Radical Prostatectomy

What to expect

Urologic Surgical Oncology Clinic
Bakar Precision Cancer Medicine Building
1825 4th Street, Sixth Floor
San Francisco, CA 94158
(415) 353-7171

UCSF Health

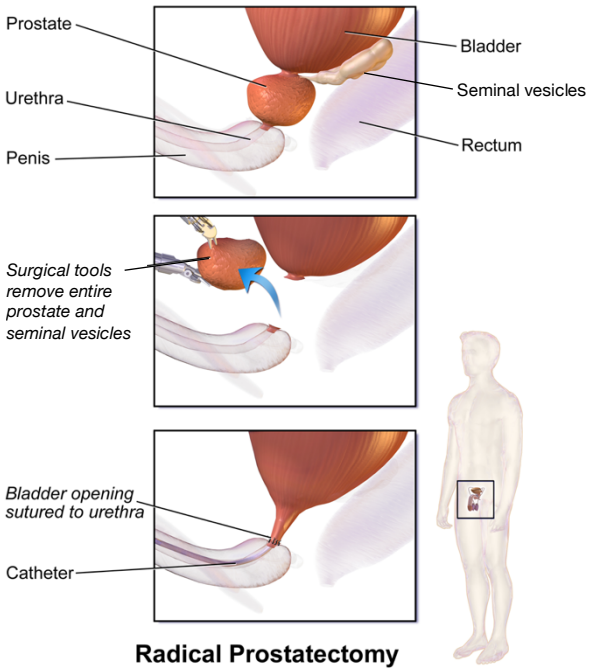
Table of contents

What to expect

Overview of procedure

A radical prostatectomy is surgery to remove the whole prostate gland and the seminal vesicles. The prostate and seminal vesicles make and store fluids that mix with sperm to create semen. Sometimes, nearby lymph nodes are also removed. This surgery is a treatment for prostate cancer that has not spread outside the prostate. It is usually offered to patients in good health who are expected to live at least 10 more years.

Most patients now have a **robot-assisted laparoscopic prostatectomy (RALP)**, which is a type of minimally invasive surgery done through several small cuts and a camera for viewing. In the past, the prostate was removed through a larger cut in the lower belly (open retropubic prostatectomy), or through a cut between the scrotum and anus (open perineal prostatectomy). These open surgeries are now rarely done.



Radical Prostatectomy

At UCSF, we use the da Vinci robotic system, which gives the surgeon a magnified, detailed view and precise control. This approach removes the cancer as effectively as open surgery and often results in less blood loss, less pain, fewer problems after surgery, and a faster recovery. The robotic method can also make it easier to protect the nerves that help with erections. Depending on age and other factors, some patients may be eligible for nerve-sparing surgery to help preserve sexual function.

Sometimes, we also remove the lymph nodes near the prostate to check if the cancer has spread. This is called a pelvic lymph node dissection. The chance that cancer has reached the lymph nodes depends on how aggressive the cancer is, including factors like the prostate specific antigen (PSA) level and grade.

Benefits of Radical Prostatectomy

Chance of cure: Many, though not all, patients are cured by the surgery.

Accurate information: Removing the whole prostate lets the pathologist see how aggressive the cancer is (its stage and grade). This helps guide future care and how often PSA tests are needed after surgery.

Quick results: After surgery, the PSA level in the blood should be undetectable. Regular PSA testing can quickly detect if the cancer recurs. At UCSF, we use an ultrasensitive PSA test that can detect very low levels (as low as 0.015 ng/mL). With radiation or other treatments, it can take longer to know how well the treatment worked.

More treatment options later: If needed, patients can still have radiation or other treatments after surgery. Doing surgery after radiation, however, is harder and may cause more problems. Having surgery first helps keep these later options open, especially for higher-risk cancers.

Low long-term risk: The chance of the cancer coming back after five years is low, and regular PSA testing can detect any recurrence early.

Even with these benefits, surgery is only one of several options for treating prostate cancer. You should talk with your doctor or cancer care team about what treatment is best for you.

Complications and side effects

Serious problems from surgery are rare, but some side effects can occur. The most common are:

Urinary incontinence: Leaking urine, often with coughing, sneezing, or activity. This is common soon after surgery but usually gets better over several months.

Erectile dysfunction: Trouble getting or keeping an erection. Recovery depends on whether the nerves near the prostate are protected during surgery, as well as the patient's age and pre-surgery function. Older men or those who already have erection problems are more likely to have this side effect afterward.

