

FREQUENTLY ASKED QUESTIONS:

Q: Am I a candidate for robotic prostatectomy?

A: If you are a candidate for conventional and are not: over 75 years old, over 250 lbs, have not had previous pelvic radiation and have not had multiple abdominal surgeries then we would like the opportunity to present you with some of the potential benefits of the robotic option.

Q: How frequently is Urology Associates doing robotic prostatectomies?

A: We have dedicated OR time to do 1-2 cases per week.

Q: Does my insurance pay for robotic surgery?

A: The majority of insurance companies pay for robotic surgery as they would laparoscopic surgery however there are exceptions. Please consult with your carrier to confirm.

Q: Does the robotic prostatectomy result in a higher cancer cure rate than conventional surgery?

A: Conventional surgery results in very high cancer cure rates. However, because of its precision, the completeness of cancer removal may be higher than with conventional surgery.

Q: What happens if the da Vinci™ Surgical System (the “Robot”) mechanically fails during the surgery?

A: In over 500 cases performed at the Henry Ford Health Care System, this has not happened nor has it happened at North Shore University Hospital. If the da Vinci Surgical System mechanically fails, we will use one of two options: (1) if it is fairly early in the procedure and not beyond the critical point, the procedure will be halted and rescheduled; (2) if the surgery is beyond the critical point, we will proceed with either the laparoscopic or the open surgery (whichever is deemed best for the patient).

Q: How long does the operation take?

A: Barring unusual circumstances, plan for the actual procedure to take 4 hours.

Q: Will I need to donate my own blood to have on hand during surgery if the need for a transfusion arises?

A: One of the many benefits of the surgery is minimal loss of blood. Therefore, it is not necessary to have your blood available for transfusion.

Q: Will this operation render me sterile?

A: Yes, all patients undergoing radical prostatectomy will be rendered sterile (i.e., will not be able to father children) after the procedure.

Q: How long can I expect to stay in the hospital after the procedure?

A: Plan to go home the next day.

Q: After the surgery, when will I be able to resume normal activities?

A: The major advantages of the surgery is decreased bleeding and decreased pain which results in easier recuperation. Thus, most individuals undergoing this operation will be able to resume normal activities within a few days of surgery. However, each individual heals at his own rate. You should listen to your body, and do what it tells you do to.

Q: After the surgery, when will I have complete urinary control?

A: Internally, the same operation is done with robotic or conventional surgery. With conventional surgery, 50 percent of patients will have full urinary control – that is, wear no pads – within 3 to 6 months following surgery. Ninety-five percent will achieve this within one year. Early results from the indicate that 90 percent of patients undergoing robotic prostatectomies have full urinary control at two months and 96 percent within six months.

Q: Will I be able to have normal sexual relations immediately after surgery?

A: No. Even when the nerves are preserved, it takes time for them to heal and function. With conventional surgery, if you are below 60 years of age and had normal sexual function (Sexual Health Inventory for Men Score of 25), there is an 80 percent chance that you will be able to resume sexual intercourse within 12 months. Statistics indicate that, with robotic surgery, one-third of patients that fit this criteria resume sexual intercourse within 12 weeks of surgery. This is much quicker than with conventional surgery, but we do not anticipate that the long-term outcome will be different.

Q: How long can I expect to be off of work after the procedure?

A: You will be given two weeks' disability after the surgery. Long-term disability is not necessary after this procedure since complications are rare. Any further time off will be given only if medically necessary. Additional disability will be determined on a case by case basis.

Pre-Operative Instructions

MEDICATION:

| Medications You MAY Take Day of Surgery | Medications You May NOT Take Day of Surgery |
|--|---|
| Take half of your insulin dose Heart Pills Blood Pressure Pills Seizure Pills | Water Pills Diabetic Pills Aspirin (stop 30 days prior to surgery) Coumadin (generally stop 7 days prior to surgery be cleared by the prescribing physician) |

- **Bring all medications in their labeled containers with you the day of surgery.**
- DO NOT take aspirin or aspirin products within 30 days prior to your surgery date to reduce the risk of excess bleeding.
- Do not take motrin or other non-steroidal anti-inflammatory drugs for 30 days prior to surgery. Do not take coumadin or warfarin for 7 days prior to your surgery. **As noted above, you need to discuss stopping of coumadin/warfarin with your prescribing doctor.**
- Stop using certain herbal remedies for 30 days before surgery such as Ginseng, St. John's Wort, vitamin E and garlic supplements because they can also increase the risk of bleeding during surgery.
- If you have taken any of these or if you have any other concerns, [contact your surgeon's office](#).

