



## **A GUIDE TO PROSTATE SURGERY**

### **ADVANCED RECOVERY PROGRAM (ARP)**

Thank you for trusting the Michigan Institute of Urology with your health care. We are Michigan's largest urology practice. Our doctors come from some of the country's most sophisticated university research centers, and we offer the most up-to-date, state-of-the-art urological treatments. We are confident we can help you.

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## IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



## WHAT IS A CARE PATHWAY?

When you are admitted to the hospital for prostate surgery, you will be part of a recovery program called Enhanced Recovery After Surgery (ERAS). The goal of this program is to help you recover quickly and safely. Your healthcare team worked together to create this pathway.

### **This booklet will:**

- Help you understand and prepare for your surgery.
- Explain how you can play an active part in your recovery.
- Give you daily goals to achieve.

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about your diet, physical activity, and controlling your pain. These will help you to feel better faster and go home sooner.

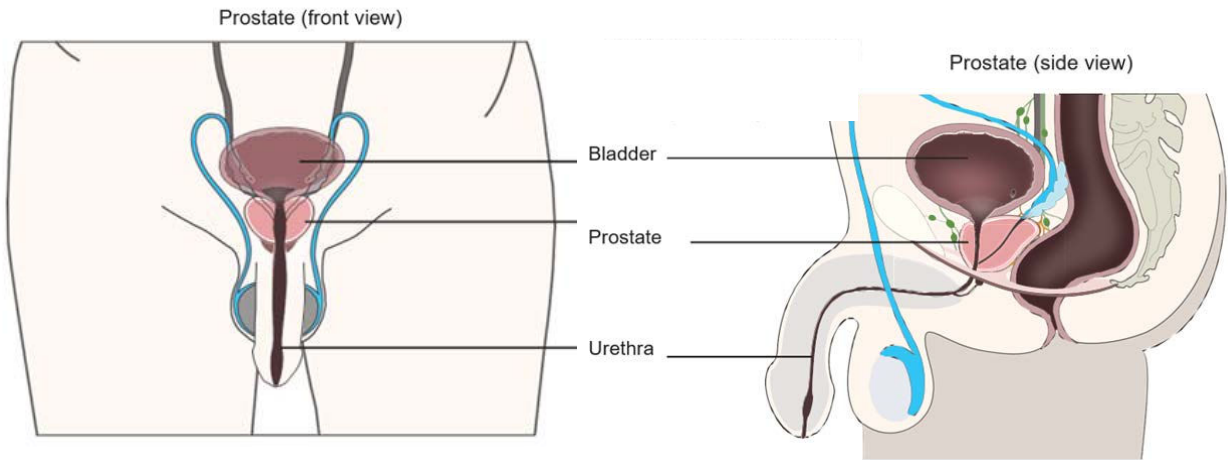
**Please bring this booklet with you on the day of surgery.** Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover and review it with you when you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

If you do not speak English, please bring someone to translate for you.

## WHAT IS THE PROSTATE?

The prostate is a gland about the size of a walnut. Your prostate makes fluid that mixes with sperm when you have an orgasm. This gland surrounds the urethra just below the bladder. The urethra connects to your bladder and drains the urine from your bladder.



## WHAT IS PROSTATE SURGERY

A prostatectomy is the surgical removal of the prostate.

### ROBOTIC SURGERY

The surgeon sits at the computer station nearby and directs the movements of the robot. During surgery the surgeon controls the robot's arms via a computer. Small instruments are attached to the robot's arms which the surgeon guides to perform surgery. Your surgeon, not the robot, performs the surgery.



## PREPARING FOR YOUR SURGERY

### BE ACTIVE

Exercise will help your body be as fit as possible and keep your weight under control. If you are already active, keep up the good work. If not, start adding activity into your day. Exercise does not need to be strenuous to make a difference. A 15-minute walk is better than no exercise at all.

### STOP SMOKING

If you smoke, try to stop before your surgery to reduce your risk for lung problems. Your doctor can prescribe medicine to help. See page 17 to learn more.

### RESTRICT ALCOHOL

Do not drink alcohol for 24 hours before your surgery. Alcohol can interact with the medicine you will receive in the hospital. Please tell us if you need help decreasing your alcohol use before surgery.

