POST DAVINCI PROSTATECTOMY INSTRUCTIONS

CATHETER CARE:
Your catheter is very important to allow healing of the bladder around the urethra. You may use either leg or larger external bags. Drain before the bag gets too full. The tip of the penis may get sore from the catheter rubbing. Use plain soap and water to wash the area daily or more often as needed. You may see some blood in the drainage tubing or bag on and off during the time that the catheter is in place. As long as the catheter is draining well, a little blood is normal and requires no treatment. You may also notice leaking around the catheter at the tip of the penis. This can also be normal and requires no treatment. A lubricating cream or ointment may make the tip of the penis less sore for example Surgilube or KY Jelly, which can be found at your pharmacy. Do not use Vaseline. Do not attempt to remove or cut your catheter without the instruction of the physician.

DIET:
You may return to your normal diet immediately. Because of the raw surface of the bladder from the surgery, alcohol, spicy foods, and drinks with caffeine may cause some irritation or the sense that you need to urinate despite the fact that the catheter is emptying the bladder. However, if these foods are not bothering you, there is no reason to avoid them if used in moderation. More importantly, drink plenty of fluids during the day (8-10 glasses), to keep your urine flowing freely. The type of fluids (except alcohol) is not as important as the amount. Water is best, but coffee, juices, tea and soda are all acceptable if they are not irritating your bladder too much. Foods rich in protein will aid in wound healing. Fluid, fiber, and fruits in your diet will help to prevent constipation. Follow dietitian recommendations if instructed.

ACTIVITY:
Your physical activity is to be restricted, especially during the first week home. During this time use the following guidelines:
   a. No lifting heavy objects (anything greater than 15 pounds for 4 weeks).
   b. No driving a car and limit long car rides. You may resume driving when you are no longer taking narcotic pain medication.
   c. No strenuous exercise until your catheter is removed. After your catheter is removed you may run, jog, use a treadmill or stairmaster. NO BICYCLE RIDING, OR SITTING ON A BICYCLE-TYPE SEAT FOR 6 WEEKS.
   d. You may find that reclining instead of sitting upright in a chair is more comfortable. Sitting for extended periods of time can cause increased pressure and pain.
   e. Make sure to walk daily.
   f. Pelvic muscle exercises, also called Kegel (kay-gull) exercises are used to strengthen the pelvic floor muscles. When used they may help to regain or improve bladder control. As you begin urinating, try to stop the flow of urine without tensing the muscles of your legs, buttocks, or abdomen. It is important not to use these other muscles. When you can stop or slow your urine stream, you are using the correct muscles. To do the Kegel exercises tighten the pelvic floor muscles (hint: try to squeeze the rectal area to tighten the anus as if trying not to pass gas). Set aside two times daily for exercising. You may perform these exercises daily before you have surgery to strengthen these muscles. You may begin Kegel exercises 1 week after catheter removal.
   g. No stretching, swimming or yoga for four weeks.

BOWELS:
The rectum and the prostate are next to each other and any very large and hard stools that require straining may cause bleeding. You will be given stool softeners (usually), but these are not laxatives. A bowel movement every other day is reasonable. Use a mild laxative (such as Mild of Magnesia 2-3 Tablespoons, or 2 Dulcolax tablets for example), or call if you are having any problems. DO NOT USE ANY RECTAL SUPPOSITORIES OR ENEMAS.
**MEDICATION:**
You should resume your pre-surgery medications unless told not to. You may be discharged with stool softeners to keep the stool soft. Pain pills may also be given to help with wound and catheter discomfort. Narcotic pain medication can cause constipation. If your pain is not severe enough to need narcotic pain medication, and you can tolerate these medications you may try Motrin (ibuprofen) 600mg three times daily with meals along with Tylenol 650mg every 4 hours. If you take a daily aspirin you may resume taking this after your catheter is removed.

**HYGIENE:**
You may bath or shower as soon as you get home. The steri-strip bandages covering your incisions will fall off on their own, do not pull them off. Small amounts of clear drainage from incision sites can be normal, call our office if drainage is cloudy, pus-like, foul-smelling or if your incisions are bleeding.

**PROBLEMS YOU SHOULD REPORT TO US:**
- **a.** CALL IMMEDIATELY IF THE CATHETER FALLS OUT OR STOPS DRAINING
- **b.** Any increase in redness, or swelling of your incisions.
- **c.** If feeling chilled or feverish, take your temperature and report if over 100.5 degrees.
- **d.** Nausea, vomiting or abdominal distention.
- **e.** Persistent constipation, diarrhea or blood in stool.
- **f.** Pain not relieved by pain medication and rest.
- **g.** Inability to urinate, with an urge to urinate
- **h.** Shortness of breath, cough or chest congestion/pain.
- **i.** Drug reactions (Hives, rash, nausea, vomiting or diarrhea).
- **j.** Bleeding from incisions.

**FOLLOW-UP:**
You will need follow-up appointments to monitor your progress. Call for this appointment at the number above when you get home or from your hospital room before leaving. Usually your first appointment will be seven days after discharge to see Dr Porter and to have your catheter removed. A sign that the catheter can be removed is leaking urine around the catheter. In general, you should return for catheter removal when you are leaking some urine around the catheter. When the catheter is removed most people will not have good urinary control at first. Come with a small supply of adult diapers (ATTENDS or DEPENDS) and male incontinence pads. These can be purchased at any drug store or pharmacy.

You will need to have a PSA (ultrasensitive or prostatectomy) blood test 6-8 weeks after surgery. You may come to our office for this blood draw; no appointment is necessary. Your next follow up visit with Dr Porter will be 3 months after surgery, please call our office to schedule this appointment.

**IF YOU DO NOT LIVE IN THE SEATTLE AREA, PLEASE MAKE ARRANGEMENTS TO STAY IN TOWN THE NIGHT AFTER DISCHARGE FROM THE HOSPITAL AS WELL AS THE NIGHT AFTER YOUR CATHETER REMOVAL IN THE OFFICE.**