGERY: INPATIENT

Pain Control:

1. It is important to control your pain because it will help you to:
 - Take deep breaths
 - Move more easily
 - Eat better
 - Sleep well
 - Recover faster
 - Do things that are important to you

2. Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. The goal is keep your pain at or below 4 out of 10. Your nurse will offer the pain medication best suited to the level of pain you report.



3. Transversus Abdominis Plane (TAP) Block

- The Transversus Abdominis Plane (TAP) block is a relatively new regional anesthesia technique that provides analgesia to the parietal peritoneum as well as the skin and muscles of the anterior abdominal wall.
- The TAP block has been shown to provide effective longer term incisional pain relief - sometimes for up to three or more days.

Exercises

1. Move around while you are in bed. This will help to prevent pneumonia, blood clots, and muscle weakness.
2. Start these exercises when you wake up and continue them while you are in the hospital.

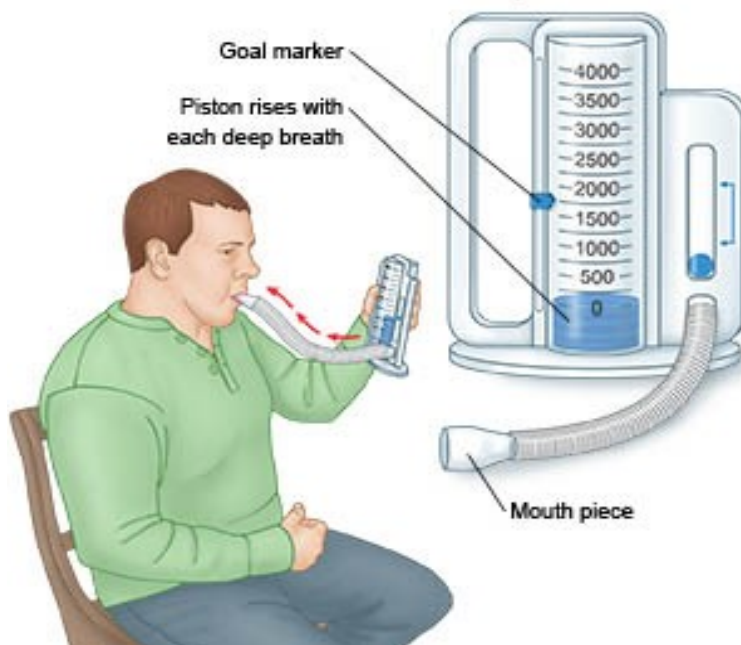
A. Leg exercises:

- These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.
- Rotate your foot to the left and right.
- Wiggle your toes and bend your feet up and down.
- Stretch your legs out straight.

B. Deep Breathing and Coughing Exercises:

- An incentive spirometer is a device that helps you breathe deeply to prevent pneumonia.
- Sit up straight.
- Put your mouth tightly around the mouth piece.
- Take a deep breath in and blow it out slowly. This allows the lungs to fully expand. You will see the piston/ball rise with each breath.
- Rest for a few seconds and repeat this task 10 times every hour.
- Cough well after completion to clear your lungs. You may use a pillow or your hands to hold your incision taut (splinting).

How to Use an Incentive Spirometer



THE EVENING AFTER SURGERY - Post-op Day #0

Pain Control

1. Some pain is to be expected after surgery. We will help you to keep it manageable.
2. You will receive scheduled medications to prevent pain, including Tylenol (acetaminophen) and Motrin (ibuprofen). Tell your nurse if your pain is worsening.

Breathing

1. Do your breathing exercises with the incentive spirometer 10 times every hour.
2. Cough well after each cycle of 10.

Activities

1. Do your leg exercises 4-5 times every hour while awake.
2. Get up and sit in a chair with help from your nurse or patient care technician.
3. Take a walk around the room, then out in the hallway, with assistance if needed.
4. Track your progress on the checklist.
5. Take all meals while sitting in a chair.

Eating and Drinking

1. Drink liquids as tolerated, start solid foods if you feel able.
2. Chew gum for 30 minutes.

Tubes and Lines

1. An intravenous line (IV) will be giving you a small amount of fluid.
2. You will have a urinary catheter to drain (and measure) the urine from your bladder.

THE DAY AFTER SURGERY - Post-op Day #1Pain Control

1. You will be receiving several scheduled medications to prevent pain, including Tylenol (acetaminophen) and Motrin (ibuprofen).
2. We want your pain to be as well controlled as possible. Please tell us if your pain getting is out of control.

