



Radical Prostatectomy FAQ

What to Expect After Surgery

This document provides answers to frequently asked questions about what to expect after radical prostatectomy surgery. Please refer to your copy of Radical Prostatectomy – A Patient Guide for more information regarding your follow-up care at home. You can also find the guide in the UCSF patient information section at <http://urology.ucsf.edu/patient-care/cancer/cancer-and-related-patient-information>

Signs & Symptoms

When and how do I contact the clinic if I experience certain signs and symptoms?

For non-emergency issues you may contact us by using MyChart. Your request will be routed to an appropriate clinician who will get back to you as soon as possible.

<http://www.ucsfhealth.org/ucsfmychart/> or call us at (415) 353-7171

For emergency issues (see below) call us immediately, 24 hours a day 7 days a week, at (415) 353-7171.

Emergency Signs and Symptoms

- You have repeated fevers, chills, or a temperature greater than 38°C (over 101°F).
- Your catheter stops draining urine despite adequate hydration (fluid intake) and no kinks in the tubing.
- Your urine in your Foley catheter is cloudy, foul smelling, or bloody (dark red or with large clots).
- You have no bowel movement by 4 days after surgery.
- You have an unexplained severe pain that you had not experienced while in the hospital.
- You are nauseated and/or vomiting.
- You have asymmetric leg swelling (i.e., one leg more swollen than the other).
- You have worsening redness, swelling, or drainage from your incision(s).

Call us immediately, 24 hours a day 7 days a week, at (415) 353-7171

Shopping List

What should I buy in advance of my surgery for possible use immediately after discharge?

- Oral laxatives (Sennakot and Miralax)
- Oral Ibuprofen, Advil, or Motrin
- Oral acetaminophen, Tylenol
- Teas or laxative tea (Smooth Move Tea from Traditional Medicinals™)
- Water-based lubricant (KY Jelly)
- Incontinence pads (Attends or Depends)
- Plenty of fluids (non-carbonated drinks)

Have these ready for use at home. Do not bring to the hospital.

Discharge

When will I be discharged from the hospital?

You will be discharged from the unit the day after surgery in most cases. Discharge usually happens by or before noon. You will need to make arrangements in advance for someone to give you a ride home.

Activity

How soon will I be out of bed after my surgery?

We will have you out of bed and walking around the unit on the same day of surgery in most cases, or the day after surgery, depending on when you arrive on the unit from the recovery room. Your nurse will help you. When you first get up, raise the head of your bed, take a couple of deep breaths, and allow your body to adjust to the change in position. Dangle your feet over the side of the bed for a few minutes, and then slowly stand up. Be careful, getting up too quickly may cause lightheadedness. Get out of bed at least 3 times each day, and preferably more. This will help prevent lung infections and possible blood clots. The more time you spend out of bed, the faster you will recover, and the faster your bowel function will return to normal.

What types of activities can I resume after I am discharged to my home?

Continue to walk at least 3 times a day and climb stairs as needed. While your Foley catheter is in place, let increased discomfort and pain be your guide to deciding when to stop. Increased blood in your urine will also guide you to stop. Avoid lifting any weight over 10 pounds. Avoid strenuous activity (running, weightlifting, cycling, aerobic activity, vigorous sports, exercise machines, etc.) for approximately 6 weeks. Initially, avoid sitting for long periods of time (30 to 60 minutes). Again, let pain be your guide. You may notice pelvic or scrotal swelling and/or bruising several days after resuming activity. This is normal. Elevate your scrotum on towels while in bed or sitting on a chair. Also apply ice pack (or bag of frozen peas) at scrotum to reduce swelling. Raise your legs on a pillow in between walks. Avoid swimming and taking baths until your Foley catheter is removed.

Are there any restrictions on the kinds of activities I can do?

Do not lift anything greater than 10 pounds during the first 4 weeks after your surgery. During the first 4 weeks after your surgery, avoid doing anything that could increase pressure in your abdominal cavity (for example, sit-ups or straining during a bowel movement.) This will help prevent the risk of hernia, and causing unnecessary strain to your surgery. Do not resume strenuous activity until 6 weeks after surgery.

If you are a cyclist, a split or channel bicycle seat, which puts pressure on your sit bones rather than behind your scrotum, is strongly recommended indefinitely after prostate surgery.

Pain

What types of pain are NORMAL and how do I manage my pain?

