

COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

# RADICAL PROSTATECTOMY SURGERY INSTRUCTIONS

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This packet will help you prepare for your upcoming prostatectomy. Please review this information before surgery and have it available as a reference after surgery. **Should you have any questions, please contact our office at 212.305.0114.** Someone will be available to answer questions 24 hours a day, every day of the week including holidays. For non-urgent issues, please call between 9:00 am and 5:00 pm.

## 1. IN THE MONTH LEADING UP TO SURGERY

- You must have blood and urine tests within 30 days of surgery. You may also require a chest x-ray and an electrocardiogram (EKG). If you have these tests done locally, you must fax the results to us.
- You may be asked to have a clearance letter from your primary medical doctor. In addition, if you have a history of heart or lung disease, you may need a clearance letter from your cardiologist or pulmonologist. If your preoperative clearance is done outside of Columbia, the letter must be faxed to our office at least 5 days before surgery.
- Sperm banking: after radical prostatectomy, a man is no longer able to ejaculate. If you intend to have children in the future, you should bank sperm before surgery.
- We recommend you stop smoking cigarettes as soon as you decide to have surgery.
- Avoid drinking alcohol in the week leading up to surgery. If you use alcohol regularly then stopping suddenly could be dangerous. Let your doctor know if you are a heavy drinker or are unable to stop drinking.
- Please stop taking the following medications **one week** before surgery:
  - Any blood thinners, including Plavix, Coumadin, Effient, Brilinta, Ticlid, Persantine, Pradaxa, Eliquis, and Xarelto. **You must discuss stopping these medications with the doctor who prescribes them.**
    - o You may continue taking low-dose aspirin (81mg) if you have a history of heart disease or stroke.
  - All herbal medications, supplements, and vitamins, including vitamin E, fish oil, garlic, and biloba.
  - Ibuprofen-containing medications or other non-steroidal anti-inflammatory medications (NSAIDS). Medications for arthritis often contain these drugs. If you are unsure whether you are taking one of these medications, ask your doctor. (*continued*)

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- If you take any of the following medications for diabetes or weight loss, please stop them before surgery:
  - Stop dapagliflozin (Farxiga), empagliflozin (Jardiance), canagliflozin (Invokana) or ertugliflozin (Steglatro) 4 days before surgery
  - Stop liraglutide (Victoza, Saxenda), exenatide (Byetta) or semalutide (Ryblesus) 1 day before surgery.
  - Do not take your injection of dulaglutide (Trulicity), exenatide (Bydureon BCise) or semaglutide (Ozempic, Wegovy) 7 days before surgery.

## 2. THE DAY BEFORE SURGERY

1. You will receive a call from a Milstein Hospital Preoperative nurse the business day before your scheduled operation between 2:30-5:30 PM.
  - This call will include the following instructions:
    - Arrival time: 2 hours before your scheduled operation
    - Admitting location: 173 Fort Washington Ave, Milstein Heart Center Admitting Desk. The lobby is inside the Milstein Hospital Building and the operating room is on the 3rd floor.
    - What medications to take before your surgery.
  - If you do not receive this call, please call 212-305-7000. The preoperative unit is open Monday-Friday 6:00 am to 6:30 pm.
2. Drink plenty of fluids throughout the day and eat a light diet.
3. Pack a set of comfortable loose-fitting clothing to go home in. This includes loose underwear and lace-up shoes. Leave all valuables and jewelry at home.
4. You must arrange for an adult to transport you to and from the hospital. You cannot be discharged home unless you have an adult to take you home.
5. Do not eat or drink anything after midnight.

