

# Robotic-Assisted Prostatectomy Surgery

## Informational Guidebook





“Ten months from diagnosis, I am cancer-free and have been cleared from light duty. I have returned to physical training.”

—Brett Troia, Former Patient

## Experience You Can Trust

Vipul Patel, MD, leads one of the most experienced health care teams in the world. He is an internationally recognized expert who trains physicians worldwide to perform robotic-assisted prostatectomies. He has personally performed the most robotic-assisted prostatectomies in the world, with tens of thousands procedures in the last two decades. He and his team are committed to providing personalized patient care and achieving quality outcomes. Dr. Patel serves as the Medical Director of the Global Robotics Institute at AdventHealth Celebration, a facility chosen by the Disney Company as a model for health care around the globe.



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# AdventHealth Medical Group Urologic Oncology at Celebration

Led by renowned robotic urologic surgeon Vipul Patel, MD, this specialty practice is an assembly of world-class specialists who are trained to ensure the best possible outcomes for each patient. Conveniently located across the street from AdventHealth Celebration, this practice provides care prior to surgery and follow-up care after surgery in a warm and compassionate environment.

# Choosing a Leading Hospital: AdventHealth Celebration

Chosen by the Walt Disney Company as the health cornerstone for their planned community of Celebration, AdventHealth Celebration serves as a model for future health care facilities around the globe.

Much more than an ordinary hospital, the Mediterranean resort-style facility offers a health care experience like no other. Amenities include a 60,000-square-foot fitness center and day spa, concierge services and an award-winning bistro. Looking beyond the facility, you will find a specially trained staff that provides continuously innovative, comprehensive, whole-person care. It is here that you will find trust and the high level of care that is sought worldwide for the health restoration of the body, mind and spirit. It's no wonder that patients consistently rank the nurses at AdventHealth Celebration as the preferred nursing staff.

Our nurses are dedicated to providing inventive, groundbreaking health care solutions through clinical innovation, educational partnerships, research, publishing and technological breakthroughs. AdventHealth is committed to ensuring our team members have state-of-the-art knowledge and training. At our world-class training facility, the Nicholson Center, located on the campus of AdventHealth Celebration, we're dedicated to providing inventive, groundbreaking health care solutions. Through clinical innovation, educational partnerships, research and publishing, we are creating technological breakthroughs.

The leading-edge surgical practices, state-of-the-art equipment and research at the facility directly benefit both surgeons and patients.

## AdventHealth Global Robotics Institute

Bringing together top surgeons and staff from various specialties in up-to-date, modern facilities featuring leading-edge technologies, the AdventHealth Global Robotics Institute is changing the future of surgery. Recent advancements in minimally invasive surgical technologies mean that today's patients have a broader range of alternatives to conventional "open" surgery than patients did just

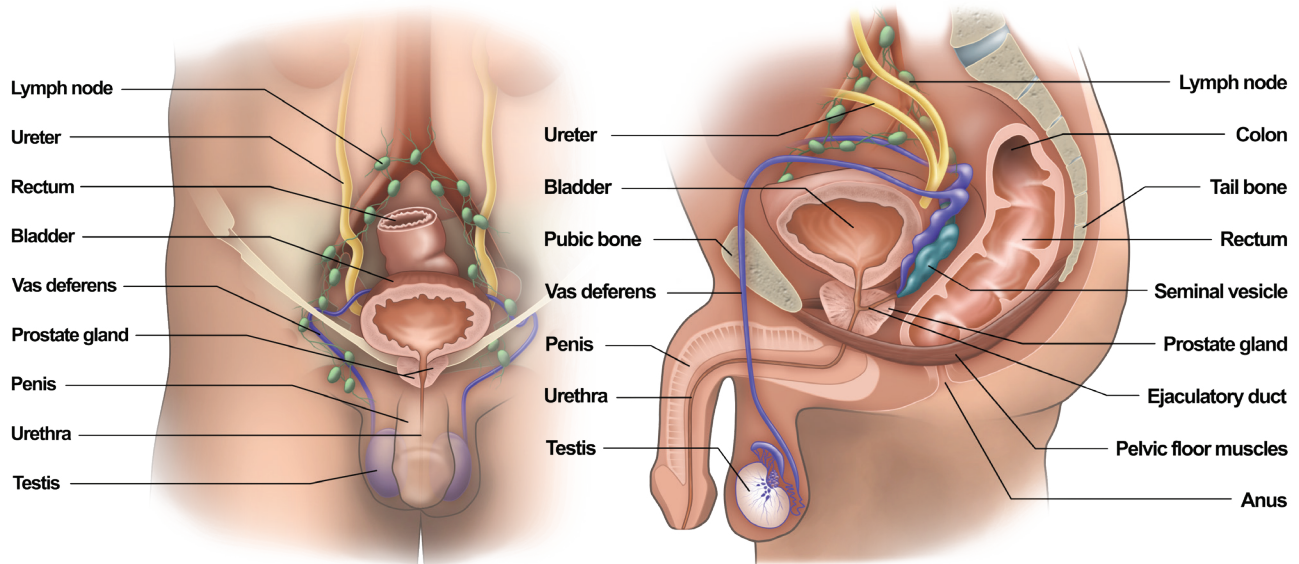
15 years ago. These advancements include the da Vinci Surgical System, which is providing patients with new, robotic-assisted, minimally invasive procedures to treat conditions as diverse as obesity, heart disease and prostate cancer. The benefits to patients include less pain, less discomfort, less blood loss and a quicker return to normal activities. As Medical Director of the Global Robotics Institute, Dr. Patel leads this stellar health care team to provide patients with all the benefits of minimally invasive robotic-assisted surgery.



