

## Discharge Instructions

### DIET

You may eat and drink whatever you wish. Alcohol consumption in moderation is acceptable. Adjust your diet so that you avoid constipation. A prescription for a stool softener has been provided. If constipation becomes problematic you may use over the counter "Dulcolax" suppositories and then milk of magnesia.

### ACTIVITY

After you are discharged from the hospital you must avoid heavy lifting and vigorous exercise (calisthenics, golf, tennis, vigorous walking) for a total of 6 weeks from the day of surgery. It takes at least 6 weeks for firm scar tissue to develop in both your wound and in the areas where you underwent surgery. If you engage in strenuous activity before that time you might disrupt the delicate connection between your bladder and urethra; this could lead to long-term problems with urinary control or a hernia in the incision.

I prefer having you sit in a semi-recumbent position (in a reclining chair, on a sofa, or in a comfortable chair with a footstool). This accomplishes 2 goals: 1) it elevates your legs, thereby improving drainage from the veins in your legs which will reduce the possibility of clot formation (see below); and 2) it avoids placing weight on the area of your surgery in the perineum (the space between the scrotum and the rectum). While at home I would like you to have your Foley catheter connected to the large bedtime drainage bag most of the time. The leg bag should only be used occasionally if you plan to go out of the house as it has a tendency to slide down the leg causing discomfort as well as pressure on your bladder urethra connection. There are no other serious restrictions.

You may drive your car after your catheter is removed approximately 10 days following surgery.

### COMMON ISSUES AND CONCERNS

Bleeding - It is common to have a bloody discharge around the catheter when you strain to have a bowel movement- do not become concerned; it will stop. Simply wash the area with warm water. Do not use soap around the tip of the penis...it will burn terribly. Also, do not worry about some blood in the urine. This will come and go until the catheter is removed. If you see some blood in the urine, get off your feet and force fluids. This will dilute out the blood so that it does not clot off the catheter and will encourage the cessation of bleeding. Blood in the urine usually has no significance and spontaneously resolves on its own.

Leakage around the catheter - This is very common, especially when you're up walking around. The tip of the catheter is not in the most dependent part of the bladder; the balloon that holds the catheter in the bladder elevates the tip of the catheter away from the bladder neck. For this reason, when you are walking around many patients have leakage around the

catheter. This can usually be managed through the use of diapers or other absorbent materials.

Catheter problems – If your catheter stops draining completely, lie down flat and drink a lot of water. If after 1 hour there is no urine coming through the catheter it is possible that your catheter has become obstructed or dislodged. At that point call me (see below).

Wound - You can take a shower immediately after you return home. If you still have the band-aids in place remove them prior to your first shower. Staples will be removed in the office when your catheter is removed. Some patients develop a wound infection when they go home. This is manifested by some drainage from the wound. This can either be clear fluid (a seroma) or a mixture of blood and pus. In either instance it usually can be treated simply. Feel free to call me for further advice (see below).

Clots in the legs - During the first 4-6 weeks after surgery, the major complication that **occurs in 1-2%** of men is a clot in a vein deep in your leg (deep venous thrombosis). 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. A pulmonary embolus can occur without any pain or swelling in your leg; the symptoms 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 me. If there is any indication of a potentially life threatening emergency, like chest pain, shortness of breath, loss of consciousness ***dial 911*** immediately. If the diagnosis is made early, treatment with anticoagulation is easy and effective.

Urinary Tract Infection - Urinary tract infections are not uncommon following catheter drainage. They can be manifested in several ways. Before the catheter is removed the urine may become permanently cloudy (see below) or you may develop some purulent drainage around the catheter. This suggests that you have a urinary tract infection. Please call me and I will prescribe an antibiotic. Also, it is not unusual for some bacteria to be present in the urine. For this reason, many urologists will place you on an antibiotic for a few days after the catheter has been removed.

Urinary sediment - It is not uncommon for there to be some sediment in the urine. This can be manifested in a number of different ways. Old clots may appear as dark particles, which occur after the urine has been grossly bloody. With hydration these will usually clear spontaneously. Also, the pH (acidity or alkalinity) of the urine changes throughout the day. After a meal the urine oftentimes becomes alkaline. There are normal substances in the urine called phosphates. They precipitate out in an alkaline urine and form cloudy masses in the urine. If you see these periodically do not be concerned. This is a normal phenomenon. Finally, if the urine is persistently cloudy this suggests that an infection may be present (see above).