You may experience three different types of pain after surgery, all of them are normal:

- ❑ **Surgical Pain:** You will experience pain at the incision site of your surgery. If needed, your nurse will give you either oral or intravenous pain medication. Let your nurse know if you have pain. Your nurse will medicate you adequately for pain, and will also give you an oral stool softener and mild laxative to prevent constipation.
- ❑ **Bladder Spasms:** You will feel pelvic pressure or an intense sensation to urinate or have a bowel movement. First item to consider is proper drainage of Foley catheter. (See section on Foley catheter on page 5.) To help alleviate the spasms while in the hospital, your nurse will give you either an oral medication called Ditropan or a B&O suppository. Oral Ditropan will also be prescribed for you at time of discharge. It is important that you stop taking Ditropan 24 hrs before your catheter is removed. This will help prevent urinary retention.
- ❑ **Gas Pain:** Unfortunately, there is no medication that will help alleviate it. The best way to help ease the pain is to walk frequently. This will help promote gas to move through your bowels. You can also use a warm pack or heating pad on your abdomen, or drink hot herbal tea (chamomile, peppermint, or Senna leaf based tea, like Smooth Move tea) to soothe the stomach.

At discharge you will receive prescriptions for oral pain medication and an oral stool softener & laxative, as well as oral Ditropan to control bladder spasms. Take Ditropan 3 times daily as needed.

In addition, you may take over-the-counter acetaminophen (Tylenol) and ibuprofen (Motrin or Advil) to control pain. Alternate both medications for more effective pain management. For example, first take 500-1,000 mg of oral acetaminophen then 3 hours later take 200-400 mg oral ibuprofen, followed 3 hours later with 500-1,000 mg acetaminophen then 3 hours later with 200-400 mg ibuprofen. Continue to alternate both medications, same doses at the same time intervals. Keep a log, and DO NOT take more than 4000 mg (4 grams) of acetaminophen within a 24-hour period. Do not take more than 2,400 mgs of ibuprofen in a 24-hour period.

What do I need to keep in mind when taking pain medications?

Some pain medications, (Norco, Vicodin, Oxycodone and Ditropan) can cause constipation. Take these medications on an as needed basis, and not on a regular schedule. Take your stool softeners as prescribed. Do not drive or operate machinery while taking pain medications.

Diet, Fluids & Bowel Movements

What diet should I follow after my surgery?

Start drinking fluids as soon as you are comfortable after surgery. You can resume your normal diet (solid food) on the first day after surgery. We recommend that you drink at least 8-10 glasses of fluid each day, and eat fruits/vegetables. This will help prevent constipation. Avoid cruciferous vegetables (broccoli, cauliflower, Brussels sprouts, cabbage, etc.) and carbonated beverages for approximately 2 weeks as these frequently cause gassy discomfort and distention. Avoid alcohol while taking pain medication. Take your stool softener and laxative as prescribed. You should expect your first bowel movement on the third day after your surgery.

What should I do if I don't have a bowel movement by day three?

If you do not have a bowel movement (BM) by day 3 after your surgery, take oral Miralax (dissolvable powder), a moderately stronger over-the-counter laxative. You can combine the Miralax with the stool softener and laxative. Take as directed on box. DO NOT perform any enemas or take any strong laxatives such as magnesium citrate as these could be harmful and cause bleeding. Contact the clinic if you do not have a BM by day 4 after your surgery.

It is important to note, it can take at least two weeks to get back to normal bowel function. It is very important not to strain to avoid irritation to the surgery site. Straining can result in an increased amount of pain, bleeding and delay in recovery. It is best for you to use your stool softeners/laxatives to keep bowel movements soft. Most patients require use of stool softeners/laxatives up to 2 weeks to one month after surgery.

Incisions & Dressings

How do I care for my incisions and dressings?

If you have laparoscopic surgery, you will have several small incision sites. Incisions may be covered with bio-glue. Your physician or nurse will remove any external dressings covering your abdominal incision on the second day if you are still in the hospital. If you are discharged home before then, you will remove the dressings yourself. Bio-glue will dissolve in a week or two. Absorbable sutures lie beneath your incision(s). Your body will absorb the sutures over time. You may shower without covering the incision(s), but avoid taking baths until the incisions are healed completely (in approximately 2 weeks). Do not apply soap directly to the incision(s). It is OK to shower after 48 hours post surgery. Run soapy water over the incision(s), rinse, and then pat dry with a towel.

Follow-up Appointments

When should I schedule my follow-up appointment for removal of my catheter?

Your follow-up appointment will be scheduled before you are discharged from the unit. The date will depend on the outcome of your surgery. An appointment for removal of your Foley catheter is normally scheduled for 7-14 days after your surgery, either at UCSF or with your local urologist if you live far from San Francisco. Bring two incontinence pads to this appointment. The nurse will review your overall health, the side effects of your surgery (regaining continence and erectile function), ongoing follow-up, and answer any questions you may have. Your physician or an appropriate clinician will review your pathology results as they should be available at that time. If not, your physician will contact you later to discuss the results.

When should I schedule a follow-up appointment with my physician?

At the time of your catheter removal, schedule a follow-up appointment to see your physician for sometime between 8-10 weeks after your surgery. Have your blood drawn to measure your ultra-sensitive PSA several days before the appointment with your physician. You will receive the lab slip either at time of discharge from the hospital or at your catheter removal appointment. If you get your blood drawn at a non-UCSF lab, please verify that an ultrasensitive PSA assay will be used by the lab, and that the results will be sent to UCSF. You should also bring a copy of the result with you to the visit.