# Understanding Prostate Cancer

The prostate is a small gland approximately the size of a walnut located just below the bladder and anterior to the rectum. It produces prostatic fluid that mixes with fluid from the seminal vesicles and the sperm produced by the testicles to form semen. The prostatic fluid carries a protein called prostate-specific antigen (PSA) that prevents the semen from clotting. The gland is surrounded by a sheet of muscle and a fibrous capsule.

[Source: <http://www.cancer.gov/cancerinfo/wyntk/prostate>]



The size of the prostate is normally fairly constant until age 40. Then, the prostate begins to enlarge, producing a condition called benign prostatic hyperplasia (BPH). This later development and function of the gland are primarily dependent on hormone derivatives of testosterone called dihydrotestosterone (DHT) and estrogens. Although completely unrelated to BPH, the same age population can harbor prostate cancer, and the risk increases with age.

## Prostate Cancer

Sometimes, the cells in your body go through changes that cause them to forget how to function. This can result in a malignant or cancerous tumor. Prostate cancer is a disease in which malignant (cancer) cells form in the tissues of the prostate. The most common type of prostate cancer is called adenocarcinoma of the prostate, as the cancerous cells proliferate from the prostatic glands.

## Statistics

Prostate cancer is the most common non-skin malignancy in men and the second-most common cause of cancer-related deaths in the US after lung cancer. About one man in eight will be diagnosed with prostate cancer during his lifetime, but only about one man in 44 will die of the disease. Fortunately, prostate cancer tends to be slow-growing compared to other types. It is estimated that most men who are diagnosed with low-grade prostate cancer have a minimal risk of dying from the disease; however, men diagnosed with more severe forms of prostate cancer have a higher risk of dying within ten years. When prostate cancer is detected and treated early, it tends to be low-grade and slow-growing, and survival rates are excellent.

# Screening for Prostate Cancer

Clinically localized prostate cancer generally causes no symptoms. The presence of urinary symptoms such as weak urine stream, post-void dribbling, hesitancy and increased urinary frequency at night are common symptoms associated with aging and the presence of BPH, but are often unrelated to the presence of prostate cancer. For this reason, early-detection tests have been developed in order to identify cancer while it remains confined to the prostate. The American Urological Association (AUA) recently issued new guidelines on prostate cancer screening and recommends that men aged 40 and over who have a life expectancy of at least ten years should be offered the PSA test in order to establish a baseline reading, and that PSA testing should be individualized rather than a blanket annual test for any man aged 50 and over. The AUA states that when offered and interpreted appropriately, the PSA test helps doctors diagnose, assess risk, stage prostate cancer pre-treatment and monitor the progress afterward.

## Screening Tests

The two most commonly used tests are a serum PSA level and a digital rectal examination (DRE). The DRE is an examination by a physician using a gloved finger placed into the rectum to feel the surface of the prostate. The region of the prostate adjacent to the rectal wall is where tumors commonly develop. Hard regions, asymmetry or a “nodule” may indicate the presence of prostate cancer. While higher blood PSA levels often are noted in men with prostate cancer, PSA elevation is not specific to the disease. At present, a higher PSA test value is the most common reason why prostate cancer is detected in the United States. A PSA is considered abnormal if it is above the normal range. However, each patient has to be evaluated individually as the same value of PSA in two different patients may have different implications based on other risk factors, including age, ethnicity, family history, as well as previous values of PSA levels. For example, a 47-year-old

patient who gets his first-ever PSA comes back elevated at 2.7ng/ml. This patient will likely require a prostate biopsy to rule out prostate cancer. On the other hand, a 65-year-old patient with a PSA level of 4.3ng/ml and a history of multiple previous PSA levels in that range and a negative biopsy may not need another at this point, but only to obtain regular PSA checkups. Although a higher PSA value or abnormal DRE may raise the suspicion of prostate cancer, detection requires confirmation with a prostate biopsy.

## Prostate Biopsy

When a person has an abnormal PSA or abnormal DRE, a biopsy of the prostate is generally recommended to determine if cancer is present.