### PLAN AHEAD

You may need help with meals, laundry, bathing, yard work, or cleaning when you return home. Stock your fridge and freezer with food that is easy to reheat. Make plans to have the help you need.

### ARRANGE TRANSPORTATION

The day of surgery is Day 0. You may go home from the hospital the same day or on Day 1. Tell your nurse if you have concerns about going home. Be sure to arrange a ride



## PRE-OPERATIVE CLINIC VISIT

### When you visit the pre-op clinic, you will:

- Meet with a NP/PA who will explain how to get ready for surgery and what to expect while you are in the hospital.
- Meet with your PCP or specialist who will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.

You may need to stop taking some medicines and herbal products before surgery. The pre-op clinic doctor or NP/PA will explain which medicines you should stop taking and which ones you should keep taking.

## KEGEL EXERCISES

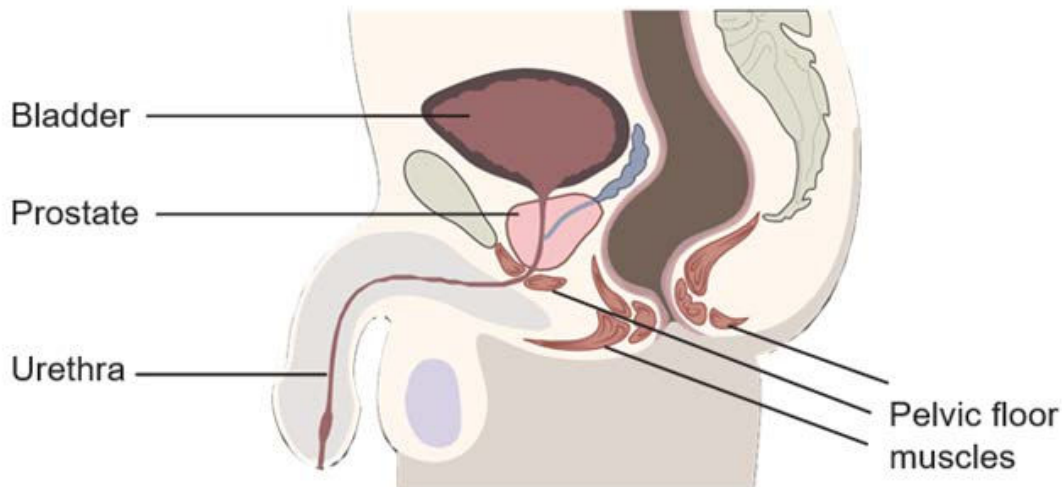
Leaking and dribbling urine are the most common problems after this surgery. These can last for up to 6 months. Doing Kegel exercises (pelvic floor muscle exercises) can help. The exercise makes your pelvic floor muscles stronger. We suggest you start these exercises before your surgery and continue after your urinary catheter is removed. Do not do Kegels while your catheter is in.

Locate your pelvic floor muscles, by stopping the flow of urine while urinating. Now that you know where they are, plan to do the following several times a day, but not when you urinate:

1. Squeeze or tighten the muscles around your anus. This tightens all the muscles of the pelvic floor.
2. Hold the squeeze for 2 to 5 seconds, then release for the same amount of time. Repeat 12 to 20 times. Practice often for short periods.

Do Kegels to prevent leakage when you cough or do other things that cause a urine leak. Use adult diapers or incontinence pads until urine leakage stops. Learn more about Kegel exercises for men at our website: <https://www.michiganurology.com/kegel-exercises-for-men-blog/>

Kegel exercises for men are a free, practical, and do-it-yourself way to strengthen pelvic floor muscles. But if you are looking for another option, the EMSELLA Chair may be right for you. Learn more on page 17.



## PHONE CALL FROM ADMITTING

The day before surgery, you'll be called about when to arrive at the hospital. You'll be asked to arrive 2 hours before your planned surgery time.

The time of the surgery is not exact. It may happen earlier or later than planned.

**Date of surgery:** \_\_\_\_\_

**Time of arrival at the hospital:** \_\_\_\_\_

If you do not receive a call from the hospital by 2:00 pm, please call MIU Scheduling at (586) 774-1201



## CANCELLING YOUR SURGERY

If you get sick, please call your surgeon's office as soon as possible. If you cannot reach your surgeon, call the MIU Scheduling office at (586) 774-1201.