We'll do everything we can to make your surgery a success

This booklet explains what to expect along your treatment journey and guides you through the steps to take to ensure your surgery is a success. It is divided into the following sections for easy navigation.

Before surgery

3-4 weeks before surgery

☑ **Complete labs and tests**

Before surgery, your doctor may order several tests:

- Routine tests such as bloodwork, urine tests, an electrocardiogram (EKG), and a chest X-ray.
- Cancer staging tests to see how far the cancer has spread. These may include imaging studies like an MRI, CT scan, bone scan, or PET scan. If ordered, complete these as soon as possible.

If your diagnosis was made outside UCSF, your surgeon may need to repeat some tests or review your biopsy slides for confirmation.

2-8 weeks before surgery

☑ **Meet with urology physician's assistant (PA)**

Learn about the logistics of your surgery day, as well as expectations and instructions for your recovery period.

1 week before surgery

☑ **Meet with PREPARE clinic (in person or over the phone)**

You will meet with the anesthesia team to review your medical history, current medications, and anesthesia plan. A provider will explain how to prepare for surgery, including when to stop eating or drinking and which medications to take before surgery. The timeframe for this visit may be different depending on your circumstances.

If you have ever had nausea or vomiting after surgery, tell your PREPARE provider. You can ask about taking medicine the night before surgery to help prevent these symptoms.

☑ **Choose a designated adult caregiver**

This individual will receive updates during your surgery, will drive you home afterward, and be home with you the night after your surgery. This individual needs to be present when you are discharged to review the instructions about medications, activity, and catheter care.

☑ **Plan for your recovery at home**

Set up a comfortable place to rest, such as a sofa, recliner, or comfortable chair, where you can relax and avoid pressure on the healing area.

Fill your prescriptions so your medications are ready when you get home. These should have been ordered at your pre-op visit. The hospital does not provide take-home medications.

Have these items ready for your return home:

- Incontinence pads or adult diapers
- Loose sweatpants, robe, or shorts
- Plenty of non-carbonated drinks
- Regular tea or a gentle laxative tea (such as Smooth Move by Traditional Medicinals)

Night before surgery

☑ **Shower with Hibiclens® as directed**

Directions on page 8

☑ **Do not eat or drink anything except clear liquids after midnight**

This includes gum, candy, and mints.

You may have clear liquids up to 2 hours before your arrival at the hospital. Clear liquids include:

- Water
- Gatorade
- Coffee or tea with sugar or sweetener (no milk, cream, or milk substitutes)
- Clear apple juice (no pulp)

It is important that you have an empty stomach at the time of your operation to reduce your risk of choking while under anesthesia. If you drink anything other than clear liquids after midnight, or if you drink anything within 2 hours of arrival, your surgery will be canceled for safety reasons.

Morning of Surgery

☑ **Shower with Hibiclens® again**

☑ **Take medications as prescribed**

If you have been instructed by the PREPARE clinic to continue your routine medications, you may take them with sips of water before surgery. Please make sure to review the instructions you received from PREPARE on which medications to take and which medications to hold prior to surgery.

☑ **Do not wear anything of high or emotional value**

☑ **Wear comfortable clothing**

☑ **Do not bring your medications**

As a safety measure, we are not allowed to use your home medications.
The hospital will provide you with the medications you normally take at home.

☑ **Wear your eyeglasses and bring a case (no contact lenses)**

☑ **Bring 2 forms of ID** (one with a photo)

☑ **Check in 2 hours prior to your surgery time**

If your surgery is at Mission Bay Moore/Bakar Hospital (1855 Fourth Street): check in on 2nd floor at the adult surgical waiting room (A2460).

If your surgery is at Bayfront Outpatient Surgery Center (520 Illinois Street): check in on 2nd floor at the outpatient surgery center.

If your surgery is at Parnassus Moffitt-Long Hospital (505 Parnassus Avenue): check in at the admissions office (where you will be directed to the Pre-Op area on the fourth floor).

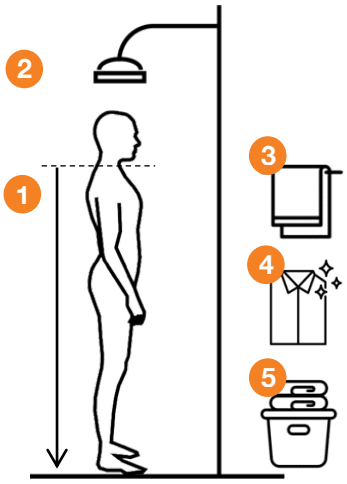
☑ **Meet your surgical team (nurses, surgeons, and anesthesia)**

☑ **Sign informed consent document (operation and possible blood transfusion)**

If you get sick before your surgery (fever 100.4° F or higher, cough, sore throat, cold, flu, infection), please call your surgeon immediately at (415) 353-7171. If it is after hours, please ask for the urology resident on call. Please also notify the PREPARE Clinic at (415) 885-7241.