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## 3. THE MORNING OF SURGERY

- Do not eat or drink anything on the day of your surgery, including gum, hard candy, and cigarette smoking. You may brush your teeth, but do not swallow any water.
- If you were instructed to take any medications on the day of surgery, you may do so with a small sip of water.
- We recommend that patients shower and clean their skin with soap the night before and the morning of surgery.
- Bring your insurance card and personal identification information to the hospital.
- Consider appointing a healthcare proxy. This is the person who will help make healthcare decisions for you if you are unable to communicate. You may discuss this with your nurse once you arrive at the hospital. If you have already done this or have an advanced directive, bring this paperwork for your surgery.
- If you have obstructive sleep apnea, please bring your breathing mask to the hospital. The hospital will provide the machine.
- Please remove all metal objects, including jewelry and piercings. You will have to remove hearing aids, dentures, glasses, wigs, and any other prosthetic devices before you are brought to the operating room.
- Surgery times may vary based on emergencies or surgeries that take place before yours. The operating room staff will keep you informed of any changes that may occur on the day of your procedure.
- You will be given a discounted valet parking ticket for your surgery day.
- **Please arrive on time.**

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## 4. HOSPITAL INSTRUCTIONS FOR FAMILY AND FRIENDS

- Your family may accompany you in the preoperative holding area, and will be directed to the waiting area of the Milstein Hospital building where they can wait during surgery.
  - Your family will receive text updates about your surgery
  - After the surgery is over, the doctor will contact your family.
- The cafeteria is located on the 2nd floor of the Milstein Hospital building.
- Your family will be able to visit you in the recovery room once you are fully awake, usually no more than 2 hours after the surgery is over.
- Your family will be able to visit you when you are in your hospital room and can learn about visiting hours from the nursing staff on the floor.

## 5. IN THE HOSPITAL AFTER SURGERY

- After surgery you will spend a few hours in the recovery room as you continue to wake up. You will be transferred to a hospital room later in the day.
- You will wake up from surgery with a catheter draining your bladder. You may also have a small drainage tube through your skin.
- You will be given oral and intravenous pain medications that you can use as needed.
- Most patients can start eating and drinking a light diet the night of surgery.
- You will be instructed to walk at least every 2 hours starting as early as the night of your surgery.
- The nurses will periodically check on you and record your vital signs, urine output, and pain level.
- You will have some blood drawn the morning after your surgery.
- Most patients can be discharged home the day after surgery with a catheter in place.

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## 6. BEFORE YOU ARE DISCHARGED

- You will be taught how to care for your catheter and any other drains that you will be going home with.
- You will receive a copy of your discharge instructions.
- If you have a long trip home, make sure you stand up and walk every 45 minutes.

## 7. AT HOME AFTER SURGERY

### ACTIVITY

- No heavy lifting (more than 10 pounds) for one month. This includes pets and children.
- No vigorous activity for one month, such as running, tennis or golfing. You may not push anything heavy, such as a lawnmower.
- You should walk regularly.
- You may shower, but no soaking or baths until the catheter is removed.
- You may ride in a car, but no driving until the catheter is removed and you are not taking narcotic pain medications.
- Do not ride a bicycle for 6 weeks after surgery.

### DIET

- You may eat a normal diet and should stay well hydrated.
- You may consume alcohol in moderation (no more than 1 drink per night), but only if you are not taking narcotic pain medications.

### WOUND CARE

- Your incisions are closed with skin glue, which will slowly flake off over several weeks.
- You may shower after leaving the hospital and gently wash the incisions with warm soapy water. The water will not harm the incisions.
- Drainage: Some patients develop drainage from the incisions. This can either be clear fluid or blood-tinged fluid, which is generally not worrisome. You can use sterile gauze to cover the area.
- If there is redness, heat, or whitish drainage from the incision, contact the office as there may be an infection.
- Incisions can sometimes open slightly. If an incision opens larger than 1 cm, contact the office.
- Bruising around your incisions is common. This is typically not an issue and will resolve with time.