## HYGIENE

### The night before surgery:

1. Use regular soap and shampoo for your face and hair.
2. Take a shower or bath with Hibiclens Antimicrobial Skin Cleanser (available at local pharmacies). If unable to find, use any antibacterial skin cleanser.
3. Wash your body from the neck down, including your belly button.
4. Wear clean clothes to bed.



### The morning of surgery:

1. Take a shower or bath using Hibiclens Antimicrobial Skin Cleanser or any antibacterial soap.
2. Do not wear lotion, perfume, makeup, nail polish, jewelry, or piercings.
3. Do not shave the area where the operation will be done.
4. Put on clean clothes.

## DIET

During your pre-op Advanced Recovery Program (ARP) visit, the nurse will explain what to eat and drink before your surgery. The hospital will have specific instructions.



## WHAT TO BRING TO THE HOSPITAL

- This booklet
- Insurance and ID cards
- List of medications that you take at home (see blank card provided in bag)
- 1 package of your favorite gum
- Bathrobe, slippers, pajamas, loose comfortable clothing
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, shaving supplies, tissues, and perhaps earplugs
- Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- Cane, crutches, walker (if you use), labeled with your name

Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

## AT THE HOSPITAL

### PRE-OPERATIVE AREA

You'll change into a hospital gown and complete a pre-op checklist with the nurse.

### OPERATING ROOM

In pre-op, you will meet your anesthetist (the doctor who will put you to sleep) and other members of your surgical team. You will be asleep and pain-free during your surgery.

### WAITING ROOM

Family or friends may wait for you in the registration area. It will be several hours before they can visit you in your room. Visitors aren't permitted in the Post-Anesthesia Care Unit (PACU) unless you stay there overnight.

## IN THE POST-ANESTHESIA CARE UNIT (PACU)

After surgery, you will wake up in the Post-Anesthesia Care Unit (PACU) also called the Recovery Room. This is a quiet area where patients are watched closely. You may be there for several hours.

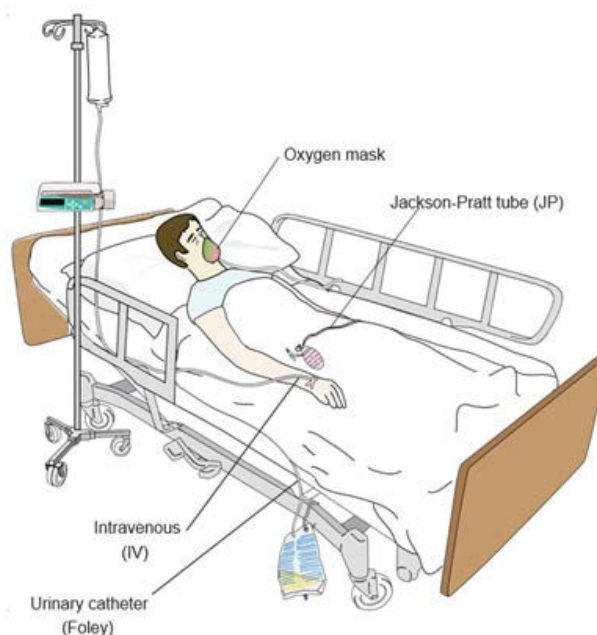
### You may have:

- A mask, giving you oxygen
- An intravenous (IV) giving you fluids
- A urinary catheter (tube), draining urine out of your bladder
- A Jackson-Pratt tube (JP tube), draining fluids

### A nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Make sure you are comfortable

When you are ready, and a bed is available, you will go to your room on the in-patient unit. Your family may visit you once you are in your room.



## PAIN CONTROL

### To control your pain you'll be encouraged to:

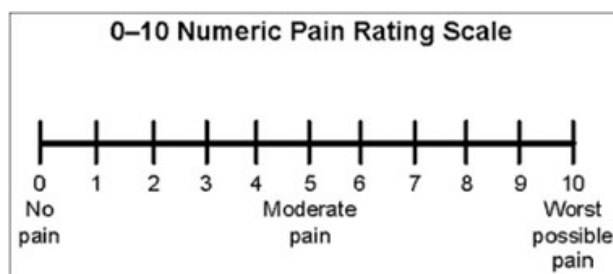
- Take deep breaths
- Wear an abdominal binder which may be provided by the hospital.

