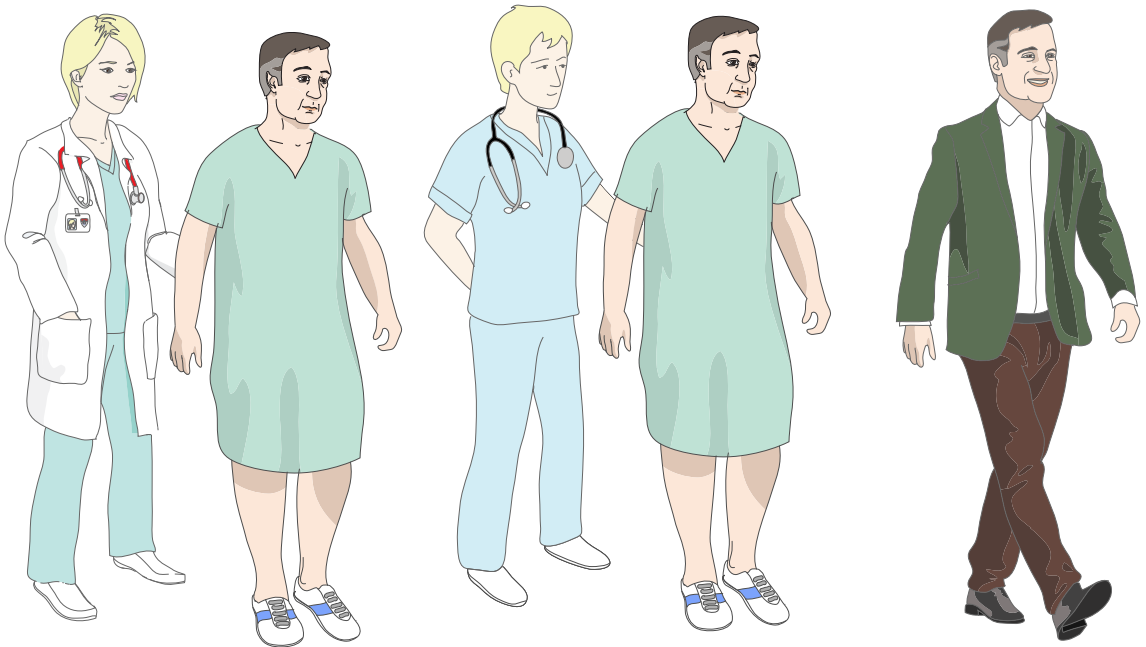


A Guide to Prostate Surgery



Centre universitaire
de santé McGill



McGill University
Health Centre

Office d'éducation des patients
Patient Education Office

muhcpatienteducation.ca

This booklet was developed by The MUHC Clinical Care Pathway Working Group and reviewed by the surgeons.

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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.



This material is also available through the

MUHC Patient Education Office website

www.muhcpatienteducation.ca

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PRET SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

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What is a care pathway?

When you are admitted to the hospital for prostate surgery, you will be part of a fast recovery program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health care 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 things 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.

Your MUHC surgery team

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

What is the Prostate?

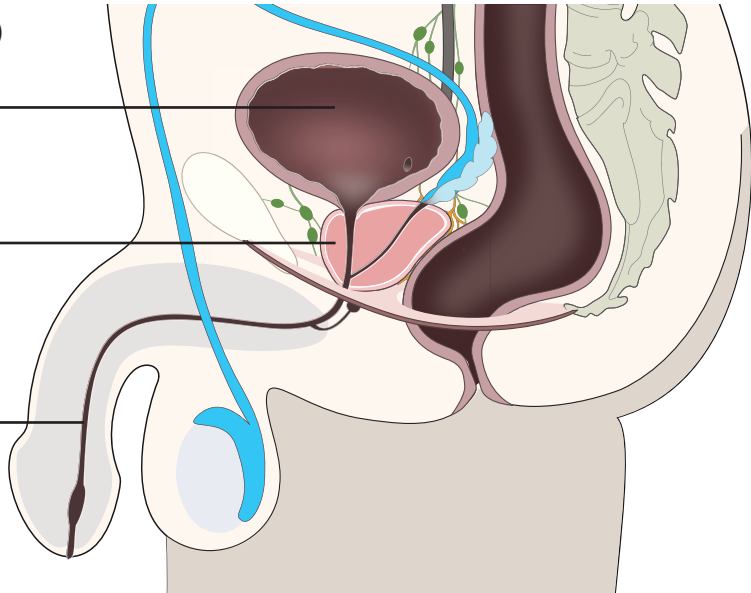
The prostate is a gland that is about the size of a walnut. Your prostate makes fluid that mixes with sperm when you have an orgasm. This gland surrounds the urethra just below the bladder. The urethra is the tube connected to your bladder. It drains the urine from your bladder.

Prostate (side view)

Bladder

Prostate

Urethra

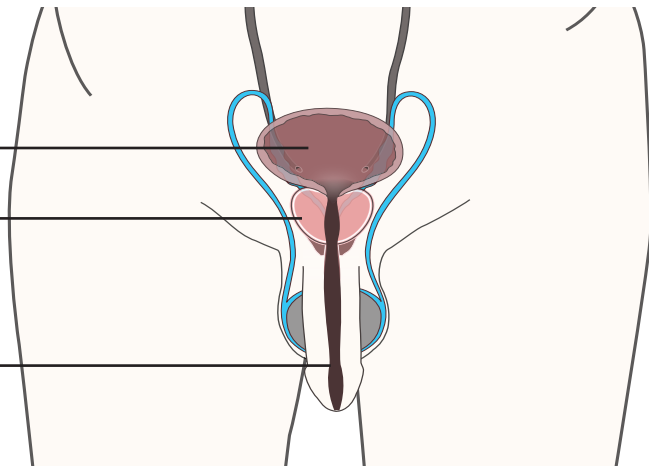


Prostate (front view)

Bladder

Prostate

Urethra



What is prostate surgery?

