

What to expect for your robotic prostatectomy procedure

Dr. Hyung Kim has reviewed your treatment options. You've elected to have robotic radical prostatectomy.

Preparing for surgery.

Question: What preoperative testing is required?

In most cases, you will need to see your primary care physician for a preoperative evaluation, which will include blood tests and an EKG. Your primary care doctor can tell you what medications to take on the morning of surgery. If you have a history of heart disease, you may be asked to see a cardiologist prior to surgery.

Question: What time is my surgery?

You may have been given a surgery date; however, the start time is not finalized until shortly before surgery. Often the start time is finalized the day before the surgery. This is because there are emergency surgeries being scheduled at the last minute. Also, patients who are unable to be without food for a long time because of their medical conditions are prioritized to go earlier in the day. Unless you've been given a first start time, you will get a call 1-2 days before surgery with the start time.

Question: How early should I arrive at the hospital?

You should arrive 2 hours before the start time for your surgery.

Question: When do I have to stop eating and drinking for the surgery?

You should stop eating and drinking after midnight before your surgery. The goal is to have an empty stomach. You can brush your teeth on the day of surgery. Avoid things such as chewing gum or sucking on hard candy, because the increased saliva will fill your stomach.

Question: What medications should I take before my surgery?

You can take most of your morning medication on the morning of surgery with a small sip of water. However, you should check with your surgeon or primary care doctor who did your preoperative evaluation. Certain blood thinning medications such as aspirin (7 days prior to

surgery), Plavix (5 days prior to surgery), Coumadin (5 days prior to surgery), Eliquis (2 days prior to surgery) should be stopped several days before surgery. Diabetes medications and water-pills (e.g. Lasix) are usually held on the morning of surgery. If you use insulin then you will usually take half your morning insulin dose.

Question: Is there a bowel prep that I need to do?

No.

Surgery

Question: How long does the surgery take?

The surgery takes 2-4 hours. After the surgery is over, the surgeon will talk to anyone you designate.

Question: When do I meet the anesthesiologist?

You will meet the anesthesiologist on the morning of surgery. They will ask you questions. You will be able to ask them questions.

Question: When can my family see me after surgery?

After surgery, one family member is allowed to see you in the recovery room. Most patients stay 2-3 hours in the recovery room and then go to their regular room where additional members of your party can see you.

Question: Can anyone stay with me overnight?

Yes. One family member can stay with you overnight. Often a nurse can order a cot for them to sleep in.

Question: Will I be in pain after surgery?

We will make sure you get enough pain medication so that you are comfortable when not moving. You will have discomfort when moving, but this is something we ask you to tolerate. The discomfort with movement will not be severe. In other words, when you are trying to

decide if you need more pain medication, ask yourself if you are comfortable when you are not moving. Keep in mind that pain pills take about 30 minutes to kick in. Its easier to keep pain away than to control it after it gets going. This means you will want to anticipate the pain and take a pain pill before you feel severe pain.

Question: How do I minimize the use of narcotics?

Most patients can avoid using narcotic-based pain medications or use it for just the first 1-2 days after surgery. To minimize narcotic use, take a dose of extra strength Tylenol every 6 hours, whether you have pain or not. If you need more pain medications, you can add a narcotic-based pain medication like oxycodone or a nonprescription dose of Motrin. If you are using a pain medication that has both a narcotic and Tylenol (e.g. Lortab or Vicodin) then you need to skip the next dose of Tylenol after taking one of these pills.

Question: When do I get to go home?

You can go home either the same day or the day after surgery. Most patient choose to stay overnight.

After discharge

Question: How long will my foley catheter stay in?

The bladder has been repaired. It cannot be stretched while its healing. This is why the urine needs to drain into a bag, where it is stored outside the bladder. You will return to our clinic to have the foley catheter remove 10-14 days after surgery.

Question: What are the two types of bags that the foley catheter drains to?

You can attach the foley catheter to a night bag that you carry around or to a leg bag that attaches to your leg. You can wear loose clothing over the leg bag, which is helpful when you leave the house to do things such as shop or eat out.

Question: What can I do if the tip of my penis hurts?

The foley can rub against the tip of the penis and irritate it. To minimize the discomfort, use KY jelly to lubricate the foley at the tip of the penis. Do not use Vaseline since it can damage the foley catheter.

Question: Does it hurt when the foley catheter is removed?

No.

Question: How will we know that the cancer is all gone.

We will check a PSA 3 months after the procedure. It should be undetectable. The pathology report based on the prostate that was removed comes back 5-10 days after surgery and the information provided by the pathologist helps determine your prognosis.

Question: When will my urinary control come back?

The urinary control takes several months to come back, and it may take up to 18 months. There are anatomic factors that can prevent urinary control from every being perfect but there is no way to predict before surgery or even during surgery who will have long-term trouble with urinary control. After surgery you can do Kegel exercises. You want to isolate the muscle that stops and starts your urine stream. You squeeze this muscle for 4 seconds. You want to do this 10 times, which is one set. You want to do 4 sets of Kegel exercises per day. While waiting for urinary control to come back you will need continence pads. A good strategy is to use a pull-up and line it with a smaller continence pad. You can change the continence pad as needed, and the pull up provides "backup" if the smaller pad gets too wet. At first you might need 4-5 pads per day. Each month the pad use will noticeably decrease.

Question: When will my erectile function return?

Your erections should return if you had normal erectile function prior to surgery and your nerves for erection were preserved during surgery. In some cases, these nerves are sacrificed to maximize your cancer control. The nerves take approximately 24 months to recover. However, you can talk to your talk about ways to achieve erections while waiting for return of spontaneous erections.

Question: I haven't had a bowel movement?

Anesthesia and pain medication can cause constipation. It may take several days after surgery to have a bowel movement. If you have not had a bowel movement 3 days after surgery and you feel uncomfortable, start taking a dose of Milk of Magnesium. You can take 2 doses per day, every day, until you have a good bowel movement. You should then try to have a bowel

movement at least every other day. DO NOT insert anything (i.e., enemas) in the rectum to help you have a bowel movement.

Question: When can I return to work?

Most patients return to work 4 weeks after surgery with no restrictions. If you have a desk job that requires minimal exertion or work from home, you may be back to work 2 weeks after surgery. Everyone's recovery is slightly different and its not easy to predict how quickly you will feel normal. Therefore, make sure your plans don't force you to rush back to work.

Question: When can I drive?

You can drive when your bladder catheter is out and when you are no longer using narcotics for pain control. After your catheter is out, if you are just taken Tylenol and Motrin for pain control, you can drive.

Question: Are there any important precautions?

YES. FOR ONE YEAR FOLLOWING SURGERY, DO NOT INSERT ANYTHING INTO THE RECTUM. This means you should avoid enemas or rectal hemorrhoid applicators. You should not have a colonoscopy for a year. The rectal wall is extremely thin after surgery and can be easily damaged.

If you have any problems or questions, please contact us at 310-423-4700. Someone is available 24/7.