Cleaning your surgical site

Reducing the number of germs on your skin prior to surgery is an important step you can take to protect yourself from developing an infection at your surgical site. The most effective way to do this is washing with a special soap called chlorhexidine gluconate (CHG), commonly found in stores as **Hibiclens®**. The soap comes in a liquid form and can be purchased at most stores and pharmacies.



1. **Turn water off. Apply CHG soap to your entire body from the jaw down.**
   Use a clean washcloth or your hands. Avoid getting CHG near your eyes, ears, nose, or mouth.
2. **After applying CHG soap to your whole body, wash thoroughly for five minutes.**
   Pay special attention to the area where your surgery will be performed. Do not scrub your skin too hard.
3. **Pat yourself dry with a fresh, clean, soft towel.**
   Do not wash with your regular soap after using the CHG.
4. **Put on clean clothes or pajamas.**
5. **Use freshly laundered bed linens.**

Do not shave the area of your surgery

Any new cut, abrasion or rash on your surgical area will need to be evaluated and may cause a delay in your procedure.

Do not use other hygiene products

Do not apply any lotions, cologne, deodorant, or powders after using CHG soap.

Surgery day

You will receive general anesthesia, so you are fully asleep during surgery. The surgeon makes several small cuts in your lower belly and one slightly larger cut above your belly button to remove the prostate. The number of incisions depends on the robotic system, how much cancer there is, and your surgeon's plan.

The prostate gland and seminal vesicles are removed during surgery. Along both sides of the prostate are nerves and blood vessels that help with erections. Your surgeon may try to protect one or both sets of nerves to help preserve sexual function. Younger men who are sexually active and have good erections before surgery are most likely to benefit. Older men or those who already have erection problems may benefit less, but protecting the nerves can still help with bladder control. In some cases, it may not be safe to protect the nerves if the cancer is close to them, because doing so could leave cancer behind. You and your surgeon will talk about the risks and benefits before surgery.

If there is concern that the cancer has spread, the nearby lymph nodes may also be taken out. After the prostate is removed, the bladder is reattached to the urethra. A catheter is placed in the bladder to drain urine while the area heals. (Instructions for catheter care and removal are provided later.)

Your surgeon may also place a temporary drain to remove extra fluid from the surgery site. This drain is often removed before discharge, but sometimes remains for a few days at home.

The entire procedure, including anesthesia and setup, usually takes about four hours.

Your designated caregiver will receive phone updates during the operation.

Directly after surgery

After surgery, you will go to the recovery room (PACU), where you will be monitored for about three hours before you go home.

When you are fully awake from anesthesia, you may start drinking clear liquids. If you tolerate them well, you may then eat solid food if you wish.

You will be encouraged to walk soon after surgery, at first with help from your nurse. Walking early is the most important thing you can do to recover faster. It lowers your risk of blood clots and lung infections and helps your digestion return to normal. The first time you walk, you may feel slightly lightheaded or dizzy. This is temporary and will improve with movement and time.

Your nurse will review how to care for your Foley catheter and provide supplies to take home. (See page 13 for details.)

You will learn how to do breathing exercises to expand your lungs and prevent pneumonia.

Occasionally, your surgeon may decide to keep you overnight in the hospital based on how your recovery is going.

Reminder: Your designated caregiver needs to be present to hear instructions for your care.

Recovery

Evening of discharge and day after surgery

☑ **Receive a phone call from a urology provider to check in on how you are doing**

2 days after surgery

☑ **Start showering**

7-10 days after surgery

☑ **Appointment to remove catheter**

Remember to take your prescribed antibiotic the morning of this appointment!

Catheter removal should be done at UCSF, unless your surgeon gives permission for it to be removed locally. If you would like to have your catheter removed locally, you must be established with a local urologist, and should schedule this appointment before your surgery.

8-10 weeks after discharge

☑ **Post-operative follow-up appointment**

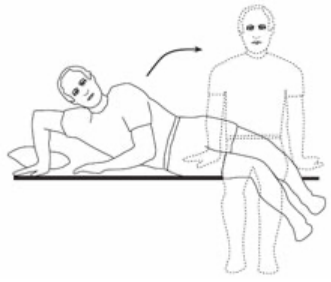
Have your ultrasensitive PSA blood test done one week before your follow-up visit. You will receive the lab order at either your hospital discharge **or** catheter removal appointment. If you use a non-UCSF lab**,** make sure the lab can perform an ultrasensitive PSA test and that the results are sent to UCSF. Bring a copy of the results with you to your follow-up visit.