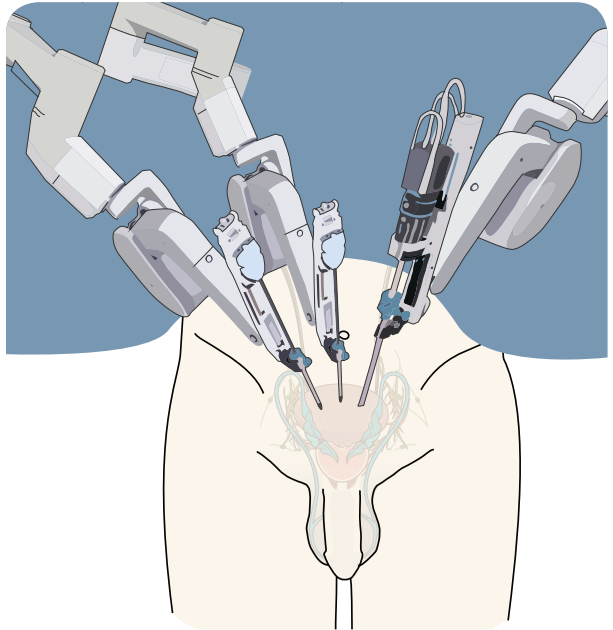
A prostatectomy is the surgical removal of the prostate.

Robotic Surgery

The surgeon does the surgery using a computer that controls instruments attached to a robot.

The surgeon sits at a computer station nearby and directs the movements of the robot. The surgeon controls the robot's arms through a computer to do the surgery. Small instruments are attached to the robot's arms.

It is important to understand it is your surgeon doing the surgery not the robot.



Preparing for your surgery

Be active

Exercise will help your body to be as fit as possible and keep your weight under control. If you are already active, keep up the good work. If you are 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 help you stop smoking by prescribing medication. See page 42 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.

Preparing for your surgery

Plan ahead

You may need help with meals, laundry, bathing or cleaning, when you go home from the hospital. Stock your fridge and freezer with food that is easy to reheat. Make plans with your family and friends so you will have the help you need.



Arrange transportation

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



Pre-operative Clinic visit

When you visit the Pre-op Clinic, you will:

- Have blood tests
- Have an ECG (electrocardiogram), if you are over the age of 50
- Meet with a nurse who will explain how to get ready for surgery and what to expect while you are in the hospital
- Meet with a doctor 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 will explain which medicines you should stop and which ones you should keep taking.

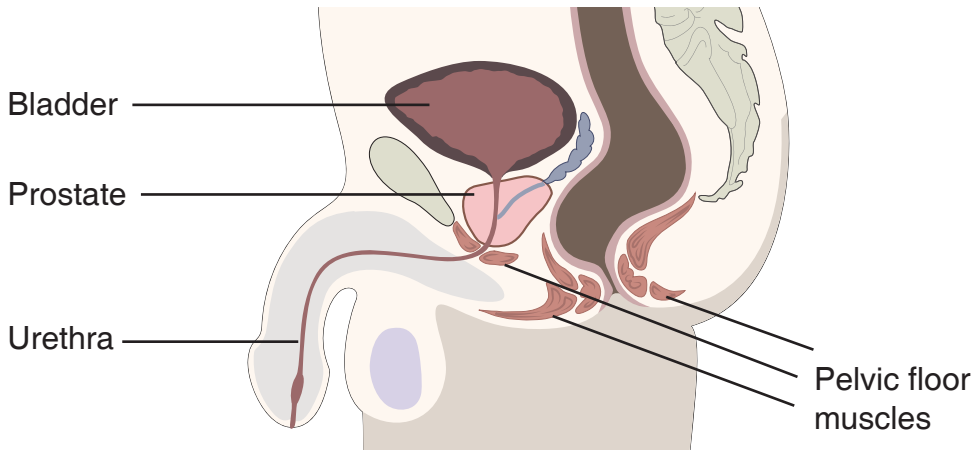


If you have any questions, you may contact the Pre-op Clinic nurses at (514) 934-1934, extension 34916, Monday to Friday from 7:30 am to 3:30pm.

RVH Preop Clinic: Located near the cafeteria at D S1. 2428 (Block D, level S1).

Kegel exercises

Kegel exercises are also called Pelvic Floor Muscle Exercises. Leaking and dribbling of urine is the most common problem after this surgery. This can last for up to 6 months. Doing the Kegel exercises can help control this problem. This exercise makes your pelvic floor muscles stronger. We suggest you start these exercises before your surgery and continue after your urinary catheter has been removed.



To identify the pelvic floor muscles, you can try stopping the flow of urine. This technique is only used to help you understand the Kegel exercise. Normally it is not done while urinating.

1. Squeeze or tighten the muscles around your anus. This tightens all the muscles of the pelvic floor.
2. Tighten the muscles for 2 to 5 seconds, then release for the same amount of time. Repeat 12 to 20 times, several times a day. It is best to practice often for short periods.

Do these exercises to prevent leakage when you cough or do other things that provoke a urine leak. You may use adult diapers or incontinence pads until the urine leakage stops.

Phone call from Admitting

The day before your surgery, the Admitting Department will call you to tell you when to come to the hospital. They will ask you to arrive 2 hours before your planned surgery time. **Exception:** If your surgery is planned for 7:30 am, they will ask you to arrive at 6:30 am.

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



Date of surgery:



Time of arrival at the hospital:

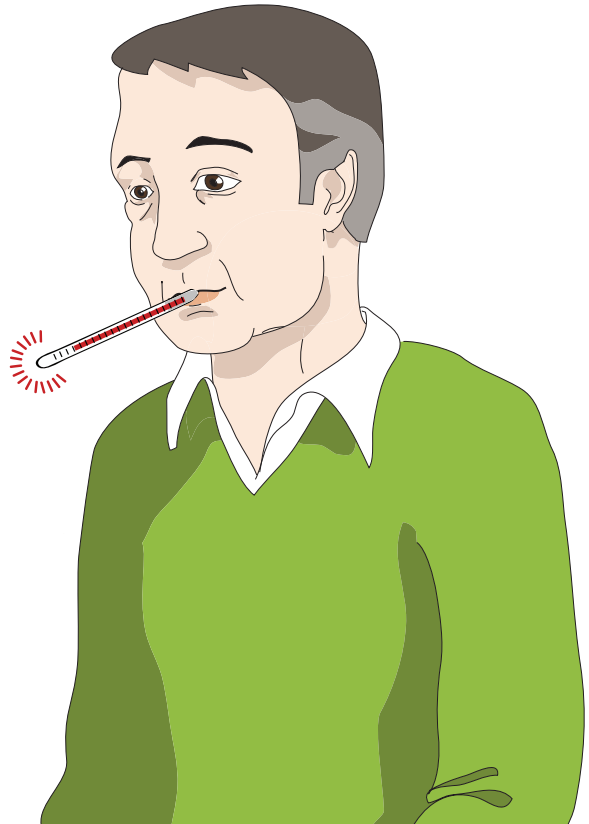
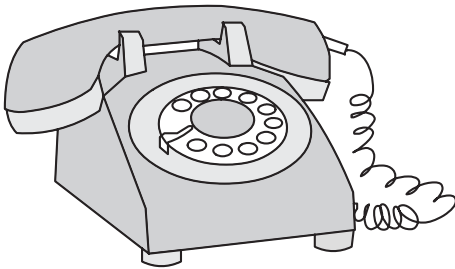
Room: **Registration, Surgery and Intervention Centre**, Block C, level 3 (C.03.7055). Enter the building through the Royal Victoria Hospital main entrance. Take the first set of elevators on your right or left (North) and go to the 3rd floor.