Pathology Results

When will I receive my pathology results?

It usually takes approximately 7-10 business days to process pathology results. If available, your physician will discuss the results with you at your follow-up appointment for Foley catheter removal. If not, someone will contact you to discuss the results. Refer to Radical Prostatectomy-A Patient Guide for information on understanding your pathology report.

Foley Catheter

What do I need to know about my Foley Catheter?

You will be discharged home with a catheter draining urine from your bladder into a bag. Your nurse will teach you how to empty and care for your catheter and drainage bag. You need to keep the catheter in place for approximately 7-14 days. The catheter works with gravity. You must keep the drainage bag below your bladder at all times, even when you shower. If your urine is not draining, lower the drainage bag and also check for any kinks or loops. Loops can cause an air-lock and prevent the catheter from draining. If you notice that the catheter is not draining, first try emptying your Foley bag. Then try ventilating the catheter by disconnecting the tubing where Foley bag meets Foley catheter and allow air into the system. Your nurse will show you how to do this before you are discharged. Ensure that your catheter is draining urine at all times. For more information refer to How to care for Your Foley Catheter (included later in this document).

When will my Foley Catheter be removed?

Your catheter will be removed in the clinic approximately 7 to 14 days after your surgery, depending on the outcome of your surgery. You are expected to urinate within 4 hours of catheter removal. Increase your intake of fluids to help form more urine. Stop taking Ditropan 24 hours before your appointment, as it could cause urinary retention once the catheter is removed. Drink plenty of fluids 2 hours before the catheter is removed. Start taking your oral antibiotics 24 hours BEFORE your catheter is removed, day of catheter removal, and continue for 24 hours AFTER removal. This will help prevent a urinary tract infection.

Continence

What will my continence be like after my catheter is removed?

After the catheter is removed, you may likely experience urinary incontinence (leakage), especially with coughing, straining, laughing, sneezing, standing up from sitting, and other activities that increase your abdominal pressure. You may need to wear incontinence pads. You can purchase these at your local pharmacy. Typical time to recovery of continence is about 3 months. Bladder control and urinary continence may improve gradually over the next 6-12 months after your surgery. Read section on pelvic floor muscle exercises which will help you re-gain overall continence control.

What should I expect as NORMAL?

- The tip of your penis may get irritated; Apply a water-based lubricant (e.g. KY Jelly) at the tip. Lidocaine gel will be prescribed to you at time of discharge. Please apply at site of irritation at the tip of the penis sparingly.
- Small blood clots passing through your catheter as it drains urine. This happens frequently with abdominal pressure caused by coughing or a bowel movement.
- Urine that goes from a clear yellow to a clear cranberry color after surgery is normal. It will return to clear yellow after drinking fluids. Check the clarity of your urine as it flows through your catheter on a regular basis. It is normal for your urine to look bloody for several days after surgery, especially after activity.
- Intermittently the urine may be cloudy, or have sediment in it. It will clear with increase fluid intake.
- Leakage around the edges of the catheter, where it enters your penis. This usually occurs with abdominal pressure, especially when you have bladder spasms. This will stop once pressure is relieved.
- Bruising is very common especially around the penis and scrotum. Often swelling occurs at the same time as bruising.
- An intermittent low-grade fever (less than 101.5) can be normal and is usually resolved after using your incentive spirometer or deep breathing.
- A fluid weight gain of 10-20 pounds that will cause generalized swelling and usually resolves within 2 week of surgery.
- Bloody or yellow-like discharge on the Foley catheter that can be easily cleaned off. As long as the catheter is in, you are going to have the residue.

What should I expect as ABNORMAL?

- If your catheter is not draining urine, consider the following possibilities before you judge this issue as "abnormal." First, resolve possible kinks, loops or air-locks. Next, ensure that the bag is placed below your bladder. Then make sure you have consumed adequate fluids and attended to bladder spasms.
- Persistent cloudy & foul smelling urine.
- Urine that is thick and bloody. It looks like tomato soup or a burgundy wine.

Call us immediately 24/7 at 415-353-7171

Erectile Function

When will I regain erectile function?

Erectile function depends on many factors, such as the type of surgery and whether neurovascular bundles were spared, your age, your erectile function prior to surgery, and your overall health. The following advice assumes you had both bundles spared. If you had one or no bundles spared then talk to your physician about what to do. Initially your physician will prescribe erectile medication to help you regain erectile function. The purpose here is to get blood flowing to the penis and not necessarily to get erections right away.