### Doing so will help you:

Move more easily | Eat better | Sleep well | Recover faster

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. We want to keep your pain below 4. Please tell your nurse if you have pain.



## AFTER SURGERY: GOALS FOR THE EVENING

- Get up and sit in a chair with help from your nurse.
- Take a short walk within 4 hours after surgery to improve bowel function, breathing, and circulation, and to prevent blood clots and stiff joints.
- Drink liquids, and a protein drink like Ensure or Boost if tolerated.
- Chew gum for 30 minutes to help your bowels start to work.
- Do your leg exercises and wear SCDs while in bed (see page 10).
- Do your breathing exercises (see page 10).

## EXERCISES

It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue while in the hospital.

### LEG EXERCISES

These exercises help your blood to circulate in your legs. Repeat each exercise 4-5 times every half hour while you are awake.

- Stretch your legs out straight.
- Rotate your feet to the right and left.
- Wiggle your toes and bend your feet up and down.
- Sequential Compression Devices (SCDs) help prevent blood clots. SCDs are sleeves placed around your calves and connected to a machine that inflates/deflates to improve circulation. They will be provided in the pre-op area and you will continue to wear them while in bed.



### EXERCISES FOR DEEP BREATHING AND COUGHING

An incentive spirometer (TriFlow) trains you to breathe deeply to prevent lung problems. To use:

- Put your lips around the mouthpiece, breathe in deeply, and try to keep the red ball elevated for 2 to 4 seconds.
- Remove the mouthpiece, breathe out, and rest for a few seconds.
- Repeat this exercise 10 times every hour while you are awake.
- Take a deep breath and cough. If you have some secretions, cough them up.
- Coughing may be painful. Brace your abdomen with a pillow.



## GOING HOME

### BREATHING

Do your breathing exercises.

### ACTIVITIES

- Sit in a chair for meals.
- The morning after surgery, before you go home, the nurse will encourage you to walk at least six times a day. Once you're home, try walking twice after breakfast, twice after lunch, and twice after dinner.

### PAIN CONTROL

Tell your nurse if your pain reaches 4 on the pain scale.

### DIET

- Eat regular food as tolerated. Stop eating if you experience nausea or vomiting.
- Chew gum for 30 minutes 3 times/day.
- Drink liquids, including protein drinks like Ensure or Boost.

### TUBES AND LINES

If a Jackson-Pratt drain is placed, for most patients, the Jackson-Pratt tube will be removed shortly after surgery - possibly day 1 or day 2.

Some patients keep the Jackson-Pratt until their follow-up appointment. Your nurse will teach you how to take care of your Jackson-Pratt at home if you leave with it. See page 15 for instructions.

You will leave the hospital with your urinary catheter. The nurse will explain how to care for it while at home. See page 13 for instructions. An appointment with your surgeon will be scheduled one week after surgery to have the catheter removed. Bring a pad or brief to this appointment as you may experience leakage following removal. Samples were provided in the Brave Box which you received prior to surgery.

## FOLLOW-UP SCHEDULE

Our typical appointment schedule includes:

- 7-10 days post-op remove urine catheter
- 10-14 days post-op visit with surgeon to discuss pathology or biopsy report
- 4-6 weeks post-op visit with physician for PSA blood test
- 4-6 weeks post-op visit with NP/PA regarding incontinence recovery
- 8-10 weeks post-op visit with NP/PA regarding erectile dysfunction rehab

## PAIN

You may have pain for a few weeks after surgery.

- Take acetaminophen (Tylenol) and your anti-inflammatory (Naproxen, Motrin, or Aleve) to relieve your pain.
- Consider a post-op medication schedule with acetaminophen and ibuprofen for the first 72 hours after surgery: 650 mg of acetaminophen (Tylenol) staggered with 600 mg of ibuprofen (Motrin) every 6 hours.
- Applying ice over the incision sites can be very helpful in relieving discomfort.