If you do not receive a call from Admitting by 2:00 pm, you may call them at (514) 934-1934, ext. 31557.

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 Admitting Department (514) 934-1934 ext. 31557.

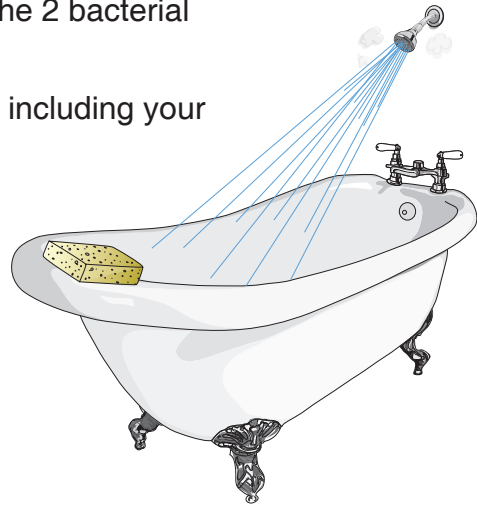


The Royal Victoria Hospital is a Transplant and Cardiac Centre. This means your surgery may be delayed or cancelled because of an emergency. If this happens, your surgeon will rebook your surgery as soon as possible.

Hygiene

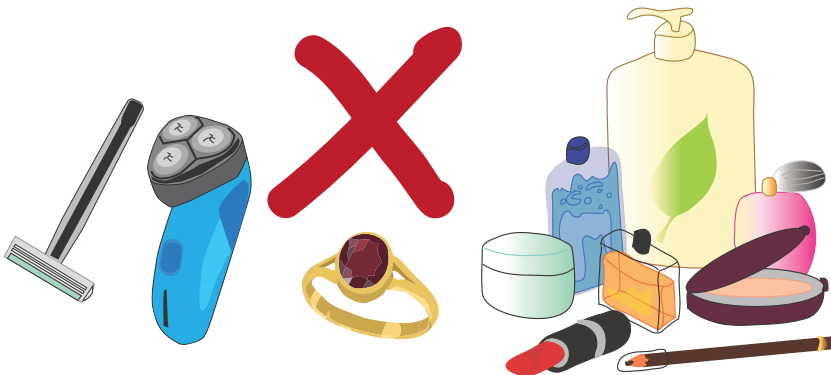
The night before surgery:

1. Use regular soap and shampoo for your face and hair
2. Take a shower or bath by using 1 of the 2 bacterial sponges your were given
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 the 2nd sponge
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









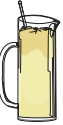



Diet

The nurse in the Pre-op Clinic will explain what to eat and drink before your surgery.



The evening before your surgery:

- Eat and drink normally until midnight
- Choose a carbohydrate drink from this list. Drink it as quickly as possible (not over several hours).

Carbohydrate drinks: Choose only 1	Amount in mL	Amount in cups (1 cup = 250 mL)
 Apple juice	850 mL	
 Commercial iced tea	1100 mL	
 Cranberry cocktail	650 mL	
 Lemonade without pulp	1000 mL	
 Orange juice without pulp	1000 mL	



After midnight, do not have any food, dairy products, diet drinks, or juice with pulp.











Diet

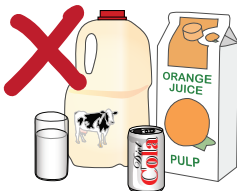


The morning of surgery:

- Do not eat any food
- Choose a carbohydrate drink from this list. Again, drink it as quickly as possible. Drink this 2 hours before surgery (this is usually the time you are asked to arrive at the hospital). Then, **stop drinking**.

Exception: If you are asked to arrive between 6:00am and 6:30 a.m., stop drinking at 5:30 a.m.

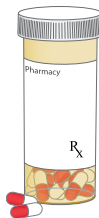
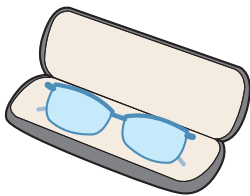
Carbohydrate drinks: Choose only 1	Amount in mL	Amount in cups (1 cup = 250 mL)
 Apple juice	425 mL	
 Commercial iced tea	550 mL	
 Cranberry cocktail	325 mL	
 Lemonade without pulp	500 mL	
 Orange juice without pulp	500 mL	



Do not have any dairy products, diet drinks, or juice with pulp.

What to bring to the hospital

- This booklet
- Medicare and hospital cards
- Private insurance information, if you have any
- List of medications that you take at home (ask your pharmacist to give you one)
- 1 package of your favourite 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 have any), labeled with your name



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

At the hospital

Admitting area

Report to Registration, Surgery and Intervention Centre, Block C, level 3 (C03.7055), at the time you were given.

Enter the building through the Royal Victoria Hospital main entrance. Take the first bank of elevators on your right or left (North) and go to the 3rd floor.

Pre-operative area

The nurse will ask you to change into a hospital gown and will complete a preoperative checklist with you.



Operating room

An orderly will take you to the operating room. 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.

At the hospital

Waiting room

Family or friends may wait for you in the registration area in Block C, level 3. It will be several hours before they will be able to visit you in your room. There are no visitors in the Post-Anesthesia Care Unit (PACU) unless you are staying there overnight.

Other resources

- Cafeteria – Block C, Located off the Adult Atrium on the level S1
- Vending machines – Block C, level S1
- Stores – Galleria, Rez-de-chausée level & Atrium, level S1
- Bank machines – Blocks C & D, Rez-de-chausée level
- Adult Resource Centre (library) – Block B, Rez-de-chausée level
- Prayer and meditation room – Between blocks C & D, level 2, Room 1178
- Internet access

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi



In the Post-Anesthesia Care Unit (PACU)

After your 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 will be there for several hours.