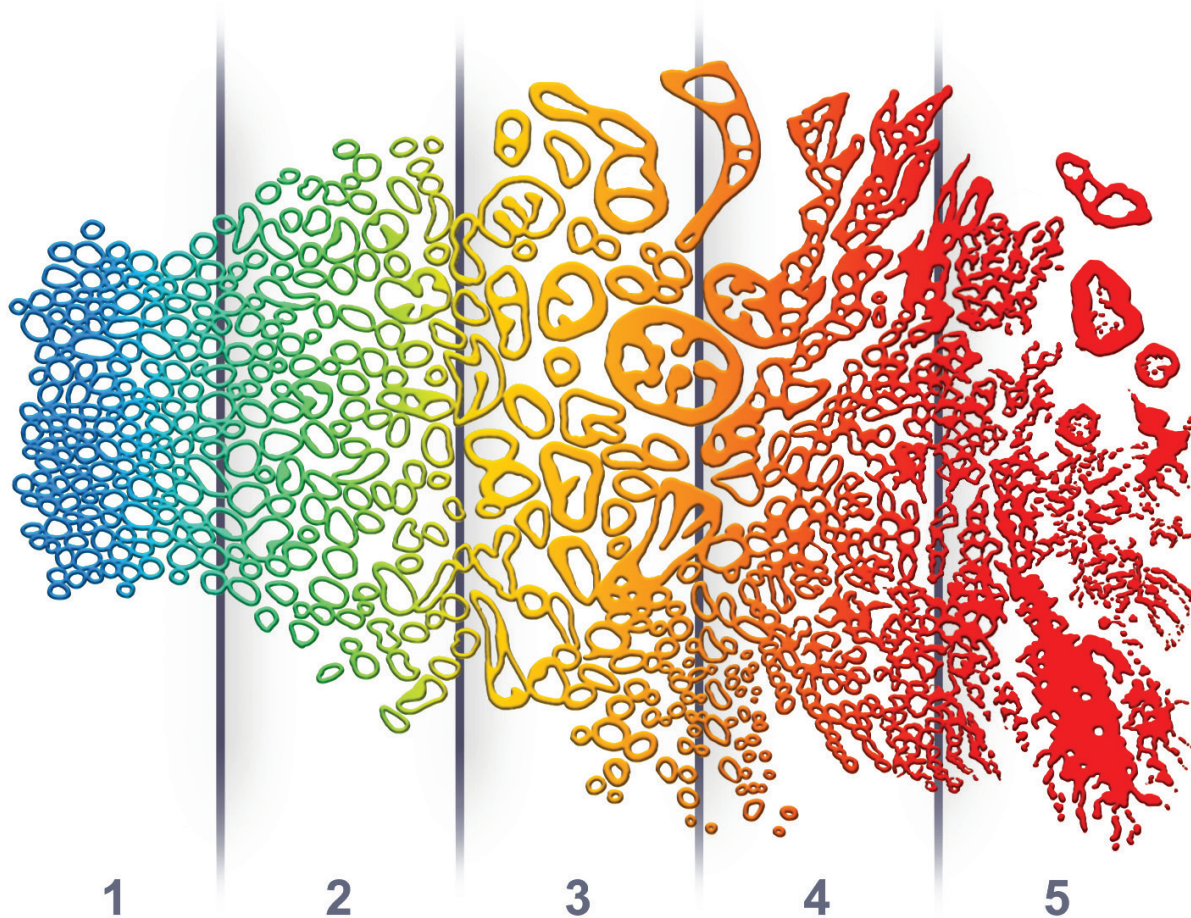
The biopsy is performed to remove a small amount of tissue by passing a biopsy needle through the rectum, reaching the prostate under ultrasonic guidance and anesthesia. The procedure is quite tolerable and will help your doctor determine if there is cancer present. At the time of biopsy, the doctor will remove several small cores (usually 12) of tissue from the prostate to be examined by a pathologist to determine if cancer is present.



## The biopsy showed that cancer is present. Is the cancer confined to the prostate?

When prostate cancer is diagnosed by biopsy, the pathologist examines the architecture of the sample cells taken from the specimen and grades the two most common patterns of the cancer found in the samples (Gleason grade ranges from 1 to 5). The higher the Gleason grade, the more different the cells look from a

normal cell, and, the more aggressive the cancer may be. More aggressive cancers have a higher likelihood to spread (metastasis). When these two grades are added, the result is the Gleason score. For example, a man with Gleason grades of 3 + 3 has a Gleason score of 6.



# Staging Prostate Cancer

Once prostate cancer is diagnosed, the stage (extent) of the disease is one of the most important factors in choosing treatment options and predicting outcomes. In some cases, more tests may be done to find out whether the cancer is within the prostate, or if it has spread to nearby tissues or to other parts of the body. This testing process is called Staging. Due to advances in detecting prostate cancer earlier, in most cases, the cancer is confined to the prostate gland. Generally, men with a normal DRE, a low PSA and a low Gleason score may not need any other tests because the chance that the cancer has spread is extremely low. For those men who do, the following tests are sometimes used.

- Radionuclide Bone Scan: When prostate cancer first spreads, it generally travels to the lymph nodes in the pelvis. As the cancer progresses, it can spread through the blood stream to the bones. This test utilizes a small amount of radioactive material injected into a vein. The substance settles around the entire skeleton, highlighting areas of damaged bone. These areas suggest but do not confirm the presence of metastasis.
- Confirming imaging tests like x-rays, a computed tomography (CT) scan or magnetic resonance imaging (MRI) may be necessary. Occasionally,

even a biopsy sample of the bone may be required to make sure that the cancer has not spread to the bones. It is important to understand that if prostate cancer spreads to the bone, it is actually prostate cancer in the bone, not bone cancer. This would be called metastatic prostate cancer.

- The PSMA (Prostate-Specific Membrane Antigen) PET Scan is a diagnostic tool used in prostate cancer diagnosis and staging that involves the injection of a radioactive tracer. This tracer binds to PSMA, which is a protein found in high levels on prostate cancer cells, enabling physicians to identify tumor locations throughout the body. This precise imaging helps in accurately staging the cancer and developing tailored treatment plans as well as monitoring for recurrence. By targeting and highlighting PSMA-expressing cells, the scan effectively makes cancer cells visible on the imaging. This scan is not ordered for everyone as specific PSA parameters must be met. Your physician will advise you if a PSMA scan is recommended in your situation.
- MRI is a high-resolution imaging modality that is occasionally utilized in patients with prostate cancer who require further evaluation for prostate cancer extension outside the gland itself.

## What is the best treatment for prostate cancer?

There are several options for treatment of prostate cancer. There is not one best treatment that applies to everybody. Each treatment plan should be individualized.