If the anti-inflammatory or other pain medications cause burning or pain in your stomach, stop taking them and call your surgeon.

If you have severe pain that is not relieved with medication, call your surgeon or go to the emergency room.



## INCISION

You may take a shower when you go home. Let the water run softly over your incisions and wash the area gently. Do not take a tub bath for 2 weeks.

A surgical glue will be placed on top of your sutures. Both the glue and the sutures will dissolve. While showering, let water run over the incision site. Do not scrub or peel.

## DIET

Start your diet with small meals of soft, bland foods. Eat half of what you normally eat and take twice as long. Drink plenty of water and avoid soda and carbonated beverages. Build your diet from small to normal portions. If you feel nauseous, bloated, or have excessive belching, return to sips of water until these pass, or you begin to have bowel function. During a bowel movement, it is important that you do not strain. If you are having a hard time having a bowel movement, increase your fruit and vegetable intake. Take a stool softener (like Colace) or laxative and drink a glass of prune juice. Following this regimen can help prevent an ileus also known as severe constipation, that can cause pain and discomfort and, in some cases, could lead to readmission to the hospital.

## GAS RELIEF/CONSTIPATION

Expect to pass gas often. Walking will help. For relief, you might take an over-the-counter medication like simethicone.

If constipated, increase your intake of water and fiber. Walking daily, as tolerated, is recommended.

## ACTIVITIES

### After you go home:

- If you have a long drive home, you will want to stop and walk every 45 minutes.
- It is very important to walk several times each day.
- While awake you should walk every hour. It does not have to be far. It can be from the couch to refrigerator. Gradually increase the distance until you reach your usual level of activity
- Do not drive while you are taking narcotic pain medication
- Avoid strenuous activity or lifting more than 10 lbs for at least one month.
- You should be able to return to work within a few weeks if your job does not require you to lift heavy objects

### Ask your family and friends for help with:

Transportation | Grocery shopping and meal prep | Laundry | House cleaning | Yard work

## YOUR URINE TUBE AND BAGS

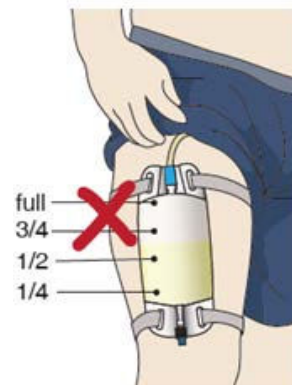
You will leave the hospital wearing a catheter. While at home:

- Always wash your hands before handling catheter.
- Empty the bag into toilet and wipe the output valve to keep clean.
- Use mild soap and water to wipe the head of your penis/urethral opening where catheter is placed. Keep this area clean and dry. If you notice any discharge build up, wipe it away with warm water.
- You may experience bladder spasms with the catheter in place—this is normal.
- It is normal to have blood in your urine. If so, drink more water and decrease your activity until your urine clears up. If you continue to see blood in your urine, call your surgeon's office.
- Always make sure that urine drains into your bag. Urine may leak outside the catheter, particularly during a bowel movement, but the majority of the urine should drain into the bag.

You will go home with 2 urine bags and a urine tube stabilizer. The stabilizer holds the catheter in place and ensures the tube stays attached to your leg. The smaller bag is for daytime; larger bag for bedtime.



- During daytime, attach the bag to your leg. Make sure it is not too tight. Position the bag low, but above the knee. This will ensure the tube does not get kinked.
- Empty the bag every 2 to 3 hours so it does not get too full. Never let it get more than  $\frac{3}{4}$  full.



## AT BEDTIME:

- Position the bag lower than your body to ensure urine drains into it.
- Empty the bag in the toilet every morning or when needed.

## HOW TO SWITCH YOUR BAGS:

Empty the bag of urine in the toilet.

1. Wash your hands.
2. Uncap the new bag and clean the tip of the bag with an alcohol swab for 15 to 30 seconds, and then place it on a clean towel.
3. With a new alcohol swab, clean the connection between the urine bag and the catheter for 15 to 30 seconds before disconnecting it.
4. Disconnect the urine catheter from the bag.
5. Connect the urine catheter to the new bag.