You may have:

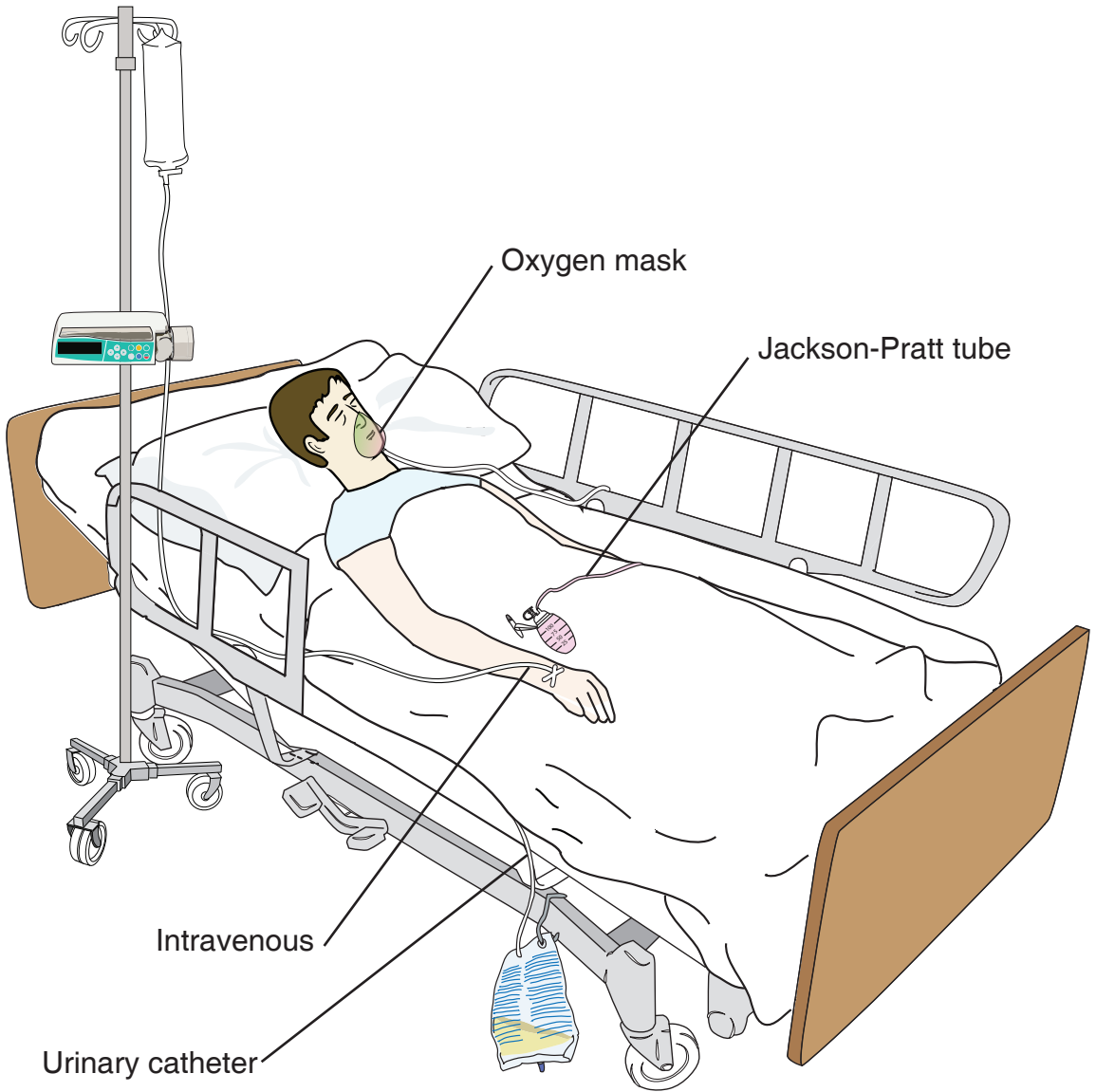
- A mask, giving you oxygen
- An intravenous (IV), giving you fluids
- A urinary catheter (tube), draining urine out of your bladder
- A Jackson-Pratt tube, draining fluids

A nurse will:

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

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

In the Post-Anesthesia Care Unit (PACU)

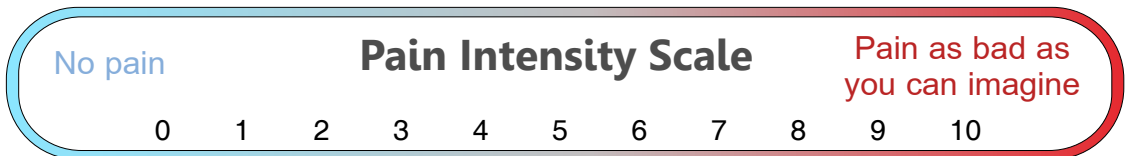


Pain control

It is important to control your pain because it will help you to:

- Take deep breaths
- 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.



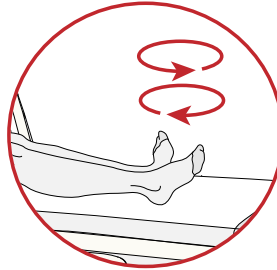
0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4/10. Please tell us if you have pain. We will help you.

Exercises

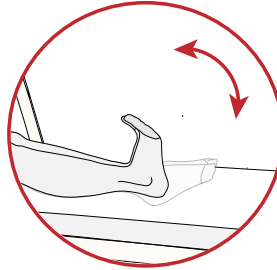
It is important to move around in bed to prevent pneumonia, blood clots and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

Leg exercises

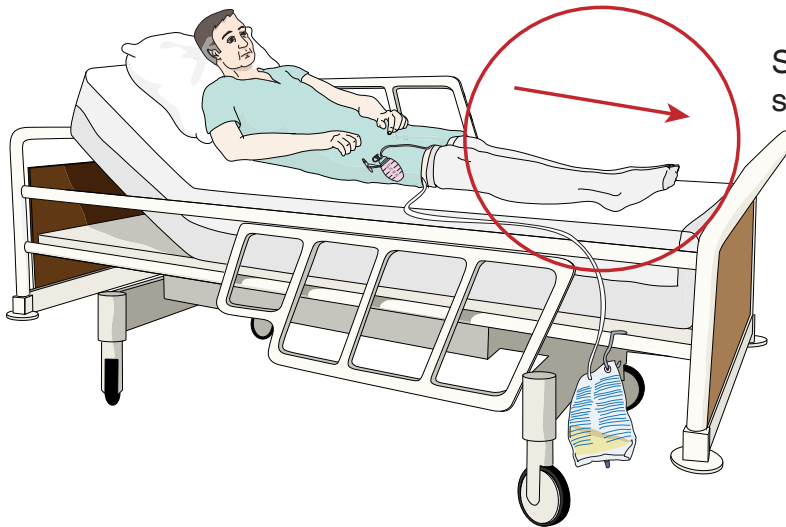
These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

Exercises

Deep breathing and coughing exercises

An inspiriometer is a device that helps you breathe deeply to prevent lung problems.