### Options include:

- Open (traditional) prostatectomy
- Laparoscopic prostatectomy
- Robot-assisted radical prostatectomy
- Radiation therapy
- External beam radiation (conformational radiation therapy, intensity-modulated radiation therapy, proton-beam radiation therapy)
- Brachytherapy (implanting radioactive “seeds”)
- Cryotherapy
- Hormone therapy
- High-intensity-focused ultrasound (HIFU)
- Active surveillance (formerly called watchful waiting) or observation

These options should be discussed with your urologist.

## What is Robotic-Assisted Prostatectomy?

A robotic-assisted prostatectomy is the minimally invasive surgical removal of a cancerous prostate gland using the da Vinci robotic surgical system.

### What is the da Vinci Robotic Surgical System?

The da Vinci robot has three major components: the surgeon console, the vision tower and the patient side cart. The surgeon uses a camera to view the area.

The robotic arms and instruments are what the surgeon uses to perform the procedure. The robot serves as an extension of the surgeon's hands and eliminates the need for large incisions necessary in traditional open surgery.

### How is a robotic-assisted prostatectomy performed?

The surgeon makes several small incisions about the size of a dime in the patient's abdominal area. Trocars are placed into the incisions to keep them open. A tiny robotic laparoscope and small robotic arms are inserted. The surgeon manipulates the camera and robotic arms to remove the prostate gland.



## What are the benefits of robotic-assisted prostatectomy?

Compared to traditional open surgery:

- Incisions are smaller, providing for a quicker return to normal daily activities
- Less risk of blood loss, practically eliminating the need for blood transfusions
- Increased magnification of the surgery site to ten times its size, combined with easily maneuverable robotic arms and instruments provide superior control and improved functional outcomes
- Shorter hospital stay (most patients leave within 24 hours)
- Minimized pain
- Less time under anesthesia as robotic prostatectomy takes approximately one hour to 90 minutes
- Quicker return to work. Most patients are able to return to work within two weeks depending on their occupation. More active and strenuous occupations may require more time.



## What are the risks of the robotic-assisted prostatectomy?

Every surgical procedure has inherent risks associated with it. The most common risks are bleeding, infection and the risks associated with anesthesia. Occasionally, a small part of the tissue in the abdomen can bulge through the surgical incisions, causing a hernia. And rarely, blood clots may develop in the leg or pelvic veins. With robotic-assisted surgery, the risk of bleeding is significantly lower. We take every precaution to avoid any complications. The risks associated specifically with prostate removal surgery include incontinence and erectile dysfunction.

Here at the Global Robotics Institute, we offer a free class in optimizing post-operative recovery for all our patients and their partners. Post-operatively, you will be given a QR code to join the virtual class at a convenient time for you. Additionally, before your discharge from the hospital, you will attend an

informative, educational and interactive class where your partner and you can ask questions about your immediate post-operative care.

Your procedure will take place at AdventHealth Celebration, located at 400 Celebration Place, Celebration, FL 34747. On the day of your surgery, have someone drive you, as you will not be able to drive immediately after your surgery. If the person who brings you is planning to stay, they may park in one of the lots. You will need to report to the hospital main entrance.

Our concierge will meet you in the front lobby of the hospital to escort you to the surgery area and walk you through the process.

# Before Your Robotic-Assisted Prostatectomy

## Your First Visit with Dr. Patel and his Team

Some patients will come to our office referred by other physicians. Others will seek out Dr. Patel directly. Whatever your situation may be, make sure our office has received all of the required information

to make your visit a productive one. The records we need include:

- PSA results
- Prostate biopsy report
- Bone, CT, or MRI scans, along with CD images, if applicable.
- PSMA PET
- Genomic/genetic testing
- Operative notes for any previous abdominal surgery

During your first visit, we will review all the information with you and come up with the best treatment plan for your individual needs. It is normal to have a lot of questions. Write these down before your visit so you do not leave with any concerns or issues unanswered.

If you decide to have surgery with us, you will meet with a registered nurse who will review the surgery consent paperwork and preoperative information packet.

Be sure to tell us if you take any blood-thinning medications such as Coumadin (warfarin), Plavix or non-steroidal anti-inflammatory drugs (NSAIDs) such as Motrin/Advil (ibuprofen) or Aleve, which can also increase your chance of bleeding. If you are taking any prescribed medications for cardiac risks, please discuss with your cardiologist before stopping. Your cardiologist will provide you with directions for taking your medication before, during and after surgery.

## After Your First Visit

Within three to seven business days, a surgery scheduler will contact you to review the mandatory preoperative testing and any clearances that you may need.

**ALL PRE-OPERATIVE TESTING INCLUDES, BUT IS NOT LIMITED TO, OFFICE NOTES AND CARDIAC CLEARANCE BY A CARDIOLOGIST, AN EKG, A CHEST X-RAY, A 3T MRI OF THE PROSTATE, AND A RECENT HISTORY AND PHYSICAL FROM THE PRIMARY DOCTOR, AND MUST BE COMPLETED AND SENT TO OUR OFFICE AS SOON AS POSSIBLE AFTER YOUR CONSULTATION. AFTER WE RECEIVE AND REVIEW THE PREOPERATIVE TESTING, WE WILL SCHEDULE A SURGERY DATE.**

## During Your Hospital Stay

When you arrive in the operating room, you will be positioned for your surgery and your anesthesiologist will administer a TAP block containing a local anesthetic to help control pain post-operatively.

