Information for Patients about Radical Prostatectomy

How is a prostate removed?

The prostate lies in the pelvis between the bladder and the urethra (urine channel). It is removed through an incision between the umbilicus and the pubis bone. Lymph nodes are removed in order to see if the cancer has spread outside the prostate gland. An incision is made, separating the prostate from the bladder and another incision is made, separating the prostate from the urethra. After the prostate is removed, the urethra is then connected directly to the bladder. A catheter is left in the urine channel for about two weeks to allow the re-connection to heal. A drain is placed in the pelvis that comes through the skin on the lower abdomen in order to allow any fluid that might collect around the surgical site to drain. The muscles are sewn together and the skin is closed (usually with staples).

What are the possible complications of having a prostate removed?

Although we try our best to do everything possible to make the surgery safe, there are potential complications of the procedure. The most common complication following prostate removal is impotence (difficulty having and/or keeping an erection). Because the nerves that are necessary to have an erection lie very near to the prostate gland, removing the prostate can interrupt these nerves or cause inflammation that keeps these nerves from functioning normally. Sometimes the cancer is so close to the nerves that in order to remove the cancer, it is necessary to remove the nerves, too. If you had full erections before surgery, you may have full erections following prostate removal. You may notice having more difficulty getting an erection. Some men are able to have an erection, but they find that it is not as firm or it does not last as long as it did before surgery. Often, this improves with time. Many surgeons recommend using a medication and/or having sexual activity within a few weeks of prostate removal because doing so has been shown to improve the ability of prostate patients to have erections firm enough and for long enough to have sexual intercourse. If a man is unable to have an erection after prostate removal, treatment (medication or surgery) may help.

The second most common complication of prostate removal is incontinence. Normally, two control muscle systems, called sphincter (sfink-ter) muscles, close the urine channel, preventing urine from leaking. When the prostate is removed, one of those sphincters is removed. Most of the time, the remaining sphincter keeps urine drainage under control. Some men notice urine leakage with coughing, sneezing or straining after prostate removal. Rarely, a man may not have any control of urine drainage following prostate surgery. Medical and surgical treatments are available if this happens.
When the prostate is removed, lymph channels are cut. Sometimes this causes lymph fluid to collect in the pelvis. This is called a lymphocele and it occurs in a small number of patients after prostate surgery. Anytime we operate around large blood vessels, there’s always a possibility of some bleeding. If bleeding occurred, a blood transfusion or a second surgery may be necessary. This is not common. Infection is also possible following major surgery such as this. If an infection occurred following a prostate removal, antibiotics may be necessary. It might also be necessary to place a drain catheter or to perform a second surgery to drain an infection pocket. Serious infection is rare after this surgery.

Because other organs lie near the prostate, they need to be moved in order to remove the prostate. It is possible that those organs (intestine, etc.) could be injured during the surgery. If so, a repair surgery would be required. This is quite rare. It is possible that the muscle tissue might not heal together following any surgery causing a hernia. If that happens, a hernia repair surgery would be necessary. Fortunately, this is very rare.

As with any major surgery, it is possible that a blood clot in the leg, a blood clot traveling to the lung, or pneumonia could develop following prostate surgery. We take special precautions to try to prevent such complications. This includes having patients cough and take deep breaths regularly to keep the lungs opened up. We also encourage patients to walk starting the day following the surgery. Other more rare complications could also occur. If you have specific questions, please ask your surgeon.

**How long will I stay in the hospital?**

Most patients are ready to leave the hospital 2-3 days after surgery. Of course, each patient is unique, so your hospital stay could be longer. When you are eating regular food, when your pain is controlled with pain pills and when you are able to do the physical activities necessary at home, you will be ready to leave the hospital.

**How much pain will I have? What can you do to control the pain? How long will the pain last?**

These are some of the most difficult questions to answer because each person experiences pain in a different way. Following your surgery, you will be given pain medicine through an intravenous line so you won’t need a shot. Your surgeon may order a computerized pump (Patient Controlled Analgesia or PCA). This will allow you to take a dose of pain reliever when you feel you need it. It is important that **only you use the pump.** We usually use PCA until the second day following surgery. Some patients will receive ketorolac (a strong cousin of ibuprofen) through an intravenous line for pain. Within one or two days after surgery we will start pain pills that you can take at home. Most people need to take pain medicine at home for 3-4 weeks following the surgery. However, because each person is unique, it is impossible to predict how long you’ll need to take pain pills.

**When will I be able to eat?**

Most patients can start drinking liquids the day following surgery. Solid food follows rapidly unless there are concerns about the bowels moving. Many patients notice that their appetite isn’t as strong for a few days following surgery.

**When can I drive again?**

We recommend that you not drive until you no longer need narcotic pain medication. These medications can alter your ability to respond quickly in an emergency situation.

**When can I go back to work?**

You should plan to take about 2 months off work. Some patients are ready to go back to work sooner and some are ready later than four weeks. You will need to listen to your body to know when you are ready. It may be helpful to return to work part-time or doing light work at first. If you need a letter for your employer, let us know.