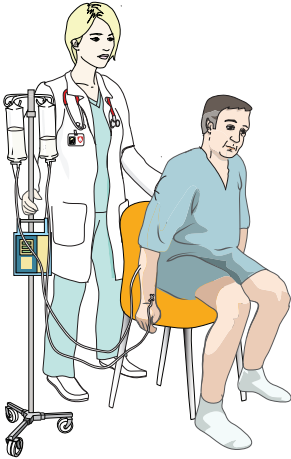
To use your inspiriometer:



- Put your lips around the mouthpiece, breathe in deeply, and try keep the red ball up 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.

To do the evening of your surgery

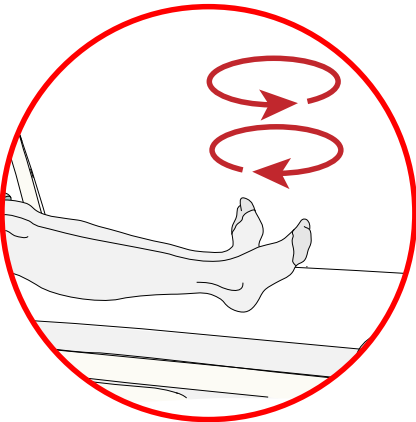
Goals for the evening of surgery



Get up and sit in a chair with your nurse's help.



Drink liquids, as well as a protein drink like Ensure or Boost if tolerated. Your IV will be removed when you are drinking well. Chew gum for 30 minutes to help your bowels start to work.

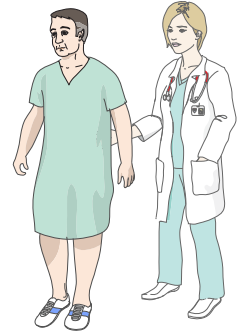


Do your leg exercises (see page 22).



Do your breathing exercises (see page 23).

Goals for Day 1: Going home



Breathing

Do your breathing exercises

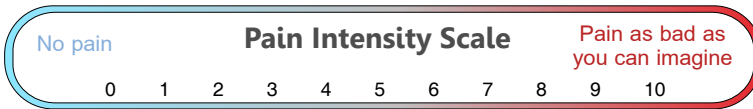
Activities

Sit in a chair for meals

Walk in the hallway and try to stay out of bed as much as possible

Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale

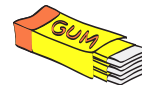


Diet

Eat regular food as tolerated

Chew gum for 30 minutes 3 times/day

Drink liquids, including protein drinks like Ensure or Boost



Tubes and lines

For most patients, the Jackson-Pratt tube will be removed today

For a few patients you will keep the Jackson-Pratt until your follow-up appointment

Your nurse will teach you how to take care of your Jackson-Pratt at home if you leave with it

Refer to page 35 for instructions



Goals for Day 1: Going home

You will receive an appointment with your surgeon to have your urinary catheter removed.

Bring an adult diaper or incontinence pad to your follow-up appointment.

Your nurse will explain how to take care of your urinary catheter and bags before you leave the hospital. See pages 30-36 for instructions.



If you have clips, we will arrange for the CLSC to remove them.

You will also receive an appointment 1 month after your surgery with one of the urology team members.

Pain

You may have pain for a few weeks after surgery.

Take acetaminophen (Tylenol ®) and your anti-inflammatory (Naproxen) to relieve your pain.

If your pain is not controlled by acetaminophen (Tylenol ®) and the anti-inflammatory, add the narcotic (Oxycodone) that your doctor ordered.

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

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

Pain medicine may cause constipation. Do not force if you are constipated. To help your bowels stay regular:

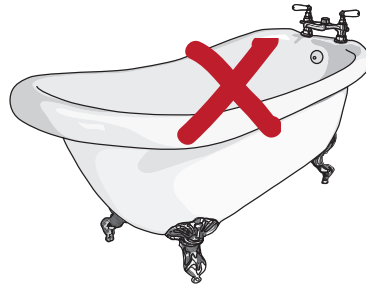
- Drink more liquids
- Eat more whole grains, fruits and vegetables
- Get regular exercise (a 15-minute walk is a good start)
- Take a mild laxative such as prune juice or take stool softeners as prescribed



Incision

We will arrange for the CLSC to remove the clips about 7 days after your surgery. The CLSC will contact you at home.

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.



Diet

There are no restrictions to your diet. You may eat anything you want.

Drink 8-10 glasses of fluid every day to flush your bladder and prevent constipation.



Activities

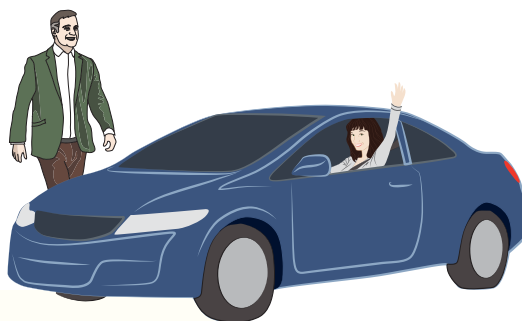
After you go home:

- Continue to walk several times each day. Gradually increase the distance until you reach your usual level of activity.
- Do not drive while you are taking narcotic pain medication.
- You should be able to lift up to 20 pounds 2 weeks after your surgery.
- 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
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning

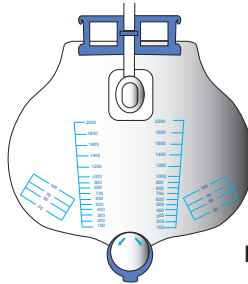


Your urine tube and bags

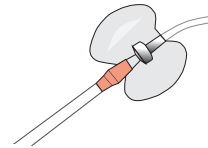
Your urine may be cloudy at first and will return to normal in a few weeks. It is normal to have blood in your urine after this surgery. If you see blood in your urine, drink more and decrease your activity until your urine clears up. If you have done this and you still see no change, call your surgeon's office. Always make sure that urine continues to drain into your bag.