Once your surgery is over, you will be taken to the recovery room, where your post-operative care will start. Skilled nurses will monitor your vital signs closely to ensure you wake up properly and are stable after surgery. Once you wake up and have met the recovery room's criteria for discharge, you will be taken to your private room, where you will remain for the rest of your overnight stay.

The nurses who take care of you have been trained in robotic-assisted prostatectomy post-operative care, and understand the special attention you require and what is required to optimize your outcome.

## Questions and Answers About Your Hospital Stay

### Will I experience nausea?

For the first 24 hours following surgery, everyone has the potential to experience some degree of nausea due to the anesthesia used. This is not a common problem, but if it does occur, you will be given an anti-nausea medication to make you more comfortable.

## Why do I have shoulder and gas pain or a backache?

Shoulder pain and a backache can be caused from the position you are in on the operating table and should improve in a few days. However, you might experience both, caused by gas pain, which is very common after surgery. This is a sharp, shooting pain that you can feel in your back, shoulders, abdomen or chest, and it can move around. Pain medication will not usually help, but walking around can help reduce the pain or discomfort and relieve the gas.

**CAUTION: Although gas is the most common cause of the pain described above, there may be other, more serious causes. It is essential that you always report any pain to your nurse.**

## Will I have abdominal pain?

You may experience some abdominal pain or discomfort from the incisions made during surgery. Pain is usually well-controlled with appropriate pain medication. Most patients are comfortable at home with Extra-Strength Tylenol, though you will be given a prescription for stronger pain medication in case you need it.

## What kind of diet will I be required to follow in the hospital?

Immediately following surgery, you can have small sips of water. For the remainder of the day, you can drink clear liquids including broth, popsicles, tea or coffee without milk or creamer, Jell-o with no fruit, and Crystal Light. The next morning, follow a regular, solid, portion-controlled diet. You can have carbonated beverages, red meat or fatty foods only after your first bowel movement. Keep in mind, though, your diet may change based on Dr. Patel's recommendations.

## What are bladder spasms?

Bladder spasms can occur following surgery and appear as cramping sensations in the lower abdomen or bladder. These spasms are caused by the stimulation of the bladder by the Foley catheter. You will also experience a strong urge to urinate. You will be given medication in the recovery room and again the next morning to help with these spasms. If they persist or become more severe, make sure that you notify our office.

## What is a urinary (Foley) catheter?

A Foley catheter is a flexible tube that passes through the urinary opening in your penis and into your bladder.

Its purpose is to drain urine while you are recovering from the surgery. This will be inserted while you are under anesthesia in the operating room and will be left in place until you have your catheter removed.

## What is an incentive spirometer (IS)?

An incentive spirometer will be given to you upon admission. This helps you perform basic breathing exercises to decrease the risk of respiratory infections. The nurse will explain how to do these exercises, and the goal is ten every hour while awake. You may experience some abdominal discomfort when you do these exercises, so using a pillow to splint your abdomen can help. Be sure to continue these exercises during your hospital stay and at home until catheter removal.

## When should I start walking, and what are sequential compression devices (SCDs)?

On the day of surgery, it is very important to get up out of bed and start walking with the supervision of the nurse. The goal is to begin walking as soon as the anesthesia team clears you to do that. This will help reduce the risk of blood clots developing in your legs. You will be wearing sequential compression devices (SCDs), inflatable sleeves that help maintain blood flow in your legs during surgery. The SCDs will inflate and deflate to simulate walking while in bed. You will have these on when you are in bed, along with tight white knee-high stockings worn at all times. You will wear these compression stockings until the catheter is removed. Don't sit or lie in the same position for more than 45 minutes at a time. Keep exercising your legs by flexing your ankles up and down.

## What medications will I be given in the hospital?

Dr. Patel will provide specific instructions to your nurse as to what medications you need during your stay. If you have any questions as to what you are being given, please ask your nurse.

## What type of tests will I have while in the hospital?

During your stay, nurses will assess your recovery progress, check your vital signs and monitor your fluid intake and output every four hours. Lab tests will also be drawn daily.

## When can I take a shower?

You may shower the day after your surgery. Your incisions have glue over them. Shower gently with soap

and water -no scrubbing of the abdominal area-and pat dry.

### **Can I leave wearing the same clothes I wore to the hospital before surgery?**

Bring some loose-fitting elastic-waist gym shorts or loose, baggy long pants with you for when you are discharged (most patients prefer leaving the hospital in gym shorts). Loose-fitting shorts or pants provide comfort around the abdominal incisions. You can leave the hospital with a small catheter leg bag strapped to your inner thigh, or carrying the large bag.

### **What time do I get discharged from the hospital?**

Patients typically get discharged between 9 am and 12 pm the day after surgery. International patients and patients with prior health conditions may spend extra nights at the hospital. You will not be discharged from the hospital without a companion or caregiver to drive you to your destination, because you are not allowed to drive with a catheter. A companion will also need to stay with you to help care for you for the first 24 hours following your discharge from the hospital.

### **If I live many hours away, do I have to stay locally once I get discharged from the hospital?**

Once discharged from the hospital, we recommend you stay near the hospital for at least one night following your discharge. Patients who have a catheter are not allowed to drive. A companion or caregiver will also need to stay with you to help care for you for the first 24 hours following your discharge from the hospital. The hospital will NOT discharge a patient to an rideshare or taxi driver.

### **Will the doctor give me any prescriptions to take at home?**

You may be given prescriptions if needed. We fill these prescriptions in our pharmacy located in the hospital lobby. They will be ready for you to pick up before you leave the hospital.