Most patients take this for one year. Initially start by taking half a tablet for two doses for one week. This will help promote vasodilation (blood flow) to the nerve supply at your surgical site. Side effects include nasal congestion, headaches, facial flushing, and blue tinted vision. If the side effects bother you, contact the clinic for a different oral medication. If you have no erection after 2 weeks of use and the side effects do not bother you on the half a tablet dose, then you can increase your dose to 1 tablet for two doses each week. If it has been over a month since you started taking the erectile medication, and you have not had an erection, do not be alarmed, this is common initially after surgery. Be sure to mention this at your follow up appointment with your urologist.

Additionally, your urologist will want you to take Pentoxifylline to help reduce inflammation post surgery. This medication will be prescribed for a total of 6 months. It can cause stomach upset if taken on an empty stomach. It is best to start this medication once your bowels have returned to normal function. Your physician can also provide you information on techniques other than oral medications to help you regain erectile function at this visit. It usually takes 6-24 months or more to regain your erectile function. For more information on regaining erectile function, refer to Erectile Dysfunction section included in this document as well as Your Health Matters, "Managing Impotence: A Patient Guide" found at <http://urology.ucsf.edu/patient-care/cancer/cancer-and-relatedpatient-information>.

It may help to contact your insurance company before your surgery to determine if they will help cover your erectile prescription. You can contact the clinic at 415-353-7171 if your insurance company states they will not cover for erectile medication after prostatectomy. This action may help expedite a prior authorization. Please note that most insurance plans do not cover the medication and you may have to pay out-of-pocket. We do have a UCSF/Walgreen contract that may significantly lower your out-of-pocket expenses. If cost becomes an issue please inquire about this opportunity.

If the medications are not effective and/or too expensive, other options such as injection therapy or a vacuum device are often more effective, and tend to be less expensive over time. Also see pages 11 and 15.

How to Care for Your Foley Catheter

Overview

In order to prevent infection you must keep your Foley catheter clean. This section explains how to clean your catheter, the area around your catheter, and your drainage bag. It also explains how to apply your leg bag and how to secure the catheter to your leg.

Supplies

- | | |
|---|--|
| <input type="checkbox"/> Blue clamp | <input type="checkbox"/> Leg bags |
| <input type="checkbox"/> Alcohol pads | <input type="checkbox"/> Statlock Foley–Catheter Securement Device |
| <input type="checkbox"/> Clear plastic tape | <input type="checkbox"/> Shaving supplies |
| <input type="checkbox"/> Skin protectant | <input type="checkbox"/> Bleach Solution |

Cleaning your Foley Catheter and the surrounding area

Use soap and water to clean the skin around your urinary meatus (the urinary meatus is the opening on the head of your penis where your urine comes out) twice a day, morning and evening. Use a clean washcloth, warm water, and soap to gently wash the urinary meatus. Wash in a circle-like motion, moving away from the meatus. This helps prevent germs from being moved from the anus into the urethra. Hold the end of the catheter tube to keep it from being pulled while cleaning. Wash around the catheter to remove any blood, crust, or mucus, and also gently clean the catheter itself of any built-up fluid or crust. Always wash the area around your anus last. Rinse and pat dry your genital area and catheter with a clean towel. If you are an uncircumcised male, you should retract your foreskin and clean around and under it; after drying the area, return the foreskin to the original position. Clean the skin area around your meatus and catheter after every bowel movement.

How to apply the leg bag

1. Wash your hands with soap and water.
2. Remove the tape at the joint of the catheter (tube) and bag.
3. Swab all connecting areas with alcohol pads.
4. Use the blue clamp to clamp your catheter above the bag.
5. Drain then remove the big drainage bag.
6. Attach the leg bag to the catheter and to the leg. Ensure that the leg bag is in the upright position, below your thigh. This will enable urinary drainage.
7. REMOVE THE BLUE CLAMP.
8. Position the leg bag for best comfort, making sure the tubing is not kinked, and is always below the level of your bladder.
9. If necessary, clean the big drainage bag (see instructions below), swab the end with alcohol pads, hang the bag to dry, then store for next use.

How to secure the catheter to your leg (this will be done before you leave the hospital)

1. Find a position on your leg to secure the catheter so you will be comfortable both sitting and walking, and so the catheter will not become kinked.
2. If you have a lot of body hair, shave that patch of your skin.
3. Apply skin protectant to the patch of clean, dry skin. Let dry.
4. Apply the security device on the dry patch of skin where you want to secure the catheter.
5. Secure the catheter to the Catheter Secure device (as was demonstrated to you by your nurse prior to discharge from the hospital.)

How to Care for Your Foley Catheter

Cleaning large and leg drainage bags

1. Wash your hands with soap and water.
2. Ensure that the bag is empty of all urine.
3. Fill the empty bag with one pint of cold tap water. Fill through the top tubing for large drainage bags; fill through the connector and extension tubing for leg drainage bags.
4. Shake the water in the bag vigorously for a slow count to ten.
5. Empty the water out through the bag's spigot into the toilet.
6. Repeat steps 3-5 twice.
7. Place approximately 1 oz of premixed bleach solution (see below) into the bag.
8. Swish the bleach solution around the inside of the bag as you slowly count to 3; ensure that the bleach solution touches all the inner surface of the bag.
9. Drain the bleach solution through the bag's spigot into the toilet.
10. Hang the bag on a bathroom hook and allow to air dry. Store the dry bag until next use.