day bag



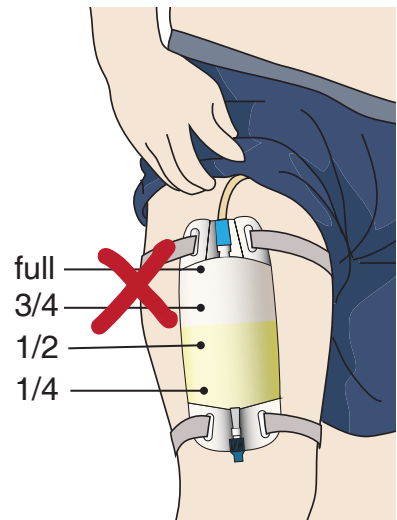
night bag

urine tube
stabilizer

You will go home with 2 urine bags and a urine tube stabilizer. The stabilizer holds the catheter in place and makes sure that the tube stays attached to your leg. The smaller bag is for the day and the larger bag is for the night.

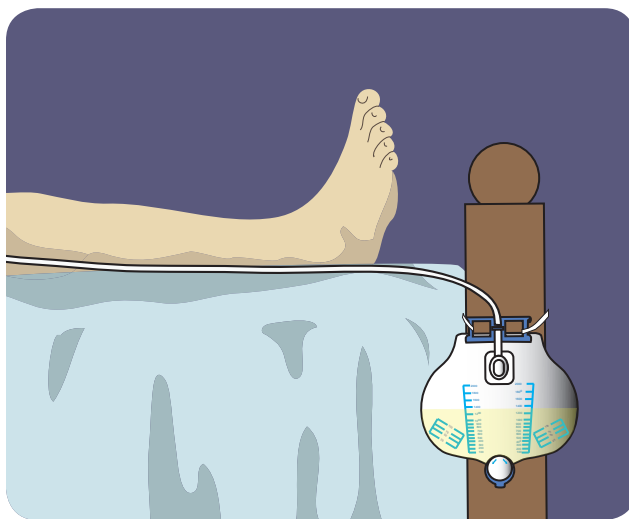
1. Wear the smaller bag during the day.

- Attach it to your leg. Make sure it is not too tight.
- Be sure that the bag is low enough but remains above the knee. This will make sure the tube does not get kinked.
- Empty the bag every 2 or 3 hours so it does not get too full.
- Never let it get more than 3/4 full.



Your urine tube and bags

2. Use the larger bag at night when you are in bed.
 - Make sure the urine drains into the bag by putting it lower than your body.



- Empty the bag in the toilet every morning.



Your urine tube and bags

How to switch from one bag to the other

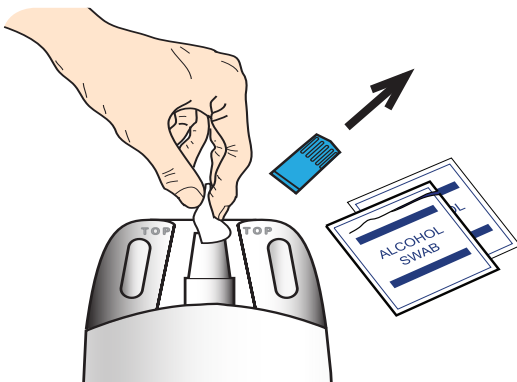
1. Empty the bag of urine in the toilet.



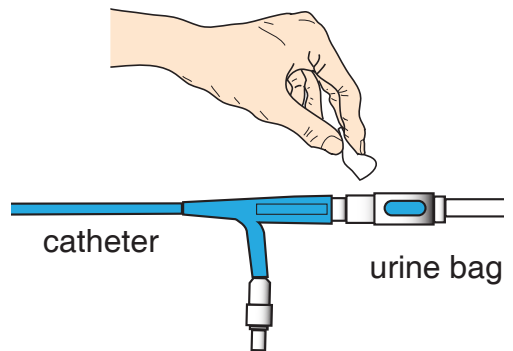
2. Wash your hands.



3. Uncap the new bag and clean the tip of the bag with an alcohol swab for 15 to 30 seconds, and then keep it on a clean towel.



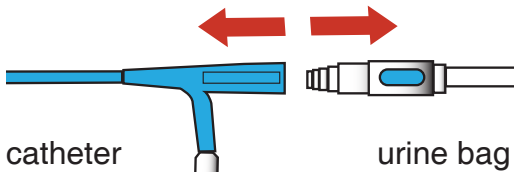
4. With a new alcohol swab, clean the connection between the urine bag and the catheter for 15 to 30 seconds before disconnecting it.



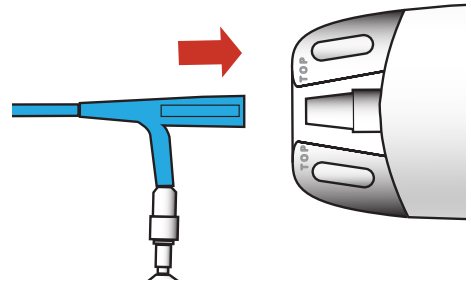
Your urine tube and bags

How to switch from one bag to the other (continued)

5. Disconnect the urine catheter from the bag.

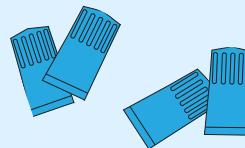


6. Connect the urine catheter to the new bag.



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.



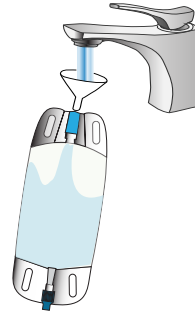
Your urine tube and bags

How to clean your bags

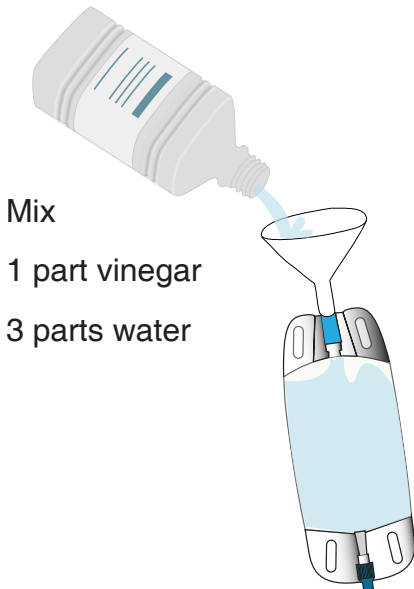
1. Wash your hands.



