



MOUNT SINAI
SCHOOL OF
MEDICINE

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Vice Chairman, Department of Urology
Chief of Robotics and
Minimally Invasive Surgery

Robotic Radical Prostatectomy - General Instructions

You must report to the **Pre-Operative Services Unit** at Guggenheim Pavilion East, 2nd floor, 1190 Fifth Ave. (corner of 101st street) **three hours** before your scheduled surgery time. You will be notified about your surgery time the week of your surgery.

Mt. Sinai Hospital offers private rooms for patients. If you are interested in obtaining a private room you must reach out to your surgical scheduler 2 weeks before surgery. The rooms are not guaranteed and they are not covered under insurance. Patient who request this room will be contacted the evening before their surgery in regards to availability.

Please call your physician's office at least five days before your scheduled surgery date to ensure that your medical clearance and all appropriate documents have been faxed to us in an effort to prevent rescheduling /delay of your procedure.

If your disability forms need to be filled out, please ensure that all the necessary documents are faxed to 212-308-6107 attention Ann Angcaya at least 2-3 weeks PRIOR to your scheduled surgery date to avoid any delays in processing.



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Pre-Operative Instructions for Robotic Radical Prostatectomy

Please read the below details regarding pre-operative instructions which should be followed prior surgery.

10 days before your Surgery:

- Avoid taking aspirin products including non-steroidal anti-inflammatory drugs such as Ibuprofen, Naproxen, Advil, Aleve, vitamin E and any vitamins and/or herbal supplements **10 days prior to your surgery date**. If you are unsure of the medication please call the doctor that prescribed the medication to you.
- If you are taking Coumadin and Plavix, you must stop taking them **10 days prior to surgery**.
- If you are on medications for high blood pressure, thyroid problems or asthma, you may take them the morning of surgery with a sip of water. (Coffee, Tea or Juices are not permitted). If you are diabetic and take medication, do *not* take them on the morning of surgery. If you take insulin, only use *half the normal dose* the morning of surgery.

The day before your Surgery:

- The day prior to your surgery you must follow a clear liquid diet and avoid all solid foods. A clear liquid diet includes broths, jell-o, popsicles, etc. (If you can't see through it, you probably can't have it). If you need some suggestions, try Gatorade or the items listed on the Clear Liquid Diet page below.
- You are required to **drink 1 bottle of Magnesium Citrate** the day before your surgery at approximately 3:00-4:00 pm. Magnesium Citrate is available over the counter at your local pharmacy
- After midnight the night prior to your surgery, you are not allowed to have anything to eat or drink. In addition, you are not allowed to have breakfast or drink anything the morning of surgery.
- If your surgery is booked at 3:00 or 4:00 pm you can eat until noon time the day before your surgery and then begin your clear liquids for the rest of the day.

CLEAR LIQUID DIET

To prevent dehydration and feeling of weakness, **it is important to maintain adequate fluid and caloric intake**. You should have a minimum of 8-10 (8-ounce) portions of clear liquids in a 24-hour period. You should have these clear liquids at your normal meal times and also between meals. **Examples are clear broth, Jell-o, flavored ices, clear fruit juices and soda such as ginger ale, Seltzer, Sprite and Gatorade.**

Post-Operative Instructions for Robotic Radical Prostatectomy

In an effort to ensure optimal recovery, it is essential that you carefully read and follow the below instructions. While robotic prostatectomy is performed routinely, it is still a relatively major surgery, which will require some time and effort to recover.

LEAVING THE HOSPITAL:

- Patients will be generally discharged from the hospital approximately 24 hours after surgery.
- You are not permitted to drive home by yourself, so please coordinate to have someone pick you up upon leaving the hospital. Driving is not permitted until your catheter is removed.
- **If you have not passed gas the night after your discharge**, you are required to take a ½ bottle of Magnesium Citrate. If you have not had a bowel movement three hours after, you are to finish drinking the other half of the bottle.
- You are not permitted to shower until 48 hours after surgery.
- **Walking is very important after surgery.** You are allowed to climb steps and walk as much as you can tolerate.
- If you have a fever above 101°F please call the office

DIET:

- Remain on a **clear liquid diet** such as Jell-O, broth, apple juice, water, Gatorade and sorbet until you have passed gas rectally.
- Once you have passed gas, you can begin to consume a **soft diet** consisting of:
 - Cereal
 - Chicken Noodle Soup
 - Sweet Potatoes
 - Scrambled Eggs
 - Oatmeal
 - Toasted Bread
- After your first solid bowel movement you can begin a **regular diet except the following for one week:**
 - carbonated drinks such as soda, ginger ale and seltzer in addition to gassy foods such as broccoli, beans, cabbage and spicy foods

RESTRICTIONS FOR 6 WEEKS:

- Avoid straining/pushing during bowel movements
- Avoid sitting in one position for more than 45 minutes
- Avoid exercising or any sports activities
- Avoid taking a bath or swimming
- Avoid heavy lifting

CATHETER CARE:

- Each patient will leave the hospital with a urinary catheter in place. This catheter is known as a Foley catheter which is held in place by a balloon inside the bladder. **Do not try to remove this catheter on your own.**
- The catheter will remain in place for approximately 7 days. It will be removed at our office at 625 Madison Avenue, NY, NY 10022 (between 58th and 59th).
- **If you don't have any urine output for 3 hours and you are feeling discomfort in your lower abdomen, you must go to your nearest emergency room and contact our office.**
- You are required to change the tape around the catheter every 2 days in an effort to prevent blistering.
- At the end of the catheter there is a balloon which prevents the catheter from falling out of the penis. You will be provided with a large bag upon leaving the hospital which should be used at home for draining. When you are going out, you can use a smaller bag which is placed under your pants.
- **It is normal to have urine and blood leak around the catheter.** This is particularly normal when you are experiencing bladder spasms.
- Blood/blood clots in the urine are also normal. If you see this occurring be sure to hydrate yourself in an effort to flush out any clots.
- You can use Lidocaine gel or any antibiotic ointment to lubricate the outside of the catheter where it enters the tip of your penis. The ointment will reduce inflammation and discomfort to the urethral. Apply it as needed.
- Kegel exercises are not permitted while the catheter is in place. Once it has been removed, you can resume doing the exercises.