PRE-OPERATIVE TESTING:

Once you have scheduled your surgery, the next step is to schedule your pre-operative testing. This generally consists of chest x-ray, some blood work and an EKG, which is an electrical picture of your heart.

DIET:

- **The day before your surgery:**
 - Follow a clear liquid diet.
 - Drink a bottle of *Citrate of Magnesia* at 9:00 a.m. and do a Fleet's enema at 5 p.m.
 - Drink plenty of fluids and avoid dairy products the day prior to surgery
- DO NOT eat or drink anything after **MIDNIGHT** the night before surgery (including water, juice, coffee, chewing gum or lifesavers).
- If you are told to arrive after 1:00 p.m. on the day of your surgery, then you may consume clear liquids until 7:00 a.m. on the day of your surgery.
- NO alcoholic beverages 48 hours before or after surgery.

OTHER PREPARATION:

- Leave jewelry and other valuables at home. If you wear contact lenses, glasses, or false teeth, you must bring your case to store them during surgery.
- It is recommended that you start doing Kegel exercises six to eight weeks prior to surgery. Please see enclosed documents for more information on how to perform Kegel exercises.

Post-Operative Instructions

(AFTER YOUR SURGERY)

DIET:

- Eat clear liquids such as Jello, broth, or juices (no pop or carbonated beverages) until you have a good bowel movement. You may then resume a regular diet.

ACTIVITY LEVEL:

- It is good for you to walk around.
- Do not sit in one place for longer than 45 minutes at a time.
- Absolutely no biking, motorcycling, or horseback riding for 4 weeks.
- You can do as much walking and stair climbing as you can tolerate.
- You may take a shower 48 hours after surgery.
- Do not drive while taking pain medications.

SKIN INTEGRITY:

- You will have 4-6 port sites (small incisions that we perform the surgery through) that will have either steri strips (small pieces of tape) ,tegaderm dressing or Band-Aids over them.
- Band-Aids may come off in 48 hours. Steri strips and/or tegaderm dressing may also come off as early as 48 hours post-surgery or they may stay in place until you are seen in clinic.
- Once your dressings are off, it is not uncommon to have a very small amount of drainage from where your dressings were.

URINARY CATHETER (also called a Foley catheter):

- During surgery you will have a urinary catheter placed in your bladder. A urinary catheter is a tube carrying urine from your bladder to the outside of your body into a bag. This urinary catheter will stay in place until your anastomosis heals, which usually takes about 4-14 days. At home, the catheter should drain into a large bag. When you want to go out, you can wear a smaller bag under your pant leg. You and your family will also receive instructions regarding the care of your urinary catheter before discharge from the hospital.

MEDICATIONS:

- You may resume your daily medications as soon as you are discharged from the hospital.
- An antibiotic will be prescribed to you, to be taken by mouth. Start this the day before you come in to have your catheter taken out and continue taking this medication for 5 full days. You will receive a prescription the day of your discharge.
- A pain medication will be prescribed for you, to be taken by mouth as directed for pain. You will receive a prescription the day of your discharge.
- A stool softener should be taken by mouth two times daily. You can buy this medication over the counter and do not need a prescription. All narcotic pain medications are constipating and a stool softener will help to prevent this.

RECOVERY TIME:

- The operation lasts two to four hours and the hospitalization usually lasts 24 hours. Some patients go home the day of surgery. All patients go home with a catheter in place continually draining the urine into a special leg bag.
- You will be seen about 4-7 days after surgery in the office to determine if the catheter will be removed at this visit.
- You will be cleared by our team to return to work generally 2 weeks after surgery.
- Most men have difficulty with urinary control at the beginning and will require some form of protection, such as a pad that fits inside your underwear. That is why it is important at the first visit to bring Depend Guards for Men pads and a pair of Jockey underwear.
- Within one to three months, most men have achieved reasonably good control and require minimum protection, if any. Sometimes, the recovery of continence is slower, but rarely more than three to six months. You can perform your routine work once the catheter is out within the limits of your pain tolerance.
- Kegel exercises should be started/resumed after the Foley catheter is removed. These exercises help to regain your continence. At first it may be hard to find these muscles, but can be done by starting and stopping your urine stream. Once you find the correct muscles, repeat the flexing and relaxing of these muscles without urinating. Begin by squeezing the muscles for a count of 3, then relax for a count of 3. Work up to repeating these exercises for 3—5 minutes two to four times a day. These will help to strengthen your muscles around the bladder that help hold the urine. For more detailed information on how to perform Kegels, please see instruction sheet enclosed in this packet.
- The recovery of potency after a prostatectomy can be slow and time-dependent. Even though the nerves to the penis can be spared, there is still some injury from trauma or stretching from the operation. These damaged nerves need time to heal. At each follow-up visit, issues regarding sexual function will be discussed with you by your health care provider. If you have any other questions or concerns, the nurse practitioner can make an appointment for you to discuss this issue in more detail.