Please note that pathology results and treatment planning will be discussed at this visit. If you do not have a post-operative appointment, please call our office to schedule one.

Recovering at home

It's normal to feel tired for a few weeks after surgery, but moving early helps you heal. Most men get out of bed and walk the same day as surgery**.**

It is important to get out of bed at least five times a day. Walking helps prevent lung infections and blood clots**.** Start with short walks and slowly build up as you gain strength. If you do too much, you may notice more blood in your urine or more leakage**.** If you do, scale back your activity.



Be careful when getting up from bed. Sit up first, take a few deep breaths, and let your body adjust. Dangle your feet over the side for a few minutes, then stand up slowly. Moving too fast can make you feel dizzy or light-headed**.**

Managing your pain

You may experience different types of pain, all of which are normal. You may feel:

Surgical pain Pain along the incisions is expected but can be managed. You will get prescriptions for pain medicine to use at home. Many patients do well with acetaminophen (Tylenol) and ibuprofen (Motrin or Advil). You may also get a small amount of opioid/narcotic medications (oxycodone) for pain not relieved by these medicines. Please keep in mind that narcotic pain medicine can cause constipation or gas pain.

Bladder spasms While the catheter is in place, you may feel pain above the pubic bone, pain that travels down the penis, or a strong urge to urinate or have a bowel movement. These spasms usually stop once the catheter is removed.

Always check that the catheter is draining well (see catheter care section). To help with spasms, most patients are given oxybutynin (Ditropan).

Gas pain The best way to ease gas pain is to walk often, which helps gas move through your bowels. A heating pad or warm pack on your belly and hot herbal tea—such as chamomile, peppermint, or senna-based tea (like *Smooth Move*)—may also help.

Shoulder pain You may experience shoulder pain (often on the right side) after surgery. This is referred pain caused by gas used during the procedure. It is temporary and should improve with walking, warm compresses, or use of a heating pad.

It's important to:

- ☑ Take your medications as directed
- ☑ Call your doctor if your prescribed medicine doesn't control you pain
- ☑ Take your as-needed pain medication early, when your pain begins, instead of waiting until it becomes severe
- ☑ Do not drive, use heavy machinery or drink alcohol while taking prescription pain medication

Diet

Start drinking fluids as soon as you feel comfortable after surgery. When you can tolerate fluids, begin eating small amounts of solid food if you feel ready. Most patients eat solid food the day after surgery.

Eat several small meals instead of large ones and eat plenty of fruits and vegetables.

Avoid carbonated drinks and cruciferous vegetables—such as broccoli, cauliflower, brussels sprouts, and cabbage—for about two weeks, as they can cause gas and bloating.

Constipation

Surgery and opioid pain medications cause constipation. To prevent and treat constipation:

- ☑ Stay active. Walking helps your bowels recover
- ☑ Stay hydrated. Drink 8-10 glasses of water daily
- ☑ Take your prescribed stool softeners and laxatives

It usually takes 1-2 days to pass gas, and 3-5 days for your first bowel movement. Do NOT strain when trying to have a bowel movement. Straining can lead to pain, bleeding and slow your recovery.

Normal bowel function can take 2 weeks to return. Call the clinic if you have not had a bowel movement by five days after surgery.

Lung exercises/incentive spirometry

Using your incentive spirometer after surgery helps keep your lungs clear and prevent complications like pneumonia.

1. **Sit up straight** in bed or a chair.
2. **Hold the device upright** with both hands.
3. **Exhale normally**. Place the mouthpiece in your mouth and seal your lips around it.
4. **Inhale slowly and deeply** through the mouthpiece, to raise the piston as high as you can.
5. **Hold your breath for 3–5 seconds**, then remove the mouthpiece and exhale normally.
6. **Rest and breathe normally**, then repeat.

Aim to do 10 slow, deep breaths every hour while awake for at least one week after surgery. If you feel lightheaded, take a break and try again later.

Incision care

Your incisions are closed with dissolvable stitches and skin glue, which will disappear on their own over the next few weeks.

You may cover the area with a gauze bandage if it oozes fluid or rubs against clothing. Change the bandage every day.

You may shower starting two days after your surgery. Wash the area daily. Let warm, soapy water run over the incisions, but do not scrub. Pat dry.