### Always:

- Save the caps from the bags.
- Keep the caps clean.
- Cover the caps when not in use.
- Always keep a cap over the tip of the unused bag.

## HOW TO CLEAN YOUR BAGS:

1. Wash your hands.
2. Empty the bag and rinse with tap water (use a small funnel or plastic cup).
3. Fill bag with a mixture of 1 part vinegar/3 parts water.
4. Gently shake the bag and let it hang for 30 minutes.
5. Empty bag and air dry.
6. Store in a clean dry place.

## WHEN TO CALL YOUR DOCTOR

Call your surgeon if:



- Your incision is warm, red or you see pus coming from it
- You have a temperature higher than 38C/100.4F
- There is a change in the color of the fluid in your Jackson-Pratt
- Your urine smells bad
- Not much urine is collected, yet you are drinking as much as usual
- You are sweating a lot or are more tired than usual
- You have nausea or vomiting when drinking fluids
- You have more pain and your pain medicine does not help

## YOUR JACKSON-PRATT DRAIN

The tube connects to a bulb-shaped container that collects fluid. This helps healing. The JP drain may or may not be placed at the time of surgery upon surgeon's discretion.

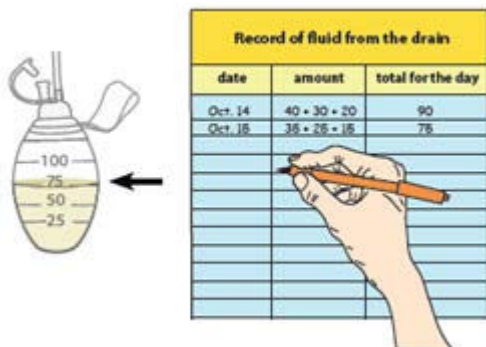
At first, the fluid draining might be blood tinged. After a few days, there will be less fluid and it will become clear yellow.

## HOW TO EMPTY YOUR JACKSON-PRATT DRAIN

1. Wash your hands.
2. Open the cap. The bulb will immediately take shape.



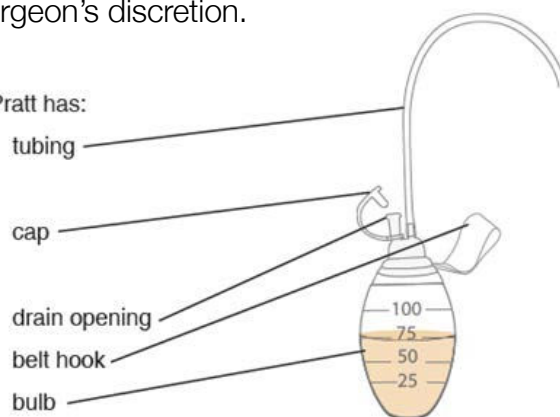
3. Write the amount of fluid in the diary.  
(page 16)



4. Empty the fluid in the toilet by squeezing the bulb until it is empty.



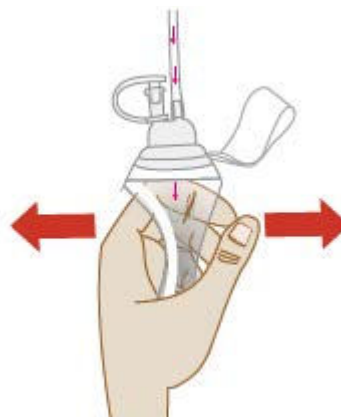
A Jackson-Pratt has:



5. Once empty, squeeze the bulb and hold the squeeze while you close the cap.



6. Let go of the bulb. It should stay collapsed and slowly fill with fluid.



## JACKSON-PRATT DRAIN DIARY

RECORD OF FLUID FROM THE DRAIN		
Date	Amount	Total for the day

## PAIN DIARY

Using the Pain Intensity Scale and table here, enter the level of pain you feel each day as you recover.