How to mix the bleach solution

Fill a bottle with 5 oz of cold tap water. Add ½ oz liquid bleach (Purex, Clorox, or a generic non-perfumed bleach containing 5.25% Sodium Hypochlorite.) Invert the bottle several times to mix well.

Pelvic Floor Exercises

Overview

All patients experience some incontinence after radical prostatectomy surgery. Urinary incontinence ranges from leaking a small amount of urine to having no sense of urge control. You may need to use pads and/or disposable absorbent underwear until continence improves. Strengthening the pelvic floor muscles may help decrease urinary urgency and incontinence. Pelvic floor muscles are a group of muscles that wrap around the underside of the bladder and rectum. Pelvic floor muscles exercises are also called Kegel exercises. These exercises consist of contracting and relaxing the muscles that form part of the pelvic floor.

How to do pelvic floor exercises

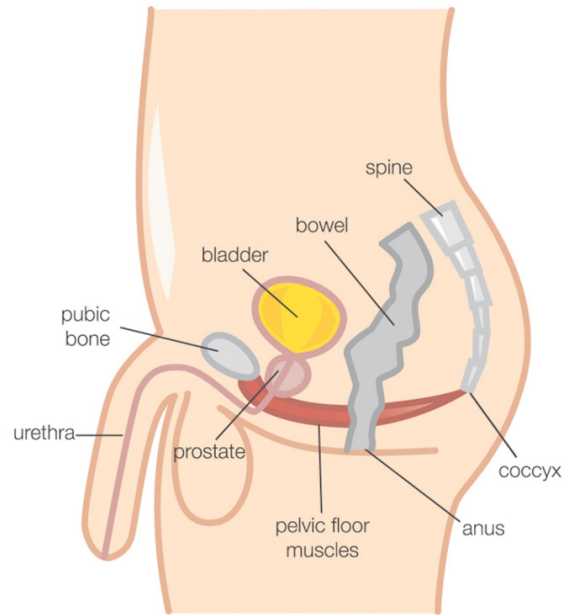
You must exercise the correct muscles to ensure optimal success. Sit in a chair with your knees slightly apart. Imagine you are trying to stop gas escaping from your rectum. Squeeze the muscle just above the entrance to the rectum. If you feel a pulling sensation in your buttocks and rectum, then you are using the right muscles. Hold the squeeze for 10-15 seconds each time. It can be very easy for men to ensure they are doing the appropriate pelvic floor exercises. You should see a slight lifting up movement in the penis when contracting your pelvic muscles appropriately. It is the same movement you would see when you abruptly stop urinating. You should not be tightening your buttocks or stomach. You can initially practice the Kegel movement by interrupting your stream while urinating, to ensure you have the right muscles isolated. However, Kegels should not be routinely done while urinating as this can lead to infection. You can practice by standing sideways in front of a mirror while practicing Kegel exercises to ensure you are doing it correctly.

Initially, the quality of the Kegel exercises is more important than the quantity. You should do each Kegel exercise by holding the squeeze for 10-15 seconds and then relaxing for the same duration. You should do this 15-20 times to complete one set of Kegels. We recommend you do 3-4 sets over the course of each day. Do not practice your pelvic floor exercises while you have your Foley Catheter inserted, it can cause some discomfort, and trigger bladder spasms.

It is best to wait an additional 2-3 days after Foley catheter is removed to start your Kegel exercises. If your urine stream is weak, doing the pelvic floor exercises may increase inflammation and cause you to go into urinary retention. The key point is that it is important to have a strong urinary stream before starting Kegels.

It takes time, effort and practice to become good at these exercises. You should start to see benefits after a few weeks. However, it often takes approximately 8 weeks for most improvement to occur. Excessive amount of Kegels can lead to muscle fatigue, and urine leakage.

A lower number of long contractions is ideal. (e.g. 15 second hold 40 times a day.) If you are unable to hold the contraction for 15 seconds, then do a shorter number of contractions but increase the amount (e.g. 5 second hold 100 times a day.)



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Image courtesy of the Continence Foundation of Australia: continence.org.au

Erectile Dysfunction

Overview

Erectile dysfunction (ED), “the consistent or recurrent inability of a man to attain and/or maintain a penile erection sufficient for sexual performance,” is a common result of a prostatectomy. The level of ED that results after surgery depends on the degree of nerve-sparing surgery that was achieved as well as other factors: age, other medical conditions, medications, lifestyle, depression and anxiety. Unassisted sexual function may not begin until six months or more after surgery; however, it usually continues to improve over the next two to three years. A large percentage of men may not recover sufficient function for 18 to 24 months, some even longer. Your physician will discuss available treatments for erectile dysfunction. These include oral medications, intra-urethral suppository (MUSE), penile injections, vacuum devices, and penile prosthesis. Your physician may start you with oral medications, discussed below. Refer to the separate handout Your Health Matters, "Managing Impotence: A Patient Guide" found in the prostate cancer page of our website urology.ucsf.edu.