### **Are there any discharge instructions?**

Starting from the time you arrive in your hospital room, you will be shown educational videos

specifically designed for your post-operative care. Your nurses will reinforce these instructions. Before you are discharged, the nurse will teach you how to care for your catheter at home. The nurse will give you supplies and a demonstration on how to change the catheter bag from a large bag to a smaller discreet bag for going outside. The nurse will also give you the date and time for your follow-up appointment for removing the catheter.

If you would like to review educational videos at home, you may do so on our website at [www.globalroboticsinstitute.com](http://www.globalroboticsinstitute.com). To locate the videos, click on the "Specialties" drop down on the top right of the homepage and select Robotic Prostate Surgery. From there, scroll down to the More Information section and select Patient Education Videos.



# Going Home After Your Robotic-Assisted Prostatectomy

## The First Week

### Pain Control

- Most patients find that two regular or Extra Strength Tylenol every four to six hours controls the pain. You may also have a prescription for Tramadol, to be used for severe pain only.
- Bladder spasms may occur because of the Foley catheter. They're common and can cause mild to severe bladder pain and cramping, urinary urgency and a burning sensation. Call Dr. Patel's office if these symptoms persist or worsen.
- You may notice scrotal swelling or bruising (discoloration) after surgery. This will resolve over time. If it occurs, roll up a small towel or washcloth and place it under the scrotum to elevate the area. If symptoms persist, call the office at 407-303-4673.
- It is very important that you monitor your temperature and call Dr. Patel's office for a fever higher than 100.5 degrees. Fever is usually caused by not using the incentive spirometer as instructed.

### The Incisions

Most patients will have six small incisions around the surgery site. These incisions will have surgical glue holding them together, which wears off in two to three weeks. Avoid alcohol-based products, such as Hibiclens, as they will remove the surgical glue. Do not pick at or remove the glue yourself. You may experience a small amount of drainage from the incisions, which is normal. You do not need to apply antibiotic ointment to the incision sites. However, you may apply a pressure dressing if necessary, for comfort.

### The Foley Catheter

You may experience some discomfort where the Foley catheter has been inserted and you may find it helpful to put a small amount of water-based lubricant jelly or triple antibiotic ointment on the tip of the penis and the catheter tubing several times daily.

You may also notice a small amount of urine leakage around the catheter, which is common. If so, you can place absorbent pads such as Depends or Attends in your underwear to absorb leakage.

It is common for the urine to get a little pink-tinged after walking, but it should clear up shortly.

You may also see some blood in the urine and Foley bag, which is common. Drink more fluids to help flush out any clots.

If you notice there is little or no urine in the bag, walk around for a few minutes. There may be a small kink in the tubing or a blood clot preventing the flow of urine into the bag. If, after walking around, there is still little to no urine, or it has been several hours and there is still little to no urine, and your bladder feels full, call the office immediately.

Dr. Patel will order a cystogram prior to having the catheter removed. A cystogram is an x-ray of the urinary bladder. You will receive your appointment date and time upon discharge. Your post operative appointment will typically be four to seven days from hospital discharge. Please take your antibiotic the night before your scheduled cystogram. You can eat a light breakfast if desired. If you have any allergies to antibiotics, shellfish or contrast dye, please make sure to let the nurse know before you leave the hospital as you will require special medication.



## Bowel Movement

**It is common to not have a bowel movement for several days after surgery, and may take a few weeks for the bowels to return to their regular routine.** We will prescribe a stool softener while in the hospital and a prescription before you leave — which you should begin taking immediately upon discharge. Decrease the dosage to once daily if the stools become too loose. You cannot use any enemas, suppositories or laxatives. These should be avoided until six weeks after surgery. Avoid straining when you do have a bowel movement. If you do not have a bowel movement after five days post operatively, and experience nausea or vomiting, call our office.

**It is common to have bloody drainage around the catheter or in your urine after activity or a bowel movement.** This drainage will lessen after you rest for a short period of time.

## Diet

**Food:** Once you are at home, you can eat light solid foods such as oatmeal, Ensure, yogurt, eggs, soup, mashed potatoes, fruit, vegetables, fish and chicken. It is important to eat small portions frequently throughout the day. Portions should be one-third of what you normally eat. **We strongly recommend against heavy or greasy meals, including red meat, fried foods, or spicy foods that will further slow your bowels and cause bloating and nausea. Avoid carbonated beverages until you have your first bowel movement. Limit caffeine, citrus, and alcohol because they irritate the bladder and can cause bladder spasms.** If you experience gas pain, walking and the incentive spirometer are the best ways to help pass gas through your system. Once your bowel function returns to normal, you may resume your regular diet.

**Drink:** It is important to drink at least six to eight 16-ounce bottles of liquids a day. Limit carbonated water.

## Activity Level

- Once home, walk every hour for 15 minutes to reach one cumulative mile per day. Avoid straining or stretching at this time. Continue this physical activity restriction until four weeks after surgery, when you can start slowly building up

to your pre-surgical activity level. After six weeks there are no physical activity restrictions.

- Do not push, pull or lift anything over five pounds while the catheter is in place. Once the catheter has been removed, the weight limit goes up to 15 pounds.
- You may have sex as tolerated no earlier than four weeks after surgery, although most will not have regained erectile function at this stage.

## Medications After Surgery

We will provide you with the following prescriptions at discharge that you will pick up at our hospital pharmacy:

- Stool softener to take for seven days, so you are not pushing or straining your bowels.
- Tramadol, to be used in the event of severe pain (you may take Extra-Strength Tylenol as needed for pain).
- One-time dose of the antibiotic Levaquin to take the day prior to the catheter being removed.
- The discharge nurse at the hospital will review any prescription medications given, as well as your home medications with any changes that have been made by your providers.

