

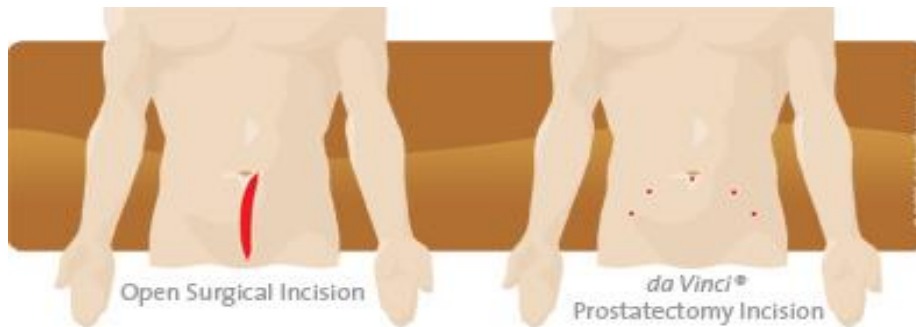
Robotic Assisted Laparoscopic Prostatectomy

What is a robotic assisted laparoscopic prostatectomy (RALP)?

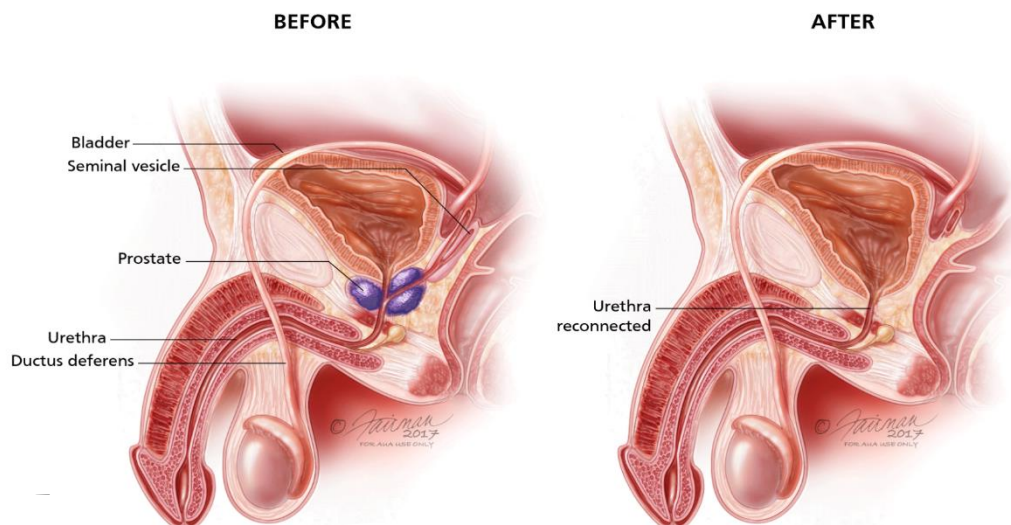
Robotic assisted laparoscopic prostatectomy is a surgical procedure for the treatment of prostate cancer. It involves the removal of the entire prostate gland and seminal vesicles. Your lymph nodes near the prostate may also be removed.

What happens during a RALP?

The physician will make five very small incisions in the lower abdomen. The incisions allow for the physician to insert instruments and a small camera to guide the physician to the removal of the prostate gland, seminal vesicles and lymph nodes if indicated.



When the prostate is removed, the bladder neck is sewn to the urethra. A catheter is placed through the penis into the bladder. The catheter remains in place to promote healing following surgery.



What can you expect after RALP?