Oral medications

Your physician will have you start with erectile medication after surgery to help treat your erectile dysfunction. It is a PDE5 inhibitor. Take your medication exactly as prescribed by your physician. You cannot use any of these medications if you are taking any nitrates and/or alpha blockers (usually prescribed for the control of chest pain). If you are taking an anti-hypertension medication, it is best to wait at least 4 hours after taking anti-hypertension medication before taking a PDE5 inhibitor since you may have an additional lowering effect of blood pressure. Each medication comes in different doses and each has specific considerations. If one does not work, then your physician may recommend that you try another medication (Viagra, Levitra or Cialis).

Viagra (Sildenafil):

- Viagra comes in 25mg, 50mg and 100mg tabs. It is best absorbed on an empty stomach. If you have eaten, wait at least 2 hours after your meal before taking.
- You cannot use Viagra if you are taking nitrates and/or alpha blockers.
- Avoid alcohol as it slows down medication absorption and effectiveness.
- Take 30 min to 1 hr prior to sexual intercourse.
- You must be sexually stimulated for Viagra to work.
- The effects of Viagra last for approximately 4 hrs.
- Common side effects include nasal congestion, facial flushing, headaches, upset stomach, and blue tinted vision.
- Initially your physician will prescribe Viagra 100 mg tablets to help you regain erectile function.
- Start by taking half the tablet two times for two weeks on an empty stomach.
- If you are having no response and the side effects do not bother you, then increase your dose to a full tablet, two times a week.
- If the side effects bother you, contact the clinic at 415-353-7171.
- Your physician may consider switching from a different PDE5I if your response is not satisfactory and/or if side effects bother you.

Levitra (Vardenafil)

- Levitra comes in 5, 10 and 20mg tabs.
- You cannot use Levitra if you are taking nitrates and/or alpha blockers.
- Initially your physician will prescribe Levitra 20 mg tablets to help you regain erectile function.
- Start by taking half the tablet two times for two weeks on an empty stomach.
- If you are having no response and the side effects do not bother you, then increase your dose to a full tablet, two times a week.
- Levitra can be taken independently of food. But note that high fat meals and alcohol can slow down absorption. Take 30 minutes to 1 hr prior to sexual intercourse.
- Levitra requires sexual stimulation for effectiveness.
- The effects of Levitra last for approximately 4 hours.
- Common side effects include nasal congestion, facial flushing, headaches, and indigestion.
- Levitra can also cause cardiac abnormalities.
- Levitra interacts negatively with: ketoconazole, itraconazole, ritonavir, indinavir, and erythromycin.
- Your physician may prescribe a reduced dose – no more than 5 mg/day if you have bothersome side effects or interactions.
- Your physician may consider switching to a different PDE5I if your response is not satisfactory and/or if side effects bother you.

Cialis (Tadalafil)

- Cialis comes in 10 and 20mg tablets.
- You cannot use Cialis if you are taking nitrates and/or alpha blockers (except if you are taking Flomax at a dosage of 0.4 mg daily).
- Initially your physician will prescribe Cialis 20 mg tablets to help you regain erectile function.
- Start by taking half the tablet two times for two weeks.
- If you are having no response and the side effects do not bother you, then increase your dose to a full tablet,, two times a week.
- Cialis can be taken independent of food. However, excess alcohol can slow down absorption (for example, 5 glasses of wine/ 5 shots of liquor).
- Take Cialis 1 to 2 hr prior to sexual intercourse.
- Cialis requires sexual stimulation for effectiveness.
- The effects of Cialis can last up to approximately 36 hours.
- Common side effects of Cialis include headaches, indigestion, back pain, flushing, nasal congestion, and especially muscle aches. Though the effects of the medication may last for approximately 36 hours, side effects usually resolve after 2 hours. You can take Tylenol or Prilosec for bothersome side effects.