Do not take a bath or submerge in water for four weeks after surgery.

A small amount of yellow/red/clear drainage from the incision is normal. Most wound infections appear 3-10 days after surgery.

Call your surgeon if you notice any of the following:

- Your incisions open
- Red streaks near the incision
- Increased pain, swelling, warmth, or redness at the incision
- Pus or bleeding from the incision
- A fever of 100.4 Fahrenheit or greater
- Shaking chills

Most healing takes place by 6 weeks after surgery. The scar will continue to soften, and the skin will become lighter in color over the next year. Keep the area covered from sunlight for the first few months and use SPF 50 sunscreen for 12 months to protect the skin.

Catheter care

You will go home with a Foley catheter, a tube that drains urine from your bladder into a bag. You will typically use it for 7-10 days though your surgeon may leave it in place for up to 14 days. Before you leave the hospital, your nurse will teach you how to empty and care for the catheter and drainage bag and provide you with the following supplies:

- StatLocks
- Large drainage bags
- Smaller leg drainage bags
- Lubricant packets
- Alcohol swabs
- Urine collection container
- Large gray basin
- Blue clamp

The catheter drains urine by gravity, so keep the drainage bag below your bladder at all times, even when you shower.

Empty the drainage bag whenever it is half-full.

If your urine is not draining from the catheter into the drainage bag, try the following:

- Lower the bag and check for kinks or loops in the tubing
- Empty the bag
- Briefly disconnect the catheter from the clear tubing to let in a little air

If your catheter still doesn't drain after trying these steps, contact our office.

Cleaning your catheter

Clean your catheter twice a day—morning and evening—using soap, warm water, and a clean washcloth. Gently clean the end of your penis and the catheter, removing any mucus or crusts. If you have a foreskin, pull it back and clean underneath.

You will receive two sets of drainage bags. Switch to clean bags halfway through the time your catheter is in place.

Switching drainage bags

You will receive large drainage bags and smaller leg bags. The leg bag is easier to hide but must be emptied more often. To lower your risk of infection, use the large drainage bag as much as possible.

To switch to the leg bag:

- Gather your supplies:
    - Blue clamp
    - Alcohol pad
    - Leg bag with extension tubing attached
- Wash your hands with soap and water
- Wipe the connection between the catheter and tubing with an alcohol pad
- Use the blue clamp to close the catheter above the tubing
- Drain and remove the large bag
- Attach the leg bag and make sure it hangs below your thigh to allow drainage
- Remove the blue clamp
- Adjust the tubing for comfort and make sure it is not kinked
- Empty and clean the end of the large (overnight) bag tubing with an alcohol pad before storing it for next use

Changing catheter placement on your leg

- Choose a position that is comfortable for both sitting and walking, and that keeps the catheter free of kinks
- If you have a lot of hair, shave the area first
- Apply skin protectant to clean, dry skin and let it dry
- Place the StatLock securement device on your skin
- Attach the catheter to the device as your nurse showed you to prevent pulling

Catheter removal

Your catheter will be removed in the clinic 7-10 days after your surgery, unless otherwise instructed by your surgeon. Remember, that catheter removal should be done at UCSF, unless your surgeon gives permission for it to be removed locally.

If you would like to have your catheter removed locally, you must be established with a local urologist and should schedule your catheter removal appointment before your surgery.

- ☑ If you take oxybutynin (Ditropan) for bladder spasms, take your last dose at least 24 hours before your appointment. This helps prevent urinary retention after the catheter is removed.
- ☑ About one hour before your appointment, drink extra fluids. This will help you urinate sooner after the catheter is out. You should be able to urinate within four hours of removal.
- ☑ On the morning of your catheter removal appointment, take the prescribed antibiotic.

Normal things to expect	Abnormal things to watch for
Irritation at the tip of your penis: Apply a water-based lubricant such as K-Y Jelly to the area. You may also use the prescribed lidocaine gel but apply it sparingly. **Small blood clots**: You may see small clots pass through the catheter, especially when you cough or have a bowel movement. **Urine that looks bloody or that goes from a clear yellow to a clear cranberry color**: It will return to clear yellow after you drink fluids and scale back activity. **Cloudy urine or sediment in urine**: This can happen at times and will usually clear when you drink more fluids. **Leakage around the catheter**: You may notice some urine leaking where the catheter enters the penis, especially with abdominal pressure or bladder spasms. This will stop once the pressure is relieved. **Bruising and swelling of the penis and scrotum:** This will improve over a few weeks.	**Call us right away at (415) 353-7171 if you notice any of the following:** The **catheter is not draining urine**, even after you: • Check for kinks, loops, or air locks • Make sure the bag is below your bladder • Drink enough fluids • Manage any bladder spasms **Cloudy or foul-smelling urine** that does not clear. **Thick, bloody urine** that looks like tomato soup or burgundy wine. **Bloody urine the day before or the day of your catheter removal appointment**. If this happens, do not come to your appointment—call the clinic to reschedule.