- **Drain-** Your physician may place a drain around the surgical area during surgery. The drain allows excess fluid to drain from the surgical site. Most patients have the drain removed the first day or two after surgery. Occasionally the drain will need to be left in longer. In this case, you will be instructed on how to care for your drain at home.
- **Abdominal Incision-** Your abdominal incisions will be closed with either staples, surgical adhesive glue or suture material.
 - Staples will be removed at your post-op visit.
 - Surgical adhesive glue will dissolve on its own.
 - Sutures dissolve on their own and do not need to be removed.
 - You may shower 48 hours after the removal of the surgical drain.
 - It is common to have some soreness and/or bruising around the incision sites.
- **Catheter-** You will have a catheter in place for 7-10 days.
 - Penis or urethral irritation while the catheter is in place is normal.
 - Bloody drainage around the catheter and outside the penis is normal, especially when having a bowel movement.
- **Urinary Leakage-** You may experience loss of urine control. This is usually short term, but for a few men, it can last as long as six to twelve months. There are treatment choices to help with urinary leakage:
 - Kegel exercises may strengthen your bladder control muscles
 - Medications may improve bladder control by affecting the nerves and muscles around the bladder
 - Products, such as pads or briefs, may help you stay dry but will not treat the urinary leakage
 - Avoid bladder irritative beverages including carbonated drinks, regular or decaffeinated coffee and acidic drinks
- **Return of Sexual Function-** The return of sexual function is a gradual process. Erectile dysfunction (ED) is the inability to get and keep an erection firm enough for sex. There are treatments available for ED, such as medications and/or vacuum erection devices. You will be able to have the sensation of an orgasm, but because the prostate and seminal vesicles are removed, you will not have any ejaculation of semen. *This will be discussed in greater depth during your scheduled post-op class.*
- **Activity-**
 - Do not lift anything heavier than 10 pounds (equal to a gallon of milk) for 2 weeks after your surgery.
 - Do not lift anything over 25 pounds from weeks 2-4.
 - Gentle exercise, such as walking, is encouraged.
 - You should not drive if you are taking pain medications.
 - You should not ride a bike, motorcycle, snowmobile or an ATV for at least 6 weeks.

- **Diet-** It is not uncommon for you to experience a decrease in your appetite. Your appetite should gradually improve within the first week after surgery.
 - Start with small, bland meals at first. Bland food options include broth, soup, applesauce, bananas, rice, and toast.
 - As your appetite improves you may gradually return to your normal diet.
- **Bowel Function-** It is common for your appetite and bowel movements to recover gradually in the first week after surgery. Usually, bowel movements may not resume until 3-5 days after surgery.
 - Avoid straining to have a bowel movement.
 - You will be encouraged to increase your water intake, drinking at least 6-8 glasses of water a day.
- **Scrotal and Penile Swelling-** This is common for up to one week following surgery. Scrotal and penile swelling is usually harmless and painless. If your scrotum is swollen:
 - Wear supportive underwear, briefs or athletic support.
 - When at rest, elevate your scrotum by rolling a hand towel up and placing it underneath your scrotum.

When should I call the doctor after my RALP?

Call your doctor if you experience:

- Temperature over 100.4 degrees
- Excessive chills
- Increasing redness, tenderness, swelling at the incision sites
- Foul drainage at the incision sites
- Constipation, diarrhea, nausea, or vomiting
- Persistent cough, chest pain, shortness of breath and/or calf pain or redness
- Heavy bleeding in the urine or blood clots in the urine
- The catheter is not draining.
- Catheter falls out.

We strongly recommend that all patients undergoing a prostatectomy attend both our Pre-Operative and Post-Operative Prostatectomy classes. Below are brief descriptions of these classes, which are held monthly. Our goal is to keep you well-informed, prepared, and supported every step of the way.

Pre-Operative Prostatectomy Class

This class is designed to explain the surgical process, address concerns, and answer questions. The goal is to keep you informed, prepared, and supported throughout your journey navigating prostate surgery and recovery. Expert guidance, shared experiences, and practical advice will help you to have a better understanding of what to expect before and after surgery.

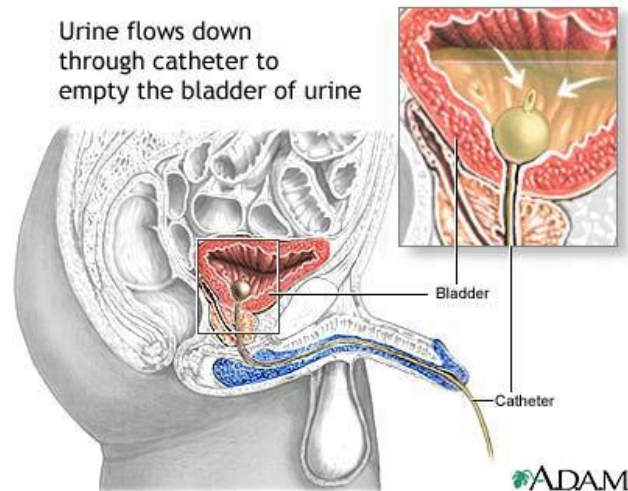
- You will be scheduled for this class when scheduling your surgery.
- You are encouraged to bring a spouse or support partner.
- Classes are held in the Wisconsin Institute of Urology Clinic Lobby, at 1265 W. American Dr, Neenah
- Classes are scheduled from 5:30-6:30pm
- Please call Sara Rathsack, RN at 920-886-7149 with any questions regarding the class

Post-Operative Prostatectomy Class

Our monthly post operative class reviews what to expect with your post op recovery and options to assist with this process. We will briefly touch on urinary incontinence, Kegel exercises and the use of a vacuum therapy device to keep length and function of the penile tissue. Patients who attend the post op class report an enhanced understanding of the recovery process and their current condition.