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## POSTOPERATIVE ISSUES

- **Clots in the legs:** During the first 4-6 weeks after surgery, there is a 1-2% risk of a clot forming in a vein in your leg (deep venous thrombosis, or DVT). This can produce pain in your calf or swelling in your ankle or leg. These clots may break loose and travel to the lung, producing a life-threatening condition known as pulmonary embolus, or PE. A pulmonary embolus can occur without any pain or swelling in your leg. The symptoms of a PE are chest pain (especially when you take a deep breath), shortness of breath, the sudden onset of weakness or fainting, and/or coughing up blood. If you develop any of these symptoms or pain/swelling in your leg, call immediately and/or seek local medical attention. If the diagnosis is made early, treatment with blood thinners is effective.
- **Urinary Tract Infection:** Urinary tract infections can occur with a catheter in place or after it is removed. This is uncommon, but be aware that any fevers, severe pain or burning require evaluation by our team. You can expect urethral irritation while the catheter is in place and after catheter removal for several days, leading to urethral burning, urgency/frequency, and discomfort. This should resolve in several days, but if persistent or recurrent, contact the office.
- **Pain:** Abdominal pain is common, either cramping from resumption of bowel function or incisional pain. These will resolve with time. It is not uncommon to have sensitivity around the incisions for several months after surgery. You may notice sensitivity when you fasten your pant belt or a seat belt. Finally, you may notice firm areas or lumps in the incisions, which is part of the normal healing process. It is very common to have a deep feeling of discomfort in the perineum (between the scrotum and rectum), especially after sitting. The pain is coming from the area where the operation took place and will disappear with time. Avoid sitting for a long time if it is bothersome or try sitting on a “doughnut” (round cushion). Discomfort in the testicles is very common after radical prostatectomy. This discomfort will disappear but can last for weeks or rarely months after surgery. If bothersome, use Ibuprofen as needed.
- **Swelling:** It is very common to have swelling and discoloration of the scrotum and the penile skin after radical prostatectomy. This is usually fluid that has not been absorbed by the body and is not harmful. If the scrotum is swollen, wear tight fitting underwear and try putting a rolled hand towel underneath to elevate it when lying down.
- **Fatigue:** It is very common to be fatigued for the first several weeks after surgery, and this typically resolves in time.
- If you experience fevers >101.5 degrees, nausea, vomiting, redness around your incisions, drainage from the incisions, chest pain, shortness of breath, abdominal pain during urination, leg swelling, or any other concerning symptom, **call the office immediately or come to the emergency room.**

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## MEDICATIONS

- You will have mild to moderate pain for the first several days after surgery. This may include abdominal pain, bloating, or pain around the incisions. Treat mild pain with ibuprofen or acetaminophen. You will be discharged with a limited amount of narcotic medication that can be used as needed for moderate pain. If you have severe pain despite these medications, let your doctor know.
- You should take a stool softener (Colace 100mg three times daily) while you are taking narcotic pain medication, and for as long as necessary to avoid constipation after surgery. You should avoid straining with bowel movements. If you become constipated despite Colace, you may use an over-the-counter oral laxative, such as milk of magnesia, Senna, or Dulcolax. Follow the dosing directions on the medication packaging. Do not use rectal suppositories or enemas after surgery.
- You will be given one antibiotic tablet to take one hour before your catheter is removed in clinic.
- If you were taking blood thinners before surgery, you may resume them one week after surgery unless directed otherwise.

## CATHETER CARE

- The catheter is held in place by a balloon that is inflated in your bladder. Be careful not to tug on the catheter and make sure the catheter is secured to your upper thigh.
  - If the catheter holder falls off, you may replace it with another one or use strong medical tape to secure the catheter to your leg.
- Leakage around the catheter: This is common, especially when you're walking around. You may want to put some padding in your underwear if there is more than a small amount of leakage.
- Bleeding: It is common to have discharge (sometimes bloody) around the catheter, sometimes more noticeable when you have a bowel movement. This is normal and it will stop. Do not be alarmed by pink or red-tinged urine, or small clots or debris in the catheter tubing and drainage bag. This may occur with walking or may occur spontaneously. Drink plenty of fluids to dilute the urine to avoid clots.
- If your catheter stops draining completely first make sure the tubing is not kinked or blocked. You can also lie down flat and drink water. If after 1 hour there is no urine coming through the catheter tubing, it is possible that your catheter has become obstructed or is out of position. At that point, please call our team.
- Bladder Spasm: While the catheter is in place, it is common to have a strong sudden desire to urinate with pain over the bladder area and simultaneous leakage of urine around the catheter. This is called a "bladder spasm." The first step is to relax your body and lie down until the discomfort passes. If bladder spasms become frequent and bothersome, ibuprofen can be helpful, or other medications can be used to relax the bladder.
- You may get the catheter wet. You can disconnect the bag while you are in the shower, let any small amount of urine run down the drain during the shower and reconnect the bag afterward. (*continued*)