Jackson Pratt (JP) drain care

Occasionally a drain is placed near the surgery site. You may go home with it for a short time. The drain will be removed at your follow-up appointment.

Keep the drain site clean and dry.

Change the dressing daily or more often if it becomes wet or dirty.

Empty the drain at least three times daily, and whenever it is more than half full. To do so:

- Wash your hands
- Open the plug, pour the fluid into a measuring cup, then squeeze the bulb flat and close the plug to restore suction

Measure and record output.

- Measure the amount in milliliters (mL)
- Write down the amount and date/time in your log

Bring this record to your follow-up visit.

Call your provider if you notice a sudden increase in output, foul smell, redness or pus at the site, or bulb that won't stay compressed.

Resuming normal activities

Physical activity/exercise

Avoid heavy lifting (over 10 pounds) for four weeks. Do not do exercises that stress your belly muscles or the perineum (the area between the scrotum and anus) for four to six weeks. Examples include sit-ups, intense cardio, and upright biking.

After your catheter is removed, you may start light activity, such as speed walking, jogging, or gentle stretching. If any exercise causes pain or blood in your urine, stop and avoid that activity.

Cycling is usually safe again about four weeks after surgery but take care to avoid prolonged pressure on the perineum.

Sexual activity

You may resume sexual activity after the catheter is removed, when you feel well, and when you have good urinary control.

Driving

Do not drive while the catheter is in place. You can drive again only after the catheter is removed, you are off narcotic pain medicine, and you can turn your body comfortably to look over your shoulder.

Returning to work

The time to return to work depends on your job and how you are healing. Most people with office jobs return in 2 to 3 weeks, if they meet the same conditions as for driving. People with physically demanding jobs may need more time to recover.

Dealing with incontinence

After a radical prostatectomy, some urine leakage is normal. You may leak a little or have no control at first. After the catheter is removed, leakage may occur when you cough, sneeze, laugh, strain, or stand up.

You may need to wear incontinence pads or absorbent underwear for a while. These are available at most pharmacies. Most men regain bladder control in about three months, and bladder control may continue to improve for six to twelve months after surgery.

Kegel exercises can help you regain control by strengthening your pelvic floor muscles.

How to do Kegel exercises

Do not start Kegels while your Foley catheter is in place, as this can cause pain or bladder spasms. Wait two to three days after the catheter is removed before beginning.

At first, you can find the right muscles by briefly stopping your urine stream while urinating. But don't do that routinely, as it can lead to infection.

A better way to practice is to stand sideways in front of a mirror. If you are doing the exercise correctly, you'll see a slight lifting motion of the penis.

You can also use a smartphone app, such as *XiiB Kegel Exercises for Men*, for guided instructions.

Many people find it easiest to do Kegels at regularly scheduled times each day.

How to perform one set:

1. Squeeze your pelvic muscles for a slow count of three
2. Relax completely for a slow count of three (do not push outward)
3. Repeat 10 times—this equals one set
4. Aim for three sets per day or follow your doctor's specific recommendation
5. As your muscles get stronger, increase to a count of five for each squeeze and relaxation

Tips for success

- Focus on the pelvic muscles only—keep your stomach and buttocks relaxed
- Breathe normally throughout the exercise. Muscles need oxygen to grow strong
- It may take 4–7 weeks to notice improvement
- Keeping a daily record of leakage can help you track your progress.

If you have trouble doing Kegels or don't see improvement, contact your healthcare provider. They can offer advice, support, and learning tools.

Erectile dysfunction

Erectile dysfunction (ED) means not being able to get or keep an erection firm enough for sex. It is common after prostate surgery. How much ED occurs and how much sexual function returns depends on several factors, including whether the nerves were preserved during surgery, your age, other medical conditions such as diabetes or high cholesterol, your medications, and lifestyle.

Unassisted erections may not return for six months or longer, but improvement can continue for two to three years after surgery. Recovery of erections firm enough for penetration may take 18 to 24 months or more. The most progress often happens during the second year.

Your doctor can discuss treatment options with you. Treatment choices depend on whether your nerve bundles were spared. The information below assumes both nerve bundles were preserved. If only one or no bundles were spared, ask your doctor about your options.

