



## **Preoperative/Postoperative Instructions for Radical Prostatectomy Patients**

### **Day Before Surgery -**

- You may have a clear liquid diet until midnight
- Do not eat or drink anything after midnight
- Take a Hibiclens shower the evening prior to surgery
- Complete your bowel prep as directed by your surgeon.

### **Day of Surgery (Before surgery)-**

- Report to day surgery (Family Surgical Waiting Room, 1st Floor, STC), at the prearranged appointment time.
- Leave valuables at home, but bring any comfort items for your hospitalization as you see fit.
- Do not eat or drink anything (if you have been asked to take medications on the morning of surgery, you may do so with a small sip of water).
- An IV will be placed in the preoperative area.
- You may have an epidural catheter placed.

### **Day of Surgery (After Surgery)-**

- That evening you will dangle on the side of the bed with assistance and gradually increase your activity as tolerated.
- You will be allowed small amounts ice chips and sips of water if you are not nauseated
- Your diet will then be advanced as tolerated.
- Take at least three deep breaths and cough every two hours.
- Use your Incentive Spirometer every two hours while awake (this is done to expand your lungs and help prevent pneumonia).
- An IV will be maintained as a source of fluid intake until you are tolerating your diet adequately.
- A catheter will remain in your bladder to drain your urine, your nurse will empty the catheter bag as frequently as indicated.
- You will have one or more drains coming from your abdomen that will drain some bloody fluid. This will remain until your surgeon feels that outputs are appropriate, usually before discharge).
- Notify your nurse if you experience any bladder discomfort or sensation of fullness (this usually indicates bladder spasms, but may indicate a catheter that is not draining properly).
- You may have a pain control pump. Your nurse will provide you with instructions.

## **First Day After Surgery -**

- You will walk in the hallway with assistance approximately four times per day.
- You may have a clear liquid diet.
- Your nurse will clean your Foley catheter and start teaching you how to take care of it.
- Your nurse will instruct you on care of your catheter and use of a leg bag (to only be used when standing or walking).
- Your nurse will begin planning discharge

## **Second Day After Surgery -**

- You will walk independently in the hallway
- A regular diet for you is anticipated
- Pain pump, medication, and IV fluids may be discontinued.
- Pain medication by mouth will be available
- You will be discharged as soon as you:
  - Are walking without difficulty,
  - Your pain is controlled by oral medication,
  - You are passing gas,
  - You are able to manage your catheter,
  - You have no fever.
- Your nurse will reinforce discharge instructions
- You may have a mild laxative by mouth at home if your bowels have not moved within four days after the surgery.
- Some patients have scrotal bruising and swelling. Elevation on towels may help.
- You should have a follow-up appointment in one to two weeks to remove your catheter. You may follow-up sooner if staples or drains need to be removed.
- Your doctor will discuss the pathology results at your follow-up visit.
- You may take a shower after your IV has been removed.

## **After Discharge: Your return appointment is**

\_\_\_\_\_ Desk: 3A (254-724-2577)

- You will go home with prescriptions for:
  - pain medication as needed
  - antibiotics for 3 days, two begin the day prior to catheter removal
  - stool softeners for one month
  - iron supplement for anemia may also be given
- You may resume your normal diet, high in fiber (fruits and vegetables)
- Drink 8 glasses of water daily
- Walk 4 times daily
- Continue foot pumping exercises while sitting
- No heavy lifting over 10 lbs. for 4 weeks
- No driving for 2 weeks and while catheter is in place (less than 5-10 miles for 4 more weeks)
- **\*\*Only a urologist may remove or replace your catheter\*\***
- Call the clinic for any fever over 101 F, increased pain, nausea/vomiting, catheter not draining, or other concerns