Your medications

1. Colace 1 tablet every AM & PM (stool softener)
2. Senna 2 tablets every AM & PM (laxative)
3. If no bowel movement in a 3 day period of time, Miralax 1 packet dissolved into fluids in the AM (okay to combine with Colace & Senna)
4. Tylenol 500-1,000 mg every 6 hours for mild pain, alternating with Ibuprofen
5. Ibuprofen 200-400mg every 6 hours for mild pain, alternating with Tylenol
6. Narcotic pain medication (Vicodon, Norco Percocet Oxycodone) 1-2 tablets every 3-6 hours for moderate to severe pain (refer to final prescription at time of discharge)
7. Lidocaine gel, apply at tip of penis for irritation every hour as needed. Use sparingly.
8. Ciprofloxacin, 1 tablet AM & PM 3 days. Start the day prior to the Foley catheter removal.
9. Cilais/Viagra or Levitra, ½ tablet twice a week for 2 weeks, then increase to 1 tablet twice a week. Continue until follow-up w/ your surgeon. If you don't have coverage with your Cilais/Viagra or Levitra, arrange for the prescription to be transferred to Walgreens at UCSF (office number: (415)681-3394; fax number: fax is (415)681-3984)
10. Pentoxifylline 1 tablet every AM & PM **with food** 1 week, then increase to 1 tablet AM, Midday, & PM with food (since the medication can be very nauseating if not taken with a meal). **Start only after you have a bowel movement**, and/or have returned back to normal bowel function.
11. Ditropan 1 tablet every 8 hours for bladder spasms.
12. Lovenox 40 mg injection 1 per day for a total of 30 days, including time in the hospital. **VERY IMPORTANT: FOLLOW-UP WITH A PHYSICIAN IN 1-2 WEEKS OF START OF INJECTION FOR CREATININE BLOOD DRAW.** Only if your physician prescribed Lovenox do the following Lovenox references apply to you.

POD=Post Operative Day

POD 0	POD 1	POD 2	POD 3	POD 4	POD 5	POD 6
Surgery Day	Discharged Home!	Start Showering!!				
Colace	Colace	Colace	Colace	Colace	Colace	Colace
Senna	Senna	Senna	Senna	Senna	Senna	Senna
Tylenol	Tylenol	Tylenol	Tylenol	Cialis/Levitra/ Viagra	Pentoxifylline	Pentoxifylline
Ibuprofen	Ibuprofen	Ibuprofen	Ibuprofen		Lovenox	Lovenox
Lovenox	Lovenox	Lovenox	Lovenox	Pentoxifylline Lovenox		

POD 7*	POD 8*	POD 9*	POD 10*	POD 11	POD 12	POD 13
				Day Prior to Foley Removal	Foley Catheter Removal!!!	
Colace	Colace	Colace	Colace	Colace	Colace	Colace
Senna	Senna	Senna	Senna	Senna	Senna	Senna
Pentoxifylline	Pentoxifylline	Cialis/Levitra/ Viagra	Pentoxifylline	Pentoxifylline	Pentoxifylline	Pentoxifylline
Lovenox	Lovenox	Pentoxifylline	Lovenox	START Ciprofloxacin	Ciprofloxacin	Ciprofloxacin
		Lovenox		STOP Ditropan	Lovenox	Lovenox
				Lovenox	Get lab draw: Creatinine	

*See medication instructions for POD 11 and POD 12 if having early removal of Foley Catheter.

Troubleshooting

Bleeding in the urine- Bleeding in the urine is common and it may be intermittent. While you have a catheter, monitor the color of the urine in the tubing draining the catheter rather than the urine in the bag, as the urine in the tubing represents the urine you are actively making. Pink or light red urine is not concerning and is just a signal to drink more fluids as well as decrease your activity. Call your physician for any of the following: 1: If your urine is very bloody (like tomato soup or burgundy wine); 2: If your catheter is not draining urine after you have resolved possible kinks, loops, or air-locks and you have ensured that the bag is below your bladder; 3: If you have very large blood clots that are not passing through the Foley catheter tubing.

Cloudy urine- This is common and will resolve once the catheter is removed and healing occurs. Nevertheless you should drink enough fluids to ensure that your urine is clear.

Constipation- Constipation is a common side effect of pain medications and surgery. During the time that you are taking them, be sure to increase your fluid intake (at least eight glasses of water a day), take stool softeners and laxatives that were prescribed, and eat lots of roughage (whole grains, fruit and vegetables-avoid cruciferous vegetables while waiting for bowel return).

Contacting your provider- Minor problems or concerns can be relayed to your physician during daytime office hours by calling (415) 353-7171. The preference is to contact us through My Chart (you may get a faster response). If there is an urgent issue, we can always be reached at all hours by calling (415) 353-7171. Please state to the operator

Diarrhea- A change in bowel habits is common after surgery. Although severe diarrhea (more than 3 loose bowel movements in a 24 hr period of time) is uncommon, severe diarrhea can be due to an infection. Consult your physician if you have persistent diarrhea, especially if it is accompanied by increasing abdominal pain, swelling or fever. Diarrhea due to infection can be treated with oral antibiotics.