Breathing

1. Do your breathing exercises with the incentive spirometer 10 times every hour.
2. Cough well after every cycle of 10

Activities

1. Sit in a chair for all meals.
2. You should be out of bed about every 90 minutes for some activity - bathroom, washing, walking, eating meals, etc.
3. Walk in the hallway 4-5 times, with help if needed.
4. Be out of bed, off and on, for a total of 6 hours throughout the day.
5. Track your progress on the checklist.

Eating and Drinking

1. Transition to a regular diet throughout the day.
2. Chew gum for 30 minutes 3 times per day.

Tubes and Lines

1. Your IV fluids will be stopped when you are drinking well.
2. The drain in your abdomen may be removed.
3. Your catheter will remain in for at least a week after surgery. You will go home with it in place - along with instructions for care until you see your surgeon after discharge.

Goals for Discharge

The goal is to have you prepared to go home in the late afternoon the day after surgery if you have a robotic procedure, on the second day after surgery if you have had an open procedure. The following criteria will help determine when you are ready to go home:

- You are able to eat a diet without feeling nauseous or experiencing any vomiting.
- You have adequate pain control on oral medication.
- You are getting out of bed and walking without help.
- You have a normal body temperature (no fever).

We will give you information about your follow-up appointment with your surgeon before you leave the hospital.

HOME CARE INSTRUCTIONS

Driving home

1. If you have to travel for more than one hour from the hospital to home, stop the car, get out and walk around for a few minutes.

Incision and surgical site care

1. Your incisions may be slightly red and uncomfortable for 1-2 weeks after surgery.
2. You may take a shower on the first day after surgery when you get home. No bath until after the Foley catheter is removed.
3. The port and drain sites are not sutured after surgery. They are small and will heal on their own. You may experience varying amounts of leakage from these sites for several weeks after surgery. This is normal. Dressings will be provided to you to cover the sites.
4. If any surgical site becomes red, warm, hard, or the drainage is foul smelling or looks like pus - call your surgeon's office.
5. You may have some bruising around the sites where your heparin injections were given during your hospital stay. This is normal.
6. You may experience scrotal swelling and discomfort. Applying ice and elevating the scrotum can be helpful. Your nurse can demonstrate scrotal elevation techniques prior to discharge home.

Foley Catheter Expectations and Care

1. You may experience irritation or leaking from around the catheter, especially if you have to strain to have a bowel movement. Apply bacitracin ointment 4 times a day to the tip of the penis to avoid or diminish irritation.
2. Blood in your urine is common as you resume your normal activity, or if you have to strain to have a bowel movement. It is normal to have pink tinged urine or small clots. If your urine becomes very red, bloody, thick, or contains large clots - call your surgeon's office.

3. Your catheter will be in place for about 7 days after surgery. You will need to make an appointment with your surgeon's office to have it removed.
4. You will leave the hospital with two urine collection bags: a large bedside bag and a smaller bag that can attach to your leg while you are up and around during the day.
5. The smaller leg bag can be easily hidden under a loose pair of pants. It attaches to your leg with Velcro or elastic straps. Make sure the bag is always positioned lower than the level of your bladder to prevent urine from flowing backward into your bladder. Backward flow can cause an infection.
6. The larger bedside bag has a hanging device that can attach to your bed frame at night. Again, the bag must be positioned below the level of your bladder to prevent backflow.
7. Emptying your urine bag:
 - a. Do this in a clean bathroom.
 - b. Empty the bag into the toilet 2-3 times a day, or when it is one third to half full.
 - c. Wash your hands well before starting.
 - d. Keep the bag below your hip or bladder as you empty it.
 - e. Hold the bag over the toilet.
 - f. Open the spout at the bottom of the bag and empty the bag completely.
 - g. Do not let the bag touch the rim of the toilet.
 - h. Clean the spout with rubbing alcohol and a cotton ball or gauze after emptying.
 - i. Close the spout tightly.
 - j. Do not place the bag on the floor.
 - k. Wash your hands well again after you have finished.
8. Changing from the leg bag to bedside bag and vice versa:
 - a. Wash your hands well.
 - b. Empty the bag you are currently using following the instructions above.
 - c. Disconnect the valve at the end of the tube near the bag. Don't pull too hard. Do not let the end of the tube or bag touch anything, including your hands.
 - d. Clean the end of the tube with rubbing alcohol and a cotton ball or gauze.
 - e. Clean the opening of the clean bag with rubbing alcohol and a cotton ball or gauze if it is not a new bag.
 - f. Attach the tube to the bag tightly.
 - g. Strap the bag to your leg.
 - h. Wash your hands well after you have finished.
9. Cleaning your urinary drainage bag:
 - a. Clean your bedside bag each morning, and your leg bag each night.
 - b. Wash your hands well.
 - c. Disconnect the tube from the bag. Attach the tube to a clean bag.