Things You Might Encounter After Surgery

- **Abdominal Distention, Constipation or Bloating:** These are normal reactions to surgery. You may take a stool softener as directed.
- **Bladder Spasms:** Bladder spasms are typically associated with a sudden onset of lower abdominal discomfort, a strong urge to urinate or with sudden leakage of urine from around the catheter. Take the Detrol LA also known as Ditropan which is given at the time of discharge. **It is important to discontinue these medications the day before the catheter is removed.**
- **Bloody Drainage around the Foley catheter or in the urine:** Having pink-cranberry tinged urine or the occasional bright red drops at the beginning or end of urination or with a bowel movement is normal for approximately six weeks after surgery even after having clear urine for weeks.
- **Bruising Around the Wound Sites:** This is normal and the bruises will heal over time.
- **Lower Leg/ Ankle Swelling:** Swelling is normal and should go away within a week or two. Elevating your legs while sitting will help. Call immediately if swelling is present in only one leg. A blood clot or DVT in your leg can occur with this surgery. **You are encouraged to flex your legs.** Walking also helps to prevent blood clots.
- **Perineal Discomfort (pain between your rectum and scrotum):** This may last for several weeks after surgery, but it should resolve on its own. Use a donut for sitting. This discomfort eventually goes away. If you are feeling significant pain despite pain medication, contact us.
- **Scrotal/ Penile Swelling and Bruising:** This is not abnormal and is not a cause for serious concern. You might notice scrotal/penile swelling any time from immediately after surgery to five days later. It should go away on its own in a week or two. You might try elevating your scrotum on a small rolled up towel when you are sitting or lying down to reduce swelling. Also, wearing supportive underwear (briefs, not boxer shorts) is advisable.

Reportable Signs and Symptoms that require immediate medical attention:

- Fever of 101°F, swelling, redness or large amount/smelly drainage from abdominal surgical incisions. A little yellowish/bloody drainage is acceptable.
- Nausea, vomiting, unrelieved abdominal distention and pain.
- Significantly large amount of blood with blood clots in urine
- Significant decrease in urine output and/or inability to urinate.
- Pain or swelling in one leg or calf.
- Chest pain or shortness of breathe

Discharge Medications

- Extra Strength Tylenol (generic brand: Acetaminophen) is suggested to help comfort your pain. In the event that the Tylenol is not helping, an alternative medication will be prescribed upon discharge such as Percocet.
- The below three medications will be prescribed upon your departure:
 - Detrol LA/Ditropan: (anti bladder spasm). **One tablet is to be taken once a day and stopped one day before catheter removal.**
 - Cipro: (antibiotic). **One tablet is to be taken twice a day and started one day before catheter removal.**
 - Colace: (stool softener). Take one tablet after a meal, three times a day for the first week after your surgery. If diarrhea occurs stop the Colace.

Kegel Exercises

(Begin these exercises approximately 4 weeks prior to your surgery)

The Incontinence

Radical prostatectomy will cause a period of incontinence for most patients. Every patient is different, so do not compare notes. On average, most patients by two months are dry but there are patients that will never leak and some that will take much longer. The leaking can be some squirts with position change (stress incontinence) to soaking pads. There can be urge incontinence (when you have to go, you really have to go) so it will be advantageous to urinate before you have a strong urge. Most patients will not leak at night but might have to wake up every hour or two to urinate. For most patients, doing the Kegels is the first and only thing needed to regain control. The Kegel exercise builds up the muscles around the bladder opening. They should be started before surgery so you get a head start and hopefully will spend less time after surgery dealing with incontinence.

The Technique

Kegels can be done standing, sitting, or lying down. The correct way is to tighten your rectal muscle as if you did not want to pass gas. It should be a contraction that you ease into and sustain. It is not a vigorous clamping down and your legs, buttocks, and abdomen should not tighten. You should not strain or hold your breath. You may notice your penis move up when done but do not concentrate on making your penis go up and down. Do not focus on stopping urine—think stopping gas or a bowel movement. If done correctly, while urinating, kegeling should stop the urine flow. This can be used to check the technique but you should not be routinely kegeling while urinating.

The Regime

The Kegels should be 10 repetitions in a row holding each contraction for a count of 10 with a few seconds of relaxing the muscle in between each contraction. Before surgery, doing 4-8 sets of 10 reps every day in the weeks preceding surgery would be helpful. The first few days after the catheter is removed three sets a day can be done. Then for the remainder of that first week you should increase to doing 10 reps every other hour. After that, you can increase to doing them every waking hour. When done correctly you should not squirt urine while tightening or relaxing, become sore, or have your control worsening. Please call if you notice these.

The Occasional Kegel

After the catheter is removed, with position change, cough, sneeze, or strain, you can notice a spritz/squirt. It is o.k. to kegel through these movements that make you leak. For example, at night you probably will not leak but you might have to wake up every hour or two. You can tighten up (kegel) and hold the urine until you get to the bathroom. On the other hand, if you are out walking and you are getting a consistent drip, you can not sustain a kegel for extended periods of time. It is detrimental and you are wearing a pad. Of note, the best pads are the small ones like Depends Guards for Men that fit into fitted briefs (Jockey's, tightly whiteys).