Generally, home medications can be restarted after discharge but there are some exceptions, such as blood thinners, anti-inflammatory medications, and any vitamins or supplements (e.g. Coumadin, Advil, Aspirin, Aleve, Motrin, Vioxx, Celebrex, Ibuprofen or Naproxen). These medications should only be restarted with specific instructions from the hospital Internist at discharge. If there are any questions on any medications, please contact the office at: 407-303-4673.

## Follow-Up Visit

You will return for your follow-up visit after surgery to have a cystogram and your catheter removed.

**Please remember to take the prescribed antibiotic the night before your catheter removal.**

# When Your Catheter is Removed

## What is the pelvic floor?

The pelvic floor is a group of muscles that support internal abdominal and pelvic organs (see diagram). They are used to help control the flow of urine. They lift and control the muscles that close the urethra (the tube through which urine travels).

## How do I regain control of my urination?

Urinary leakage is normal after the catheter is removed, especially when you do any weight-bearing activity. It is caused by weakness in the pelvic floor. Leakage usually lessens with time and by doing Kegel exercises, an easy and effective method to overcome incontinence after a prostatectomy.

## What are Kegel exercises, and how do I do them?

Kegel exercises are easy and help strengthen the pelvic floor muscles that help give you back control of your urine output.

- **REMEMBER:** Do daily Kegel exercises for 30 days before surgery. You must stop doing your Kegel exercises on surgery day and do not resume again until seven days after your catheter removal.
- Begin by doing 50 Kegels a day, increasing weekly, at your comfort level, to a maximum of 80 Kegels daily.

## How To Do Kegel Exercises

Tighten your external sphincter muscle as if you are trying to prevent gas from passing and hold this for two to three seconds. Then relax for two to three seconds. That is considered one “quick” Kegel. Ten quick Kegels equal one session.

**Begin your Kegel exercises in the morning, seven days after your catheter has been removed,** and spread each 10-Kegel session out throughout the day. You need to complete five sessions totaling 50 Kegels the first week.

When you first start the exercises, it may be difficult to maintain the muscle contraction; however, it will get easier as your muscle strength improves. Do

not overdo it. More is not better. Consistency is the key to success. You will first notice that your urine control is better at night when you are lying down. The early mornings will be the next time frame that you will notice more control. Late in the day and early evenings are generally the last time frames that you will notice improvement in your urinary control. This is mainly due to muscle fatigue that naturally occurs as the day goes on. On average, the majority of our patients will be pad-free between six and twelve weeks post-operatively; however, there are other factors that may lengthen the recovery time. Dr. Patel or one of his providers will discuss this with you at your office visit.

## Physical Therapy

You will be given a referral to see a physical therapist within two weeks of your catheter removal. You are free to visit the location and physical therapist of your choice. During physical therapy, you will be taught other exercises that will help you strengthen your pelvic floor muscles.

## Things to Expect

- After catheter removal, your bladder and urethra will be weak. You may also have urine leakage. However, this will slowly improve over time.
- **Try to urinate into the toilet** without straining, particularly during the day.
- When urinating, refrain from stopping the stream once it has started.
- Regardless of whether you urinate into the toilet, use pads or incontinence briefs, or do not have good urinary control, **do not worry. This is expected at this stage of your recovery.** This means that your urethral anastomosis (the connection between your bladder and urethra) is open, and your urine is flowing as it should.

## Penile Rehabilitation

After your catheter is removed, we will discuss a penile rehabilitation regimen designed to help you regain your potency. You will get information to help you choose which medications will work best for you and explain how to use the vacuum erection device. These medications — along with the VED — will help begin the healing process by increasing blood flow to the pelvic area.

## The Second Week

If your job is primarily sedentary (sitting at a desk), you may return to work in one to two weeks. If your job is physically demanding, you will most likely be cleared to return in four to six weeks following your surgery. Some restrictions may apply depending on your activity level and recovery.

## One Month

- You may begin to attempt sexual intercourse four weeks after surgery.
- Slowly start increasing the amount you lift. If you notice blood in your urine, you need to back off on activity until it clears.
- You may begin to take baths, and go into hot tubs, swimming pools or the ocean.

## Long-Term Follow-Up: A Continuum of Care

Dr. Patel is extremely interested in the long-term outcomes of your prostate surgery. He maintains a long-term follow-up program to determine the occurrence of various events and how they may affect the patient's quality of life. His research staff will call you to ask some questions concerning your progress following surgery. Responding to these questions should take no more than five to ten minutes. It is important that you respond to the research assistant candidly. If there are any issues concerning your surgery that you would like to bring to Dr. Patel's attention, inform the research assistant, who will ensure you receive a follow-up telephone call from a clinical team member. Your assistance in participating in our follow-up program is extremely important because it provides valuable information concerning how to better serve our patients and improve prostate cancer care for future generations.

- During the first year after surgery, you will be required to get a PSA blood test at 3 months, 6 months, 9 months and 12 months. During your follow-up visits, you will have a discussion with the doctor regarding your PSA results. In year two, you will repeat the test every six months. In year three and after, check your PSA once a year. **HIGH-GRADE Patients** require PSA testing at six weeks, then every three months for two years. In the third year, every six months, then annually after that.