- d. Clean the used bag by filling it with a solution of 2 parts white vinegar and 3 parts water. Or you can use 1 tablespoon of chlorine bleach mixed with a half cup of water.
- e. Close the bag with the cleaning solution in it. Shake the bag a little.
- f. Let the bag soak in the solution for about 20 minutes.
- g. Hang the bag to dry with the bottom spout hanging down.

Some pain and swelling of the penis and testicles is normal. However, if you experience any of the following, you should call the office or go to the Emergency Room for evaluation.

1. Several hours without any urine draining into the urine collection bag with a strong urge to urinate.
2. Urine is thick, dark red in color, has several moderate to large clots.
3. The catheter falls out or is accidentally pulled out.
4. Fever above 101 degrees.
5. Chills, nausea, diarrhea, or vomiting.
6. Severe pain that is unrelieved by the medications you have been given.
7. Office phone number _____

Pain

1. You may have pain for a few weeks after surgery. Take acetaminophen (Tylenol) for mild pain, Toradol for moderate pain, and Norco for breakthrough pain beyond that.

We encourage patients not to use opioid medications like Norco unless necessary. Prescriptions will be given to you at the time of discharge.

2. If the pain medications are causing a burning sensation or pain in your stomach, stop taking them and call your surgeon.
3. If you have severe pain that is not relieved with the medicine that has been recommended for you, call your surgeon or go to the Emergency Room.

Other Medications

You will continue taking the sildenafil or tadalafil that was started prior to your surgery for penile rehabilitation.

Constipation

Pain medication may cause constipation. To help your bowels stay regular:

- Drink lots of fluids - mainly water!! At least 8-10 glasses each day.
- Get regular exercise (a 15 minute walk is a good start!)
- Increase fiber intake - fruits, prunes, prune juice, vegetables, bran, whole grains.
- Take stool softeners as ordered by your surgeon.

- If you have not had a bowel movement within 3 days after surgery, you can purchase Miralax over the counter at your pharmacy and follow the instructions for use on the container.

Bowel Habits

1. Your bowel patterns may change after surgery.
2. You may have loose stools, become constipated, or have more frequent bowel movements. This should settle into a normal pattern over time.

Prescriptions and Refills

If you need a refill on a prescription, please call the office before you run out of medication.

Call _____

Diet

You may eat anything you want. At first you may want to select foods that are easier to digest, and less likely to trigger irritation or inflammation (such as broths, simple grains, boiled vegetables, fruit, or fruit juices). Eat smaller and more frequent meals.

Activity

1. You will not be allowed to lift, push, or pull anything greater than or equal to 10 lbs. for 2-3 weeks after your surgery. For reference purposes, a gallon of milk weighs about 9 lbs.
2. You should avoid any strenuous (i.e. running, CrossFit, etc.) activity for 4 weeks after surgery.
3. It is recommended that you do not drive for 1 week after surgery. Generally it is okay to resume driving after the catheter is out and you are no longer taking any opioid pain medications.

Appointments

1. Make an appointment with your surgeon’s office one week after surgery to have your catheter removed. This can usually be done by the nurse in the office. You may have wait in the office for a while after the catheter is removed to make sure you have no problem urinating on your own.
2. Make an appointment to see your surgeon about ten days after surgery and 6-7 weeks after surgery.

BRING TO ALL DOCTOR APPOINTMENTS!!! Fill in your individual instructions

Medication Worksheet: Date of Surgery _____		
Medications You May Be Taking	General Instructions	Fill In <u>Your</u> Instructions from <u>Your Physicians</u>
Multivitamin	Stop 10 days before surgery	