Typically, we will recommend starting two medications—L-citrulline and tadalafil (Cialis)—in the weeks before surgery to help support erectile function. After surgery, you will continue taking L-citrulline and will start taking tadalafil again four days after surgery. You may also take sildenafil (Viagra) as needed for sexual activity (after your catheter is removed).

These medications should not be used if you take nitrates (often prescribed for chest pain) or alpha-blockers. If you take medicine for high blood pressure, wait at least two hours after that dose before using ED medication, since both can lower blood pressure.

It is normal not to have erections during the first month of treatment. Tell your doctor about your progress at follow-up visits.

Many insurance plans do not fully cover ED medications, so you may need to pay out of pocket. Check with your insurance company before surgery. Some plans will cover the cost if prior authorization is obtained. We can help with that process—call (415) 353-7171.

Discounted medications are also available through:

- Cost Plus Drugs (Costplusdrugs.com): Create an account and share your email with our team so we can send prescriptions.
- GoodRx (Goodrx.com): Use this site to find coupons and compare pharmacy prices.

If pills are not effective or suitable, other treatment options include intra-urethral suppositories (Muse), penile injections, vacuum devices, and penile implants. You can discuss these options at your follow-up visit.

Some men notice urine leakage during orgasm, called climacturia. This often improves over time. Emptying your bladder before sexual activity may help. If it continues and bothers you, talk to your provider—treatments are available.

Remember that intimacy, affection, and pleasure can continue even if erections are limited.

Medications after prostatectomy

You will be prescribed several medications after surgery. This list is generic—your exact prescriptions may be different. Always follow your **own medication list** for the most accurate directions.

For pain

Acetaminophen (Tylenol)	Ibuprofen (Motrin or Advil)	Oxycodone
Take every 6 hours for 3 days, then every 6 hours as needed. Alternate with ibuprofen if prescribed. Do not take more than 4000 mg per day.	Take every 6 hours for 3 days, then every 6 hours as needed. Alternate with acetaminophen if prescribed.	Take every 8 hours as needed for severe pain not relieved by acetaminophen or ibuprofen. Do not drive, use heavy machinery, or drink alcohol while taking this medication.

For bladder spasms

Oxybutynin (Ditropan)
Take every 8 hours as needed. Stop 24 hours before your catheter removal appointment.

For catheter irritation

Lidocaine (gel)
Apply a small amount to the tip of the penis every hour as needed for irritation while the catheter is in place.

To prevent or treat constipation

Docusate (Colace)	Senna	Miralax
Take twice a day. Stop if stools become loose.	Take twice a day. Stop if stools become loose.	Take once a day, mixed into 8 ounces of clear liquid. Stop if stools become loose.

Antibiotic for catheter removal

Cephalexin
Take on the morning of your catheter removal appointment. If you have allergies or frequent urinary infections, you may receive a different antibiotic.

For penile rehabilitation or erectile dysfunction:

L-citrulline	Tadalafil (Cialis)	Sildenafil (Viagra)
Take twice a day before and after surgery (resume the day after surgery).	Take once daily before and after surgery (resume four days after surgery). Depending on your situation, your surgeon may instruct you to increase your dose after your catheter is removed. Take with or without food. Wait at least 2 hours between tadalafil and any sedating or blood pressure–lowering medicine. Do not take if you use nitrates.	Take once as needed for sexual activity after surgery (after catheter removal). Works best with sexual arousal and on an empty stomach (take at least 2 hours after eating). Wait at least 2 hours between sildenafil and any sedating or blood pressure–lowering medicine. Do not take if you use nitrates.

If you take a blood thinner (including aspirin), your surgeon will tell you when it is safe to restart it after surgery.

Prostate cancer care after prostatectomy

Pathology results

Your pathology results are usually ready 10 to 14 business days after surgery. How you receive them—by phone, in person, or through MyChart—depends on your urologist. If you have not been contacted by the time of your catheter removal, please ask your nurse.

Your pathology report will focus on three main areas:

Cancer grade

The grade describes how abnormal the cancer cells look under a microscope. More abnormal cells tend to grow faster. The Gleason system is most often used. It scores the two most common cell patterns from 3 to 5 (3 looks most like normal, 5 looks least like normal). These numbers are added together (for example, Gleason 3+4) to describe how aggressive the cancer is.

Cancer stage

The stage shows how far the cancer has spread.

T2: Cancer is fully inside the prostate.

T3: Cancer has spread through the prostate capsule (T3a) or into the seminal vesicles (T3b). These cancers have a higher risk of coming back.

