

## **POST-OPERATIVE RADICAL PROSTATECTOMY INSTRUCTION SHEET**

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After your surgery, we would like you to monitor the following things:

1. Temperature – take 2 to 3 times daily. Anything over 101.5 F, contact our office.
2. Catheter is draining freely. Check output bag routinely. If no drainage, you may irrigate the catheter with a Tomey syringe filled with 30 mL of sterile or distilled water. Simply inject the water through the larger port on the catheter into the bladder. Try to aspirate; you may not be able to pull back, this is okay, but the tube should start draining spontaneously.
3. If you get a feeling of fullness, this may also mean that your catheter is not draining. Try to irrigate.
4. Keep your catheter tubing secured to your upper thigh to prevent accidental dislodgement.
5. Any shortness of breath, chest pain, or lower leg swelling – go to the emergency room.
6. Be careful that your bowel movements remain soft. You would have been given a stool softener to assist with this. Please avoid straining with bowel movements.
7. Do not lift anything over 20 pounds for four weeks. Further information regarding activities/exercise may be obtained on our website at [www.surgery.wisc.edu/urology/uwpgcp/](http://www.surgery.wisc.edu/urology/uwpgcp/)
8. Stay active. Multiple small walks during the daytime are very important to your recovery.
9. Do most of your sleeping at night.
10. If your wound becomes red or having drainage, contact our office.
11. Your appetite will generally be suppressed, however you may eat anything you wish. Further information regarding nutrition for the cancer patient may be obtained on our website at [www.surgery.wisc.edu/urology/uwpgcp/](http://www.surgery.wisc.edu/urology/uwpgcp/).
12. You may notice some leakage around the catheter, especially with bowel movements, this is normal. A slight bit of mucoid discharge is also common.
13. Scrotal swelling and/or perineal discomfort occurs temporarily in the majority of men after this procedure. This will resolve in 4-6 weeks typically.
14. You may also have some urine leakage with ejaculation initially.
15. For any abnormal or concerning findings, or questions, contact us immediately.

Your follow-up care and clinic visits will depend on the type of surgical approach you had, and as follows:

### **Robotic-Assisted Prostatectomy:**

#### **1 WEEK AFTER SURGERY**

You will return to clinic to have a post-operative check, voiding trial and catheter removal. At this point, we will review your final pathology as well.

## **Radical Retropubic Prostatectomy (Open):**

### **1 WEEK AFTER SURGERY**

You will return to clinic to have a post-operative check. Your staples will be removed. At this point, we will review your final pathology as well. The catheter will remain in.

### **2 WEEKS AFTER SURGERY**

This appointment is for a voiding trial and catheter removal.

After catheter removal for either surgical approach, we encourage the use of Kegel exercises that are designed to increase muscle strength of the urinary sphincter and pelvic floor. Typically, men who do these exercises notice a marked improvement in their incontinence within 4-6 weeks after the catheter is removed.

Kegel exercises are performed by contracting the muscle that one uses to control the urinary sphincter, and holding it for 3 seconds. The muscle is then relaxed. This contraction is also felt in the rectum and perineum (the muscles behind the scrotum and in front of the rectum). Repeat this 20 times per hour while you are awake. This may be done while you are sitting, standing, watching TV, etc. The second week after the catheter is removed, we would like you to increase the amount of time you contract the sphincter for 4 seconds. The third week and in progressive weeks, increase the time of contraction to 5 to 10 seconds. You will note a gradual increase in the ability to control your urine. Generally, this is better in the morning than in the afternoon.

We will also discuss sexual activity, erections, and the use of Viagra/Cialis during this visit.

If you have any problems urinating or note a marked decrease in urinary stream, we should be contacted. This may suggest that there is some narrowing in the healing area between the bladder and the urethra.

If you have any questions or problems, please call the Urology Clinic:  
Monday through Friday, 8:00 – 4:30 p.m. at (608)-263-4757

Nights, Weekends, or Holidays, call the hospital message center at (608)-262-2122 and ask for the Urology resident on call.