**If you have any questions, please contact your surgeon's office.**





**If you would like to know more about prostate cancer, the following links might be useful:**

- [www.ustoo.org](http://www.ustoo.org)
- [www.pcf.org](http://www.pcf.org)
- [www.cancer.org](http://www.cancer.org)

No pain	<b>Pain Intensity Scale</b>										Pain as bad as you can imagine
	0	1	2	3	4	5	6	7	8	9	10

For example:

Days After Surgery	 Morning	 Noon	 Evening	 Night
1	<u>4</u> / 10	<u>4</u> / 10	<u>3</u> / 10	<u>3</u> / 10

Days After Surgery	 Morning	 Noon	 Evening	 Night
1	___ / 10	___ / 10	___ / 10	___ / 10
2				
3				
4				
5				

## SUGGESTIONS TO HELP YOU STOP SMOKING

### There are four phases of quitting:

1. Preparing to quit
2. Choosing a quit date
3. Coping with withdrawal
4. Fighting relapses

### Strategies to help you quit:

- Stop smoking now and you will already be on your way to quitting.
- Take it one day at a time. Think of yourself as a non-smoker. Be proud of what you have already done.
- Ask your family and friends not to smoke around you.
- Ask a family member, or a friend, to stop smoking at the same time.
- Join a stop-smoking group and kick the habit with other people.
- Speak with your doctor about aids to help you quit, such as the nicotine patch.



### Get more information from:

- [www.smokefree.gov](http://www.smokefree.gov)
- [www.lung.org](http://www.lung.org)
- [www.cdc.org](http://www.cdc.org)

## EMSELLA CHAIR

Kegel exercises help to prevent leakage when you cough or do other things that cause a urine leak. They are a free, practical, and do-it-yourself way to strengthen pelvic floor muscles. But if you are looking for another option, the EMSSELLA Chair may be right for you.

The EMSSELLA Chair is an FDA-approved, noninvasive treatment for urinary incontinence. It uses high intensity focused electromagnetic technology to stimulate the pelvic floor muscles, which is like performing 11,200 Kegel contractions in 30 minutes.

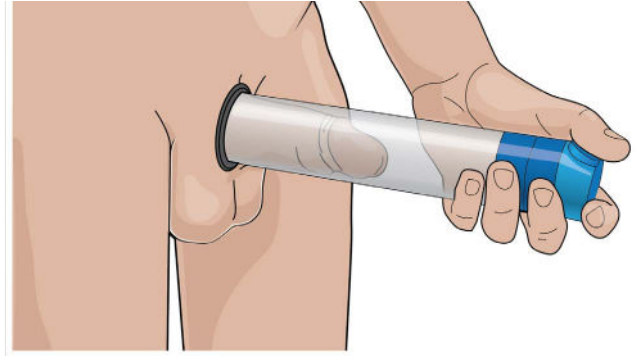
As the patient, you sit in the chair, fully clothed, for 30 minutes. A standard treatment plan includes six sessions scheduled twice per week. Treatments with the EMSSELLA Chair are elective procedures not covered by insurance.

EMSSELLA Chair treatments are available at REDEEM, our sexual wellness center in Birmingham. To learn more or to schedule a consultation, call (877) 648-7333, visit [REDEEMmichigan.com](http://REDEEMmichigan.com), or scan the QR code.



# PENILE REHABILITATION PROGRAM

Approximately two months after surgery, you will meet with an MIU Advanced Practice Provider to begin a penile rehab program. The purpose of this program is to get blood flowing to the penis regularly. It can take 12-18 months for nerves to regenerate in the penis after surgery, but we don't want to wait. We want to be proactive about getting blood flow back to the erectile tissues. You will be prescribed a low-dose PDE5 inhibitor such as sildenafil or tadalafil and be provided with a vacuum pump to pull blood into the penis. We will schedule periodic check-ins every 3 to 6 months to monitor your progress.



## NOTES

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## NOTES

## NOTES

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# WE WILL BE WITH YOU EVERY STEP OF THE WAY

## PATIENT NAVIGATORS: A STEP BEYOND ROUTINE CARE

Our Prostate Cancer patient navigators are here to help you throughout your treatment process and make the journey easier by:

- Helping you understand your diagnosis
- Coordinating communication between you and your provider in between office visits
- Facilitating scheduling treatments
- Evaluating your response to therapy



### MAKE AN APPOINTMENT

For more information or to make an appointment online, scan this QR code with your phone.



(586) 500-9223  
[MichiganUrology.com](http://MichiganUrology.com)