2. Empty the bag and rinse with tap water (use a small funnel or plastic cup).



3. Fill bag with the mixture of vinegar solution.

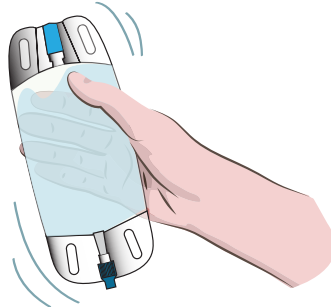


Mix

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.



Your Jackson-Pratt tube

The tube connects to a bulb-shaped container that collects fluid. This helps healing.

A Jackson-Pratt has:

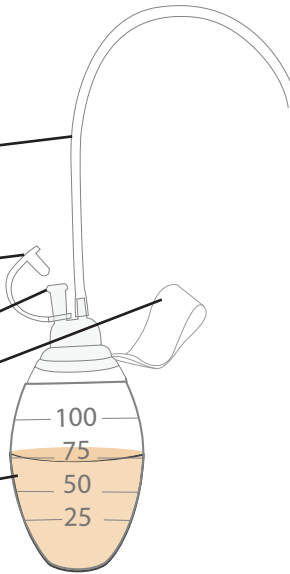
tubing

cap

drain opening

belt hook

bulb



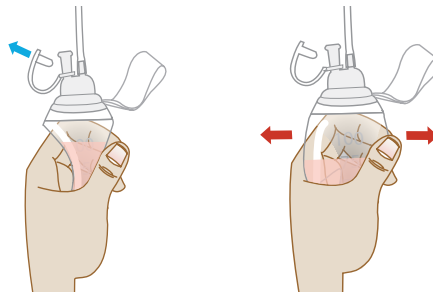
At first, the fluid draining might be blood-tinged. After a few days, there will be less fluid and it will become clear yellow.

How to empty your Jackson-Pratt tube

1. Wash your hands before handling the Jackson-Pratt.



2. Open the cap. As soon as you open the cap, the bulb will take back its shape. The Jackson-Pratt bulb is like a measuring cup.

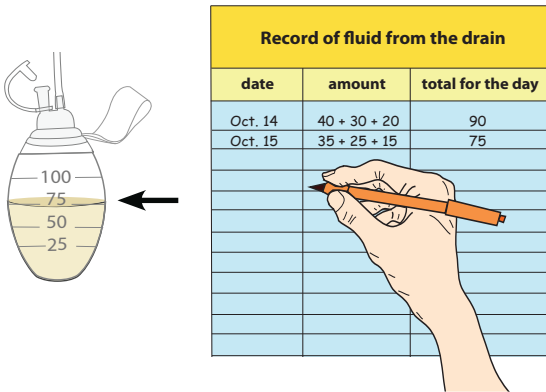


Your Jackson-Pratt tube

How to empty your Jackson-Pratt tube (continued)

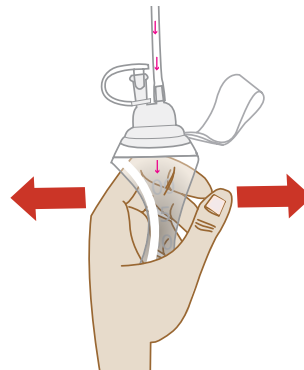
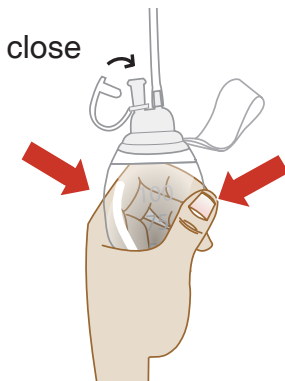
3. Write the amount found in the bulb in the fluid diary (page 37).

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



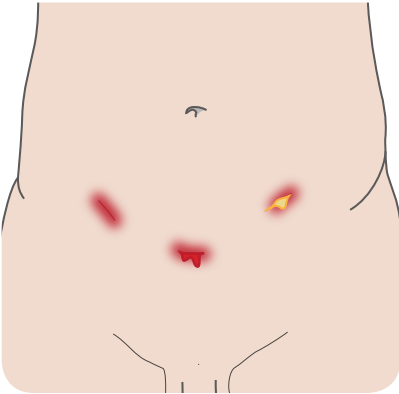
5. Once empty, squeeze the bulb and hold the squeeze while you close the cap.

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



When to call your doctor

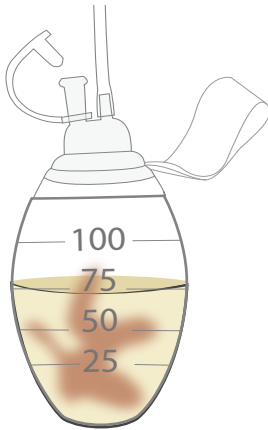
Call your surgeon if:



Your incision is warm, red or you see pus coming from it.



You have a temperature higher than 38°C/100.4°F.



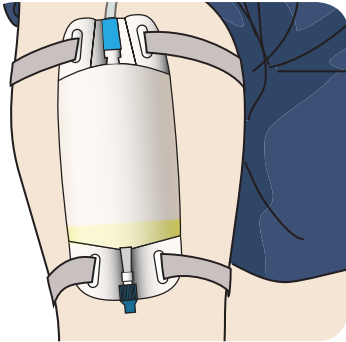
There is a change in the color of the fluid that is in your Jackson-Pratt.



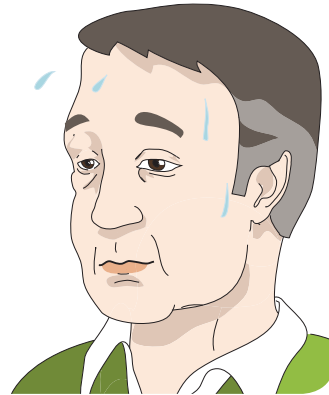
Your urine smells bad.

When to call your doctor

Call your surgeon if:



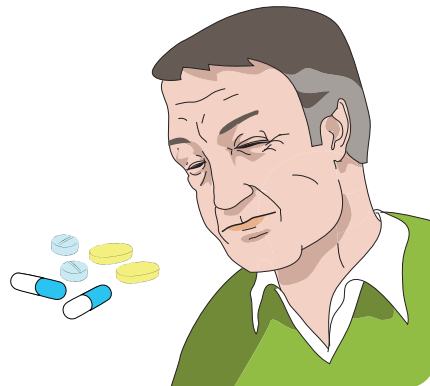
There is not much urine going into the bag and you are drinking as much as usual.