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## CATHETER CARE CONTINUED

- It is normal to see a small amount of blood or mucous draining around your catheter at the tip of the penis. You should gently clean the catheter and end of the penis with some warm soapy water in the shower every day.
- You should change the drainage bags (night bag and leg bag) as directed. To change the drainage bag, first empty the bag you currently have attached. Then wash your hands with soap and water, separate the catheter from the tubing of the drainage bag, and attach the other drainage bag. Make sure the leg bag is attached to your leg with the elastic straps.
- Keep all drainage bags below the level of your waist at all times.
- You may clean the drainage bags with warm soapy water. If your catheter bag has a bad odor, fill it halfway with a mixture of 1 part white vinegar and 3 parts water. Shake bag, let sit for 15 minutes, empty, rinse with cool water and then hang to dry.

## 8. FOLLOW-UP

- You will typically be seen in clinic 7-10 days after surgery for removal of the catheter. Sometimes your surgeon will recommend keeping the catheter for a longer period of time. Please call your doctor's office to arrange a time for this appointment.
- After the catheter is removed, you will leak urine. Please bring an absorptive undergarment (Attends, male Depends, etc.) with you when you come have your catheter removed.
- The pathology report is generally available to review at the time of the first follow-up visit.
- Your next appointment will be around 6 weeks after surgery, at which time we will check your PSA.
- Return to work: You may gradually start performing non-strenuous office duties after approximately 2 weeks. It is reasonable to resume work-related travel by 4 weeks. No heavy lifting for at least 4 weeks.

## 9. FUNCTIONAL RECOVERY

### URINARY CONTINENCE

Most men leak urine after the catheter has been removed because the muscles that control the urine are weak. Leakage usually occurs with activity and slowly improves over several months. Leakage tends to be worse in the evening as your pelvic muscles become tired. The recovery of urinary control is slow, but may go faster with Kegel exercises. We recommend that you perform these exercises after your catheter is removed. You should minimize intake of caffeinated beverages and other substances that may irritate the bladder to reduce frequency of urination and risk of leakage. (*continued*)



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## URINARY CONTINENCE CONTINUED

Kegel exercises will help you strengthen the muscles in your pelvic floor that allow you to control your urine. These are the same muscles you use to cut off your urine stream when urinating or hold in a bowel movement or gas. You should contract and hold these muscles for 5 seconds and then relax and do this 10 times in a row. Repeat these exercise three times every day for 8 weeks. You should not be tightening any muscles in your stomach, buttocks or thighs.

## ERECTILE FUNCTION

The return of erectile function is even slower than urinary continence. Men vary widely in how quickly they are able to regain erectile function. This process can take months to years. Men will often be prescribed a low dose of sildenafil (generic Viagra) to start taking after catheter removal. A standard dose is 40mg every evening. This is for purposes of “penile rehabilitation”, to increase microscopic blood flow to the penis to protect tissues while nerve tissue is healing. This dose may be increased or other treatments for erectile dysfunction may be used during the healing process.

## INSTRUCTIONAL VIDEO

Please see our instructional video on radical prostatectomy at [columbiadoctors.org/radicalprostatectomy](http://columbiadoctors.org/radicalprostatectomy)

## SUPPORT FOR THE COLUMBIA UNIVERSITY DEPARTMENT OF UROLOGY

Patients often ask how they can help support the mission of our Department. Not only are we committed to providing excellent patient care, but also to advancements in prostate cancer research and teaching the next generation of prostate cancer experts. Our Department relies on private support to maintain and advance our research, education, and patient care goals.

If you are interested in learning more, please contact  
**Cynthia Gorey** at [cg3334@cumc.columbia.edu](mailto:cg3334@cumc.columbia.edu), or you may contact your surgeon directly.

If you wish to opt out of receiving fundraising communications, please contact the  
CUMC Office of Development at [fundraising.opt.out@columbia.edu](mailto:fundraising.opt.out@columbia.edu) 212-305-7315.

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## NOTES