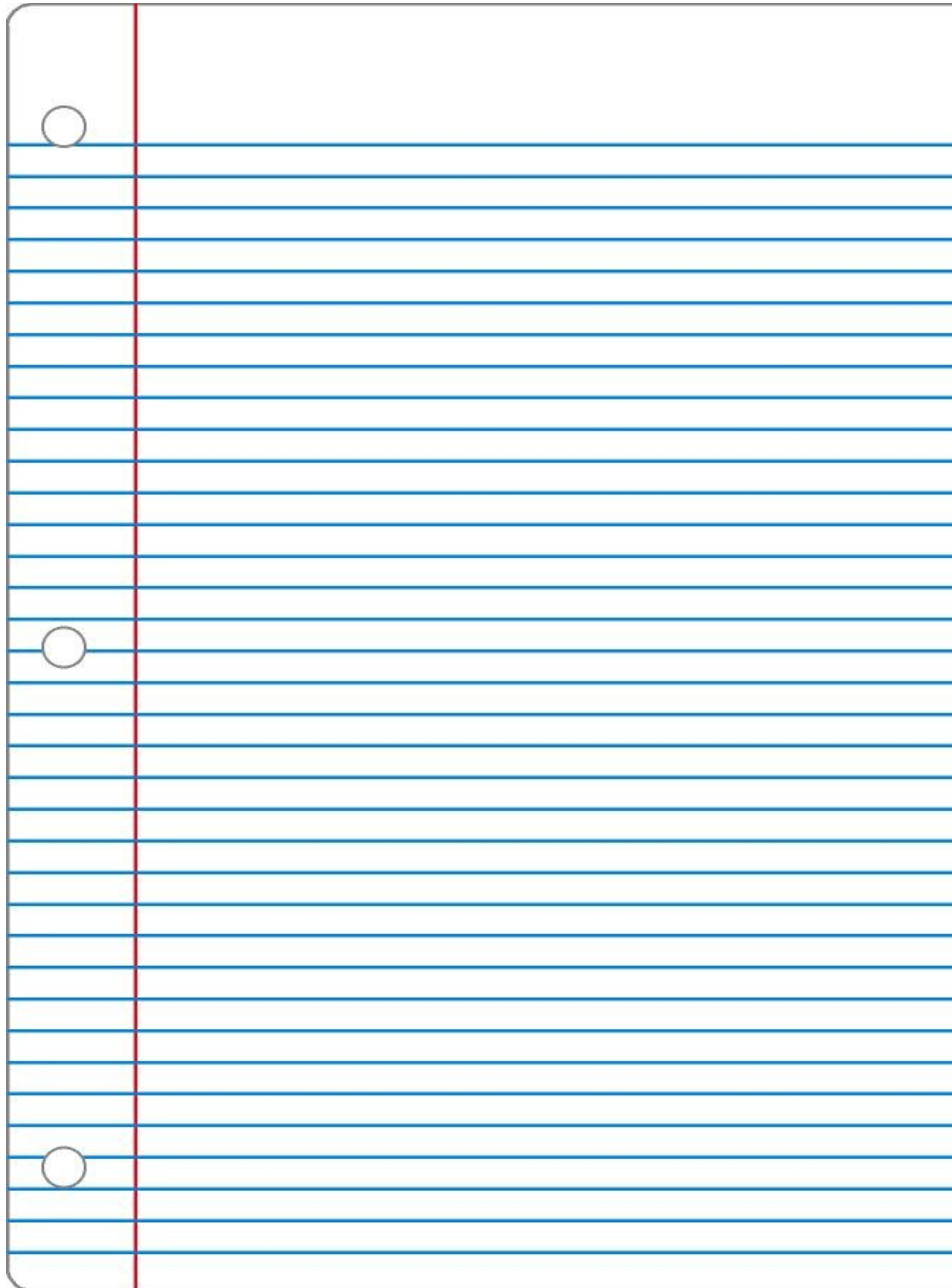
Herbs	Stop 10 days before surgery	
Green tea	Stop 10 days before surgery	
Over-the-counter supplements	Stop 10 days before surgery	
Aspirin 325 mg	Stop this dose 10 days before surgery, start taking Aspirin 81 mg	
Aspirin 81 mg	DO NOT STOP!!!	This medication protects your heart. Most surgeons, cardiologists, and anesthesiologists DO NOT WANT this stopped for surgery.
Anti-inflammatory drugs such as ibuprofen, Advil, Aleve, Motrin	Stop 3 days before surgery	
Tylenol, acetaminophen	Continue to use as needed	
Seizure prevention medication	Continue as prescribed, take morning of surgery	
Blood pressure medication	Discuss with PCP/cardiologist, most should be continued and taken on the morning of surgery	
Diuretic, also called "water pill" such as Lasix, furosemide, hydrochlorothiazide, HCTZ, Diuril, Aldactone, spironolactone, triamterene, Dyrenium, etc.	Do not take on the morning of surgery	
Angiotensin Converting Enzyme (ACE) Inhibitor such as Enalapril, Vasotec, Lisinopril, Zestril, Prinivil, Ramipril, Altace, etc.	Do not take on the morning of surgery	
Angiotensin receptor blocker (ARB) such as Losartan, Cozaar, Candesartan, Atacand, Valsartan, Diovan, Irbesartan, Avapro, Olmesartan, Benicar, etc.	Do not take on the morning of surgery	
Blood thinning, anticoagulant, and antiplatelet such as heparin, warfarin, Coumadin, Plavix, clopidagrel, Xarelto, rivaroxaban, Arixtra, fondaparinux, Fragmin, dalteparin, Eliquis, apixaban, Effient, prasugrel, Lovenox, enoxaparin, Pradaxa, dabigatran, Brilinta, ticagrelor	DO NOT STOP OR CHANGE THE WAY YOU TAKE ANY OF THESE MEDICATIONS BEFORE CONSULTING YOUR CARDIOLOGIST OR PRIMARY CARE PHYSICIAN	
Oral diabetic medication such as metformin	Do not take for 2 days before surgery	
Injectable diabetic medications such as insulin	Follow specific instructions from your PCP or endocrinologist	
Other medications that may not be listed here:		