THINGS YOU MAY ENCOUNTER AFTER SURGERY:

- **Perineal Pain** (pain between your rectum and scrotum): Call us if the pain medication does not alleviate this. You can also try elevating your feet on a small stool when you have a bowel movement, using Anusol cream, and increasing the fiber and water intake in your diet.
- **Scrotal/Penile Swelling and Bruising:** This is not abnormal and should not alarm you. It should resolve in about 7—10 days. You may also try elevating your scrotum on a small

towel or washcloth that you have rolled up when you are sitting or lying down to decrease the swelling. It is also recommended to wear Jockey or snug-fitting underwear for support.

- **Bladder Spasms:** It is not uncommon with the catheter in and even after the catheter comes out to have bladder spasms. You may feel mild to severe bladder pain or cramping, the sudden, urgent need to urinate, or a burning sensation when you urinate. Call us if this persists without relief.
- **Bruising around the incision sites:** Not uncommon and should not alarm you. This will resolve itself over time.
- **Bloody drainage around the Foley catheter or in the urine:** Especially after increasing activity or following a bowel movement, this is not uncommon. While this is often alarming, it is not uncommon and usually resting for a short period of time improves the situation. Call if you see clots in your urine or if you have no urine output for one to two hours.
- **Abdominal Distention, Constipation or Bloating:** Make sure you are taking your stool softener as directed. If you don't have a bowel movement 24 hours after surgery, try taking Milk of Magnesia as directed on the bottle. If after three doses of Milk of Magnesia you still have no bowel movement, it is safe to use a Dulcolax suppository.

FOLLOW-UP APPOINTMENTS:

- **One week after surgery:** You will come to the office 7 days after your surgery. At that time, a cystogram (an x-ray of your bladder) may be taken to see if enough healing has occurred in order to remove the Foley catheter. At this appointment, you will to bring a pair or two of Jockey underwear and several Depend Guards for Men pads. Remember to start your antibiotics 24 hours prior to coming to this appointment and continue the antibiotics for 5 full days.
- **One month after surgery and every three months after that:** You will get a PSA drawn prior to each appointment.
- At each visit, you will fill out questionnaires regarding your urinary continence as well as your erectile function. You will receive education materials regarding those issues as needed.
- We will also be looking for evidence of recurrence or re-growth of the tumor. That is done by drawing blood for the Prostate Specific Antigen or PSA blood test. When the prostate gland is removed (prostatectomy), we expect the PSA level to be undetectable (less than 0.2ng/ml). If any PSA is measured after your prostatectomy, then the presence of prostate cancer cells somewhere in the body has to be suspected. Prostate cancer cells that have spread to other areas also leak PSA. Even if we cannot find the areas of spread with scans or other tests, the presence of PSA means that the cancer is present. If PSA is detectable (i.e. 0.2ng/ml) after surgery, then this means that some prostate tissue (prostate cancer) remains in your body. This could be at the site of the prostate surgery, in the lymph nodes or elsewhere.

CONTACT INFORMATION:

TELEPHONE NO: 516-627-6188

CONTACT US IMMEDIATELY IF YOU ARE EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS:

- Temperature over 101° F
- Urine stops draining from your catheter into the drainage bag
- Any pain so excruciating that pain medication is not relieving it
- Large amount of blood clots in urine.
- Bladder spasms that are not relieved with pain medication

Kegel Exercises

PELVIC MUSCLE EXERCISES TO IMPROVE BLADDER CONTROL (MALE)

Pelvic muscle exercises strengthen the group of muscles called the pelvic floor muscles. These muscles relax and contract under your command to control the opening and closing of your bladder. When these muscles are weak, urine leakage may result. However, you can exercise them and in many cases, regain your bladder control.

To achieve the best results when performing these exercises, imagine yourself an athlete in training. You need to build the strength and the endurance of your muscles. THIS REQUIRES REGULAR EXERCISE.

It is recommended that you starting doing Kegel exercises six-eight weeks prior to surgery.