T4: Cancer has spread to nearby organs, such as the bladder. This stage is rare.

Surgical margins

Margins are the edges of the tissue removed during surgery. A positive margin means cancer cells are found at the edge, suggesting some cancer may remain. The pathologist reports the number, location, and size of any positive margins.

Higher numbers of positive margins increase the risk of recurrence.

A large positive area increases risk more than a small or focal margin (4 mm or less).

Most patients with small, focal positive margins are cured by surgery alone.

Additional treatment and long-term follow-up

Many patients do not need further treatment after surgery. Your care plan will depend on your pathology report, ultrasensitive PSA level, and possibly genomic testing of the tumor.

After surgery, the goal is for your PSA to drop to undetectable levels—below what the test can measure.

At UCSF, the ultrasensitive test can detect levels as low as 0.015 ng/mL.

Some labs use standard tests that measure down to 0.1 ng/mL.

Even if no further treatment is needed, you will have regular PSA blood tests to check for recurrence:

- Every 3–4 months during the first year
- Every 6 months during years 2 and 3
- Once a year after that

If your PSA becomes detectable or rises, your doctor may order more frequent tests or imaging studies such as ultrasound, bone scan, CT, MRI, or PSMA PET/CT. PET scans using PSMA or fluciclovine F-18 (Axumin) are newer and more sensitive than older scans.

If the cancer returns, treatments such as radiation or hormone therapy may be recommended. Your doctor will discuss which options are best for you.

Urgent and emergent situations

Call (415) 353-7171 immediately (after hours, please ask to speak to the on-call urology resident) if you develop any of these symptoms:

- Fever over 100.4 F (38 C) or persistent chills
- Dizziness, lightheadedness, or shortness of breath
- Catheter not draining urine despite good hydration and no kinks in the tubing
- Dark red urine or large clots in the urine (pink or red-tinged urine is normal)
- No bowel movement by day five after surgery
- Severe pain not controlled with oral pain medications
- Persistent nausea or vomiting
- Asymmetrical leg swelling (one leg more swollen than the other)
- Worsening redness, swelling or drainage from your incisions

Call 911 for symptoms that require immediate medical attention:

- Extreme shortness of breath
- Chest pain
- Uncontrolled bleeding
- Confusion
- Sudden weakness
- Sudden change in speech
- Or any other sudden concerning change in your health that you feel needs urgent attention

Additional Resources

UCSF Urology Prostate Cancer Education: https://urology.ucsf.edu/patient-care/cancer/prostate-cancer/conditions/prostate-cancer-educations

UCSF Urology Resources for Healthy Living: https://urology.ucsf.edu/lifestyle/resources

UCSF Patient Education Library: https://www.ucsfhealth.org/education

Urology Care Foundation (American Urological Association) Educational Resources: https://www.urologyhealth.org/educational-resources

Your care team

The following individuals will be involved in your care and recovery.

Attending physician: Your urologic surgeon is in charge of your overall surgical care, including the actual operation and postoperative monitoring.

Radiation oncologist: Physicians who evaluate you for postoperative radiation needs.

Medical oncologist: Physicians who evaluate your need for possible pre- or post-operative chemotherapy.

Anesthesiologist: Physician who evaluate readiness for surgery and perform general anesthesia during surgery.

Surgical resident team: These are physicians training in Urology who will take care of you. They stay in regular communication with your surgeon.

Physician assistant/Nurse practitioners: "PAs" and "NPs" are practitioners who collaborate with the surgeons and are an important part of the surgical team.

Inpatient nurses: They will care for you while you are in the hospital/on the day of surgery.

Outpatient clinical nurse: You can call with medical questions or problems during business hours.

Additional staff: Many other people will also be helping care for you: Medical Social Workers who can help with difficulties with transportation, housing, and complicated stressful situations; Practice coordinators are administrative assistants and schedulers for the surgeons; Patient care assistants (PCA) work with the nurses. If you don't know what someone does or who they are, please ask!

Contact Information

Urologic Oncology Clinic *After hours, ask to speak with the on-call urology resident.*	(415) 353-7171	FAX: (415) 514-6195
PREPARE Clinic at Mission Bay	(415) 885-7241	
PREPARE Clinic at Parnassus	(415) 353-1099	

Hospital

UCSF Medical Center at Mission Bay	(415) 353-3000
UCSF Bayfront Medical Building	(415) 353-9986
UCSF Medical Center at Parnassus	(415) 476-1000
Operator Services	(415) 476-1000 (24 hours)