Pain - Abdominal pain is common, but it is not located where you would expect it, i.e. in the midline. Rather it is either on one side or the other of the midline (it rarely hurts equally on both sides). The pain is from irritation of the abdominal muscles; sometimes it is where the drainage tubes exited. It will resolve spontaneously. Try to avoid activities that bring it on.

## SEXUAL FUNCTION

Erections return gradually. Sexual function varies depending upon the age of the patient and the extent of the tumor. There are some patients who don't recover potency until two years after surgery. Furthermore, most patients continue to experience improvement of erections over the long term after the operation. Erections return gradually and quality improves month by month. The stimuli for erection during the first year will also be different. Visual and psychogenic stimuli will be less effective and tactile sensation will be more effective. Indeed, the major stimulus for erections during the first year postoperatively is tactile sensation. For this reason, do not be afraid to experiment with sexual activity - you can do no harm. If you obtain a partial erection attempt vaginal penetration. Lubrication of the vagina with K-Y jelly can help. Vaginal stimulation will be the major factor which encourages further erections. **I will recommend pharmacotherapy with either Cialis, Viagra or Levitra. Later I may suggest penile injections to assist in obtaining a rigid erection. Also, vacuum erection devices and vibratory therapy are utilized. We will discuss these treatments as required.** Do not wait until you have the "perfect erection" before attempting intercourse. In addition, you should be able to have an orgasm even if you do not have an erection. Please remember that orgasm will be longer include the emission of semen because the prostate and seminal vesicles have been removed.

When erectile function begins to return many patients complain that they lose their erections when they attempt intercourse. This is caused by a venous leak. This can be overcome by placing a soft tourniquet at the base of the penis before foreplay or the addition of Viagra. The purpose of this tourniquet is to retain the blood in the penis once blood flow increases secondary to stimulation. Do not worry; the tourniquet will not impede the flow of blood into the penis. My patients have told me that rubber bands, ponytail holders, or "erection rings" (which can be obtained from novelty stores) work. Occasionally, men will require a vacuum erection device or prosthetic implant.

## LONG-TERM EVALUATION

Once we have completed the initial postoperative surveillance we will communicate mostly by phone at 3-month intervals for the first one-year following surgery. I would like your PSA prior to these telephone conferences. Thereafter you will need to be evaluated on a semi-annual basis.

## COMMUNICATION WITH DR. BALL

If you have any problems when you are at home, call me through my office at **(703) 208-4200**.

Questions may be solved by one of my partners or my nurse associates if I am not immediately available. There is always a physician member of my group available at night and on weekends for emergency calls. As always, routine issues are best dealt with during regular office hours.

## CATHETER REMOVAL

Your catheter will be removed approximately 10 days from the day of surgery. On that day I will provide you with antibiotics. You will leak copious urine at first and therefore will need to supply an incontinence guard such as a Depends diaper or brief. The recovery of urinary control is variable and takes weeks to months.

## URINARY CONTROL

Problems with urinary control are common once the catheter is removed. Do not become discouraged. Urinary control returns in 3 phases: Phase I - you are dry when lying down at night. Phase II - you are dry when walking around. Phase III -you are dry when you rise from a seated position. This is the last component of continence that returns. Everyone is different and, for this reason, I cannot predict when you will be dry. To speed up your recovery, practice stopping and starting your urinary stream every time you void. To do this, you must stand up to urinate. To shut off your urinary stream, contract your buttocks muscles tightly. Until your control returns completely wear a pad or disposable diaper like a Depends or Serenity pad. Do not wear an incontinence device with an attached bag, a condom catheter, or a clamp. If you do, you will not develop the muscular control necessary for continence. Until your urinary control is perfect avoid drinking excessive amounts of fluids. Also, limit your intake of alcohol and caffeine; both will make the problem worse. If you develop a red painful rash you may have a fungal infection, especially if you were treated with antibiotics. This usually responds well to treatment with Lotrimin cream, a non-prescription formulation that can be purchased over the counter.

## For Inova Patient discharge form

For follow up – Chung / Ball/Paquette or Han (703) 208-4200

Regular diet            Limited activity – < 20 lbs            Pt may shower

### Meds:

Ditropan XL 10 mg            1 tab PO QD

Bacitracin ointment Apply to tip of penis prn

Pericolace 1 tablet twice daily

Tylenol, percocet, vicodin as needed for pain

**Viagra, Cialis or Levitra (may not be covered by insurance)**

### **Treatment:**

Leg bag or regular bag

Catheter out in 10 days

Most other info on 4 page typed post op instructions above