Difficulty getting or maintaining erections- Return of sexual function (erections) following surgery is dependent on many factors, including surgical technique (whether neurovascular bundles were saved), patient age, preoperative function and overall health (presence of diabetes, a history of smoking, high cholesterol levels, etc.). If your erections were good before the procedure and your surgeon was able to spare the nerves and blood vessels responsible for normal erections, your erections are likely to return over time. However, despite good pre-operative sexual function and seemingly good surgical technique, some patients may not have full return of full erections without the use of additional techniques. To facilitate the return, your physician will prescribe oral drugs (Viagra/Levitra/Cialis and Pentoxifylline) or other techniques (self-injection, urethral suppositories, and vacuum devices). The return of erections usually takes **several** months. Your ability to have orgasm (climax) should remain intact. You will not be able to ejaculate, as the prostate and seminal vesicles have been removed. You may produce some secretions because small glands in the urethra remain following surgery. If your physician was unable to spare the neurovascular bundles, you should discuss options for treatment. See Your Health Matters guide, "Managing Impotence: A Patient Guide" found in the prostate cancer page of our website urology.ucsf.edu.

Diet- There is no specific diet following radical prostatectomy. Patients are able to drink liquids immediately and progress to solid foods within 24 hours in most cases. Patients are encouraged to eat a well-balanced diet. There is no need to eat large meals; many patients find that ingestion of small meals is satisfying after surgery. On occasion, iron is taken to replenish red blood cells. Ask your physician whether this is necessary. Eat a diet that you find satisfying and palatable. Normal dietary habits will return as healing occurs and you resume normal physical activity. Refer to the nutrition section from Radical Prostatectomy A Patient Guide for healthy habit tips. Additionally, refer to Your Health Matters, "Nutrition and Prostate Cancer" found in the prostate cancer page of our website urology.ucsf.edu

Exercise- Walking after the procedure is encouraged. The amount of walking may be limited for the first two or three days after the procedure but should increase thereafter. There is no specific restriction, but one should restrict activity due to pain or fatigue. Most patients are walking a block or two within four to seven days. Activity increases progressively, especially once the catheter is removed. Lifting more than 10 pounds should be avoided for 4 weeks after surgery. Heavy abdominal exercise (i.e. sit-ups) and cycling on an upright bicycle should be avoided for approximately six weeks. When resuming activities, let pain be your guide. You may experience more blood in your urine and/or more incontinence if you overdo it. Additionally refer to Your Health Matters, "Moving Through Cancer: An Exercise Guide for Cancer Survivors" found in the prostate cancer page of our website urology.ucsf.edu.

Excessive drain fluid- At times a drain may be left in after the procedure. It will have blood-tinged drainage. The drainage will be tested for urine. If result is normal, and/or drainage is low, the drain will be removed before discharge from the hospital. On rare occasions, you may be discharged home with the drain in place. If this is the case, you will be asked to record the drainage daily. This diary will be given to you should this take place.

Fever- A persistent temperature above 38° C (101° F) is not normal. If you have a fever, call your physician. However, you may experience a short-lived temperature that may be a result of shallow breathing. If that is the case use your incentive spirometer that was given to you at the hospital. Likely the fever will resolve.

Leakage around the catheter- Passage of small amounts of blood or urine or thick secretions around the catheter is common and no cause for alarm. Wash the area with soap and water daily.

Pain- Pain along the incision is to be expected, but it should be effectively managed by use of pain medication. Call your physician if it is not. On occasion, patients with catheters in place may develop "bladder spasms." These are characterized by intermittent episodes of pain just above the pubic bone, often radiating down the penis, and often associated with passage of urine around the catheter. These will resolve once the catheter is removed. If they occur frequently or are very painful, use Ditropan which was given to you at the time of discharge to control them. The medication should be stopped just before the catheter is removed.

Poor urinary flow- The caliber of the urinary stream often varies after the procedure. Most often, it is stronger than before the procedure. On occasion, it may appear to be weaker. Rarely, the anastomosis (the area where the urethra was sutured together after prostate removal) will narrow, making urination difficult. If this occurs, your physician can perform a procedure to dilate (gently stretch) the urethra. Call your physician if the strength of the urinary stream is so weak that when you urinate, you are forced to strain or your stream is intermittent.

Redness along the incision(s) - Some degree of redness is expected during the healing process, but it should not be excessive (extending beyond the incision for more than a few millimeters) or expanding. Call your physician if you note increasing redness, certainly if it is associated with fever, increasing pain in the area or thick, purulent (pus) drainage.

Swelling or bruising of the scrotum or penis- Swelling or bruising of the scrotum and penis occur commonly after the procedure. It is usually limited and will resolve with time. On occasion, elevation of the scrotum with a rolled towel while in bed will be helpful. Also apply ice pack (or bag of frozen peas) at scrotum to reduce swelling.

Swollen leg(s)- Some patients may notice mild swelling of the ankles after surgery due to the large amount of fluid they may receive during surgery. However, unequal swelling of the calf or thigh is unusual. If such swelling occurs, contact your physician. Rarely, patients may develop blood clots in the leg after surgery. You were prescribed Lovenox to avoid this complication.

More Information

Where can I get more information?

Access our patient education library online at <http://urology.ucsf.edu/patient-care/cancer/cancer-andrelated-patient-information> for more information.

You can also contact UCSF Urology by calling (415)353-7171 and selecting option 3.