- Check your PSA at your local urologist and make sure to have the results faxed to our office at 407-303-4674. Have your blood drawn by the same lab every time, because results may vary from laboratory to laboratory.

## Continence

The US Department of Health and Human Services reports that approximately 13 million people in the United States suffer from urinary incontinence (the loss of bladder control). If you have to use even one pad per day, then you have a degree of incontinence.

Symptoms can range from mild leaking to uncontrollable wetting. This can happen to anyone following surgery, but becomes more common with age. Following surgery, most bladder-control problems occur when muscles are too weak and there is inflammation and trauma to the base of the bladder. If the muscles that keep your bladder closed are weak, you may have accidents when you sneeze, move around, laugh or lift objects. This is called **stress incontinence**.

Dr. Patel has tremendous success with patients maintaining continence after the catheter is removed, and by six to 12 weeks post-surgery, most patients are functioning at their pre-surgery level.

### There are several things patients can do to help improve continence including:

- Perform Kegel exercises daily (refer to previous section on Kegel exercises).
- Eat fruits, vegetables and whole grains daily to prevent constipation.
- Re-train the bladder (urinate every three to four hours).
- Stop smoking (nicotine irritates the bladder).
- Stop or decrease caffeine use (caffeine irritates the bladder).

## Additional Information and Notes



### Additional Hospital Services

The Wellness Centre and Day Spa at AdventHealth Celebration is a state-of-the-art facility with the latest equipment and finest instructors available. Guests are welcome to purchase day passes to enjoy the Centre at any time during their stay in the Central Florida area. The Centre features an Olympic-sized swimming pool, therapy pool, saunas, steam rooms, a full-size basketball court, various classes and the latest in aerobic and strength-training equipment. Guests can also indulge in the Day Spa's services. With everything from luxurious massages to nail treatments, the Day Spa is the ideal place to relax.

AdventHealth offers a retail pharmacy for your convenience. In addition to your prescriptions, many other products may be purchased at the retail pharmacy.

Wireless internet connection is available free of charge throughout the hospital.

### Visiting Hours

Please ask our office for the most up-to-date visitor policy.

### Directions to AdventHealth Celebration

**From Orlando and Sanford International Airports:**  
Take 417 south and take exit #2 Celebration. Turn right at the stoplight onto Celebration Avenue. Take the first left onto Celebration Place. AdventHealth Celebration is the large Mediterranean-style facility about a half-mile down on left. Turn left into the driveway. Parking is on the left and the main entrance is on the right. A parking garage is available immediately past the main hospital entrance on your left.

**From I-4:**  
Take exit #64 onto US-192 toward Kissimmee. Continue on US-192 and then right onto Celebration Place. Turn right at the next stoplight. AdventHealth Celebration is the large Mediterranean-style facility on your left. Turn left into the driveway. Parking is on the left, main entrance on right. A parking garage is available immediately past the main hospital entrance on your left.

**For more information, contact the AdventHealth Global Robotics Institute staff toll-free by calling 866-923-2863.**

# Our Health Equity Promise

## Patient Protection and Affordable Care Act: Section 1557

AdventHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This facility does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

**AdventHealth provides free aid and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

**AdventHealth provides free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

**If you need these services, please call 407-303-5600 x1106707.**

If you believe that this facility has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance or request that someone assist you with filing a grievance at 407-200-1324 or [fh.risk.management@adventhealth.com](mailto:fh.risk.management@adventhealth.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically, through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

### U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

The statements below direct people whose primary language is not English to translation assistance.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente.

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi theo số điện thoại dưới đây.

**注意:** 如果您使用中文, 您可以免费获得语言协助服务。请拨打下面电话号码。

**Atansyon:** Si ou pale kreyòl Ayisyen, gen sèvis asistans nan lang ou ki disponib gratis pou ou. Rele nimewo ki anba an.

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 아래의 번호로 전화하십시오.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany poniżej.

**ملحوظة:** إذا كنت لا تتحدث اللغة الإنجليزية فإن خدمات الترجمة متوفرة لك مجاناً. الرجاء الإتصال بالرقم أدناه.

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro ci-dessous.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero sa ibaba.

**ВНИМАНИЕ!** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Для этого позвоните по нижеуказанному номеру.

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die untere Nummer an.

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. નીચેના નંબર પર ફોન કરો.

**ATENÇÃO:** Se você fala português, disponibilizamos serviços lingüísticos gratuitos. Ligue para o número abaixo.

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। नीचे लिखे नम्बर पर सम्पर्क करें।

**اگر شما فارسی زبان هستید، خدمات کمکی زبان بطور مجانی در دسترس شما قرار دارد. تو شماره زیر زنگ بزنید.**

**توجہ فرمائیے۔** اگر آپ اردو بولتے/بولتی ہیں تو آپ کے لئے لسانی خدمات مفت میسر ہیں۔ ذیل میں دئیے گئے نمبر پر کال کریں۔

**注意:** 日本語でお話になりたい場合には、無料の通訳サービスをご利用いただけます。下記の番号にお電話してください。

**ໄປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ດ້ານພາສາ, ໄດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໃຫ້ພວກເຮົາຮູ້ຈັກລຸ້ນ

**LUS CEEB TOOM:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu tus xojtooj hauv qab no.

**ATTENZIONE:** Se parlate italiano, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero sotto indicato.

 407-303-5600



380 Celebration Place, Suite 401 | Celebration, FL 34747  
866-923-2863 | [GlobalRoboticsInstitute.com](http://GlobalRoboticsInstitute.com)