You are sweating a lot or you are more tired than usual.



You have nausea or vomiting when drinking fluids.



You have more pain and your pain medicine does not help.

If you cannot reach your doctor, go to the nearest Emergency Department.

Important resources

If you have any questions, please contact us:

Dr. Armen Aprikian: 514-934-8295

Dr. Wassim Kassouf: 514-934-8246

Dr. Simon Tanguay: 514-934-8535

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

Canadian Cancer Society www.cancer.ca

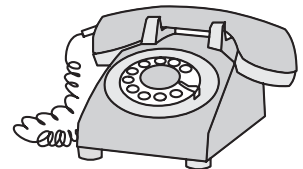
Prostate Cancer Canada www.prostatecancer.ca or www.cpcn.org

The Prostate Centre www.prostatecentre.ca

BC Cancer Agency - Care and Research www.bccancer.ca

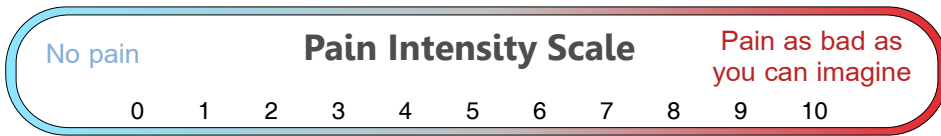
This booklet and many other patient education materials can be downloaded at the MUHC Patient Education Office website:

www.muhcpatienteducation.ca











Pain Diary

Using the Pain Intensity Scale and table below, enter the level of pain you feel during the day.



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:

Montreal Chest Hospital

(514) 934-1934 extension 32503

www.muhc.ca

Quebec Lung Association

(514) 287-7400 or 1-800-295-8111

www.pq.lung.ca

Looking for information on

YOUR SURGERY ?



Visit the Patient Education Collection
Search: **Surgery Patient Guides**
muhcpatienteducation.ca



Centre universitaire
de santé McGill



McGill University
Health Centre

Office d'éducation des patients
Patient Education Office



Royal Victoria Hospital at the Glen site

1001 Decarie Blvd. Montreal, QC H4A 3J1

Centre universitaire
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McGill University
Health Centre

Office d'éducation des patients
Patient Education Office

DE MAISONNEUVE W.

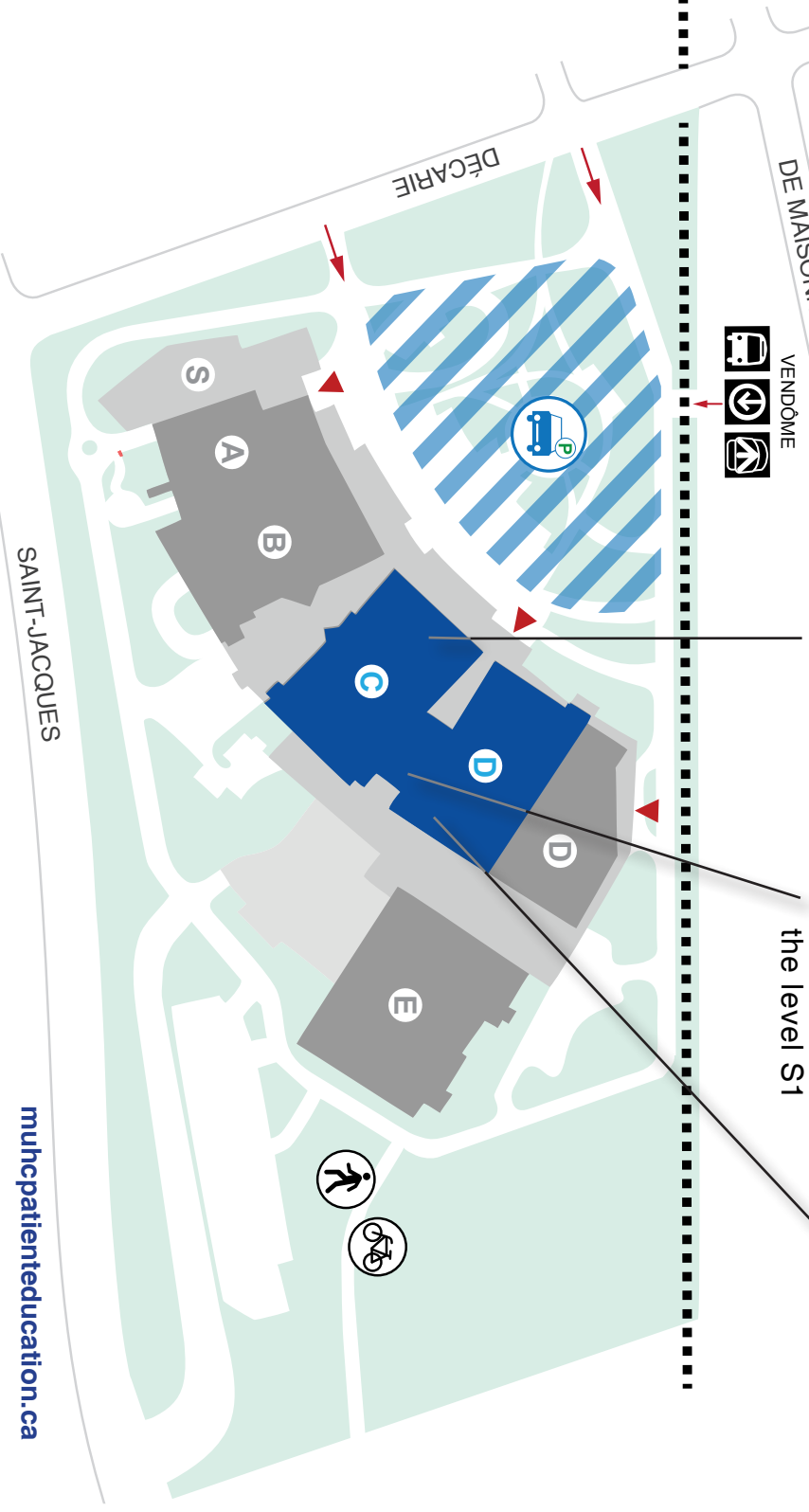


VENDÔME

Registration, Surgery
and Intervention
Centre: C.03.7055

Cafeteria:
Located off the
Adult Atrium on
the level S1

Pre-op Clinic:
D S1.2428



SAINT-JACQUES

muhcpatienteducation.ca