**What physical activities can I do following the surgery?**

After you get home from the hospital, you should plan to do a little walking every day. Start slowly and gradually build up your endurance. If you overdo it, you will be sore. Listen to your body and use your head. Starting 2-3 weeks following the surgery, you may begin to do some stretching exercises that will help you to stay limber. Starting three weeks following the surgery, you may begin to do some light exercise. Gradually build up your exercise plan over the next four weeks.
One of the most frustrating things that surgical patients complain about is lack of energy. Major surgery takes a lot out of a person. When you think about spending 3-4 weeks at home, away from work, you will probably think of some projects around the house that you’d like to finish such as cleaning out a closet, organizing the garage, doing some yard or housework, etc. We advise you to put all those plans on hold for a while. It will be better for you to plan to read some good books, watch movies, listen to music or try some low energy hobbies. Plan to do things that will keep your active mind busy while your body is healing.

**When can I shower?**

You can take a brief shower (5-10 minutes) starting two days following the surgery. You may let the water run over the incision. One week after your surgery, you can stay in the shower or bath as long as you like.

**How long will it take before I feel “normal?”**

Most patients tell us that it takes approximately 6-10 weeks before they feel back to “normal.” Remember, there is a lot of variation from one person to another. Don’t get discouraged if you don’t feel back to 100% six weeks following your surgery.

**Will I need to eat a special diet after the surgery?**

No. You can eat anything you would like. Of course, we recommend that you eat a healthy diet including plenty of fresh fruits and vegetables.

**Can I drink alcohol?**

Yes. As with your diet, we recommend moderation.

**What about sex?**

As with other physical activities, you should take it slowly. Wait until you’re ready and don’t overdo it. Listen to your body. You may want to try some non-intercourse sexual activities until you’re feeling better. You may notice that you have difficulty getting or keeping an erection following your surgery. It is helpful for you to try to have an erection regularly after surgery. This will help you keep your ability to have an erection or improve it. After the prostate is removed, no semen (cum) will come out of your penis during sex. This is because the organs that produce semen are removed. You may notice that your penis is not as long as it was before surgery. This does not mean that you or your partner will not enjoy sex as much following surgery, but it may be different. If you have trouble with sexual function, please let your surgeon know. Treatment is available for these problems.

**What if I have other questions?**

We’re happy to answer all of your questions. It may be best to write down questions as you think of them. Please call your surgeon with any questions you may have.

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<table>
<thead>
<tr>
<th>Patient Pathway for Radical Prostatectomy</th>
<th>Before Surgery</th>
<th>Day of Surgery</th>
<th>Post op Day 1</th>
<th>Post Op Day 2-3</th>
<th>1 week Clinic Visit with Nurse</th>
<th>2 week Clinic Visit with Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td>Your normal activity</td>
<td>Deep breathing exercises</td>
<td>Deep breathing exercises</td>
<td>Going Home</td>
<td>Walk 3 x daily</td>
<td>Walk 3x daily</td>
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<tr>
<td></td>
<td>Up in chair</td>
<td>Sit in chair</td>
<td>Walk in room</td>
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<td>No heavy lifting</td>
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<td>Showers-no bath</td>
<td>Showers-no bath</td>
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<td>Ok to climb stairs</td>
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<tr>
<td><strong>Nutrition</strong></td>
<td>Clear liquids only</td>
<td>Ice Chips</td>
<td>Normal Diet</td>
<td>Normal Diet</td>
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<td>Normal diet</td>
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<tr>
<td></td>
<td>Nothing to eat or drink after midnight</td>
<td>Clear liquids</td>
<td></td>
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<td></td>
<td>Drink plenty of fluids</td>
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<tr>
<td><strong>Medications</strong></td>
<td>Take usual medications only as directed</td>
<td>IV fluids</td>
<td>Pain pills</td>
<td>Antibiotics</td>
<td>Stool softener</td>
<td>Anticoagulant</td>
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<td>Begin antibiotics day</td>
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<td>removed</td>
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<td><strong>Treatments &amp; Tests</strong></td>
<td>Bowel preparation</td>
<td>lab work</td>
<td>Vital signs</td>
<td>Ted Stockings</td>
<td>Compression Boots</td>
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<tr>
<td><strong>Tube Care</strong></td>
<td>JP drain collects pelvic fluid</td>
<td>Catheter keeps bladder empty</td>
<td>JP removed</td>
<td>Home with catheter</td>
<td>Clinic nurse will remove staples</td>
<td>Catheter will be removed</td>
</tr>
<tr>
<td><strong>Education &amp; Discharge Planning</strong></td>
<td>Make arrangements for going home</td>
<td>Be sure to ask any questions you may have</td>
<td>Learn about catheter care</td>
<td></td>
<td>Review pathology and plan more treatment if needed</td>
<td>Begin Kegel exercises after catheter removed</td>
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