Begin by locating the muscles to be exercises:

1. As you begin urinating, try to stop or slow the urine WITHOUT tensing the muscles of your legs, buttocks, or abdomen. This is very important. Using other muscles will defeat the purpose of the exercise.
2. When you are able to stop or slow the stream of urine, you know that you have located the correct muscles. Feel the sensation of the muscles pulling inward and upward.

TIPS

- You may squeeze the area of the rectum to tighten the anus as if trying not to pass gas and that will be using the correct muscles.
- Remember NOT to tense the abdominal, buttock, or thigh muscles.

Now you are ready to exercise regularly:

1. After you have located the correct muscles, set aside time each day for three to four exercise sessions (morning, midday, and evening).
2. Squeeze your muscles to the slow count of five. Then, relax the muscle completely to the slow count of five. The five second contraction and the five second relations make one "set."

TIPS

- When your pelvic floor muscles are very weak, you should begin by contracting the muscles for only three to five seconds. Begin doing what you can and continue faithfully. In a few weeks, you should be able to increase the amount of time you are able to hold the contraction and the number of exercise sets you are able to do. Your goal is to hold each contraction for ten seconds, to relax for ten seconds, and to complete 25 to 30 sets in each of the three to four exercise sessions per day.
- In the beginning, check yourself frequently by looking in the mirror and placing a hand on your abdomen and buttocks to ensure that you do not feel your belly, thigh, or buttock muscles move. If there s movement, continue to experiment until you have isolated just the muscles of the pelvic floor.
- If you are unsure that you are contracting the correct muscles, at your next exam, ask your urologist to help you identify the proper muscle contraction.
- Your bladder control should begin to improve in three to four weeks. If you keep a record of urine leakage each day, you should begin to notice fewer instances of bladder leakage.

Exercise your pelvic muscles regularly for a lifetime to improve and maintain bladder control.

- Pelvic muscle exercises also improve orgasmic function. Whether you are doing pelvic muscle exercise to improve or maintain bladder control or improve orgasmic function, or both, they must be done faithfully. Make them part of your routine.

Use daily activities such as eating meals, watching the news, stopping at traffic lights, and waiting in lines as clues to do a few pelvic muscle exercises.

Caring for Your Foley Catheter

Home Care Instruction Sheet

GENERAL:

The Foley catheter, held in place by a balloon inside the bladder, allows continuous urine drainage into a collection bag.

- During the day, you will use the smaller leg bag that straps around your thigh. It lets you move around more easily, but it must be emptied every 3-4 hours, or as needed.
- During the night, you can use the larger, hospital-type bag. It does not need to be emptied as often. When you get into bed, be sure to arrange the drainage tubing so it does not kink or loop.
- Apply EITHER Neosporin Ointment OR Petroleum Jelly to the tip of the penis where the catheter enters the penis at least twice a day.

TO EMPTY THE COLLECTION BAG:

1. Wash your hands.
2. Remove the stopper on the small bag, or open the clamp on the large bag, and drain the urine. (DO NOT TOUCH THE END OF THE DRAINAGE SPOUT).
3. Replace the stopper, or re-clamp the drainage spout.
4. Wash hands.

TO CHANGE YOUR COLLECTION BAG:

1. Wash your hands.
2. Empty the collection bag.
3. Carefully (without pulling on the Foley catheter) disconnect the catheter from the drainage tube. Connect the catheter and the new drainage tube. (DO NOT TOUCH THE OPEN END OF THE CATHETER OR THE DRAINAGE TUBE).
4. Wash hands.

TO CARE FOR YOUR COLLECTION BAG:

1. Wash gently in warm (not hot) water.
2. Rinse with a solution of 1 tablespoon of vinegar in 1 quart of water.
3. Leaving the drainage spout open, hang the collection bag to air dry.

TO HELP PREVENT INFECTION:

1. Wash the area around the catheter at least twice every day, and as often as needed to keep the area clean and dry. Use soap and water.
2. NEVER pull on your catheter to try to remove it yourself.
3. Tape the catheter or attach the Velcro strap to your thigh for comfort.
4. Keep the drainage tubing free of kinks and loops.
5. ALWAYS keep the collection bag below the level of the bladder.
6. Drink at least eight (8) large glasses of water every day.

NOTIFY US IMMEDIATELY IF:

1. Urine stops draining from your catheter into the drainage bag
2. There are clots in your urine
3. You experience bladder spasms that are not relieved with pain medication
4. Temperature over 101 F

TELEPHONE NO. 516-627-6188

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