- You will be scheduled for this class when scheduling your surgery.
- We suggest that you attend the soonest available class following your surgery.
- We encourage you to bring your significant other.
- Classes are held in the Wisconsin Institute of Urology Clinic Lobby, at 1265 W. American Dr, Neenah
- Classes are scheduled from 6:00-7:30pm
- There is no charge for the class, and you are not required to pay a copay.
- Please call Sara Rathsack, RN at 920-886-7149 with any questions regarding the class

FOLEY CATHETER CARE



- Cleanse the catheter and urethra (opening where catheter enters your body) twice a day and following bowel movements, using soap and water. (For uncircumcised males, retract foreskin fully and cleanse around head of penis, then pull foreskin back down over tip of penis.)
- Attach catheter to leg bag during the day and empty as needed.
- Attach catheter to overnight drainage bag during the night and place bag over the side of bed to ensure bag is lower than your bladder.
- Make sure the catheter and tubing do not get kinked off or stepped on.
- Cleanse tip of the tubing of the bag with soap and water or alcohol-soaked cotton ball before attaching to catheter.
- You may feel slight pressure or the urge to urinate at times with the catheter in place. This is normal.
- You may leak urine around the catheter at times. This is not uncommon. You may place a small pad in your undergarment for the leakage. If this becomes frequent or troubling, please call our office.

Kegel or Pelvic Floor Muscle Exercises

Kegel or pelvic floor muscle exercises are used to help strengthen the muscles that support the bladder. When these muscles are weak, urine can leak from the bladder. Like any muscle, if you exercise the muscles, they will become stronger.

How do I find the right muscles?

There are a few ways to isolate the correct muscles:

- Tighten your rectum as if you are trying to prevent passing gas
- You can also imagine you are trying to stop the flow of urine
- Your legs, buttocks, and abdomen should remain relaxed
- Do not hold your breath, breathe normally
- You should feel the muscles pulling upward and inward
- Your penis and scrotum should move up and down slightly as you contract and relax the muscles
- If you are not sure that you are using the correct muscles you can try stopping and starting the urine flow a few times, but do not make a regular practice of doing Kegels while urinating

How do I do these exercises?

The first week: it will be easiest to practice your Kegels while lying down. Begin by squeezing the muscles and holding for 5-10 seconds, then relax for 10 seconds. It is important to relax between each Kegel. Repeat 10 reps in a row, 10 reps equal 1 set. You should perform 3 sets of 10 reps per day, spreading them out over the course of the day. Breakfast, lunch and supper are good reminder times to do your Kegels.

The second and third week: you should add sitting and standing Kegels as well, with a goal of holding for 10 seconds and relaxing for 10 seconds. It will be easiest to perform the standing Kegels in the morning before the muscles become tired. Continue this for the third week.

The fourth week: you can add in walking Kegels, concentrate on practicing the Kegels while you walk, and don't hold them the entire time you are walking. You can also start to add more reps to each set, with a goal of 15-20 reps each set.

The fifth week & beyond: Gradually progress to 20-30 reps per set sitting, standing, and walking.

Are there any other exercises that can help?

Quick-Flick Kegels: Contract and relax your pelvic floor muscles quickly for 10 reps. Make sure you are breathing while doing these. Aim to add 1-2 sets per day. It is best if you space them out at different times than your regular Kegels.

To help prevent leaking: Squeeze your pelvic floor muscles anytime you normally notice leaking, such as coughing, sneezing, getting up from a chair, or lifting. This can help prevent leaking during these activities.

Where should I do the exercises?

When learning to do the exercises, you will need to set aside time when you can do them without being interrupted. After you have done them for a while, you can practice these exercises anytime and anywhere.

When will I notice a change?

After 6-8 weeks of consistent daily exercises, you should have fewer urinary accidents. After 3-4 months, you should notice an improvement with better urinary control. If you do not feel you are improving and would like to set up an appointment with a Physical Therapist for more individualized exercises, please call our office.

Are there any precautions?

More is not better. Doing too many Kegels every day will fatigue the muscles, and they won't be as effective at controlling leaks. Remember to breathe normally while doing Kegels, do not hold your breath.