BRING TO ALL DOCTOR APPOINTMENTS!! CHECK OFF AS COMPLETED

TIMING	CHECK OFF	PRE-SURGERY CHECKLIST: PROSTATECTOMY
Within 30 days before surgery		Make appointment to see primary care physician (PCP) 12-14 days before scheduled day of surgery for physical exam.
		Make appointment to see specialty physician (if necessary) for 12-14 days before scheduled day of surgery.
		Continue regular exercise routine. If not currently exercising, try walking for at least 15 minutes every day.
		STOP smoking! Ask your primary care physician for help if necessary.
		Recruit help from family/ friends for meals, transportation, and other needs after surgery.
		Make appointment to see a sexual health practitioner about two weeks prior to surgery. Bring partner if possible
Fourteen days before surgery		See your PCP for a physical exam . Bring booklet with you to review instructions with your doctor!!
		Have necessary testing done: nasal swab and blood draw.
		Some people need more testing depending on age and history: bone scan, CT scan, EKG, blood type and screen
		See specialist for consultation if needed. Bring booklet with you to review instructions with your doctor!!
Ten days before surgery		STOP multivitamins, herbs, green tea, and any over-the-counter supplements.
		If you are taking aspirin 325 mg daily under the direction of a doctor, switch to the 81 mg dose and notify your doctor.
		If you take aspirin, continue taking aspirin 81 mg daily until the day of surgery!!
Seven days before surgery		Go shopping: prescriptions, Hibiclens, Magnesium Citrate, sugarless chewing gum, two 12 oz. carbohydrate drinks.
		Stock your refrigerator/freezer/pantry with food that is easy prepare when you come home after surgery.
Five days before surgery		Start using Bactroban (mupirocin) in your nose if your nasal swab was positive for staph bacteria.
		If you take blood thinning medication like Coumadin or Plavix, were you instructed to stop by your cardiologist or PCP?
Three days before surgery		STOP taking anti-inflammatory medications like ibuprofen, Advil, Aleve, Motrin, Mobic, etc.
		If you take blood thinning medications, are there any you were instructed to stop by your cardiologist or PCP?
Two days before surgery		STOP taking oral diabetic medication!! Make sure you have discussed this with your
		Hospital Admitting staff will call to verify your insurance information.
		Pack the things you will need to bring to the hospital. Don't forget your CPAP device if your are supposed to use one!!
One day before surgery		Ambulatory Surgery RN will call to review history, medications, instructions, time of arrival on day
		No alcohol!
		Eat a normal diet. At 4 pm drink the entire bottle of magnesium citrate; At 10 pm drink one of carbohydrate drinks.
		Do not eat any solid food after midnight.
		Take a shower at bedtime . After your normal shower routine, wash with Hibiclens from neck down , rinse, and repeat.
		Use a clean towel to dry off and put on clean underwear and pajamas. Put clean sheets on the bed.

Urinary catheter removed before 8 am											
Urinated after catheter was removed											
Received teaching about urinary catheter care if necessary											
IV removed											
Leg compression devices off ONLY when walking											
Received teaching for home injections to prevent blood clots (if necessary)											
May be discharged if goals met											
OTHER INFORMATION FOR DOCTORS OR NURSES:											

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