

After your Radical Prostatectomy A Patient Guide

(Preparing for, and knowing what to do after, your RP)

This guide provides information that may be helpful to you in preparation for your surgery as well as what to expect from, and how to deal with, all aspects of your surgical experience.

Signs & Symptoms

When and how to contact the clinic if you experience certain signs and symptoms

For non-emergency issues it is best to contact your providers using MyChart. Your request will be routed to an appropriate clinician who will get back to you as soon as possible, usually within 3 working days. <https://www.ucsfhealth.org/mychart> Our phone number is (415) 353-7171. For telephone calls, our normal hours are Mon-Fri from 8:30am – 5pm.

For urgent issues (see below) call us immediately, 24/7

(415) 353-7171

Urgent 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 persistently bloody (dark red or with large clots).
- You have no bowel movement by 5 days after surgery (day 5).
- 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

For emergencies that cannot wait, call 911

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Your Feedback

We regularly revise this information to keep it up to date and make it as useful as possible to the reader. Because changes and new developments can occur frequently, we suggest you talk to health care provider for the latest information.

Your feedback about any aspect of this document would be much appreciated.

You can e-mail your comments to urologyresearch@UCSF.edu or send them by regular mail to Your Health Matters Box 1695, UCSF Department of Urology, San Francisco, CA 94143-1695.

If you wish to talk with a patient advocate, please call (415) 514-3397. This guide, along with other urologic oncology documents, can be viewed online with this link:

<https://urology.ucsf.edu/prostate-cancer-education-documents>

If you are reading a hard copy, please use the above link for the most up-to-date information

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Before Your Surgery

Plan on having these items for the hospital and/or having them ready for you at home:

- You may bring your own pillow for comfort (for hospital)
- Incontinence pad or diaper (Attends or Depends) (for home)
- Loose sweatpants, robe or shorts (for home and hospital)
- Plenty of fluids (non-carbonated drinks) (for home)
- Teas or laxative tea (Smooth Move Tea from Traditional Medicinals™) Have these ready for use at home. Do not bring to the hospital.

Some things to consider

1. If you have not already done so, tell your anesthesiologist and surgeon if you have ever had vomiting, nausea or motion sickness after surgery. If this is the case, see about starting a medication the night before (or ask this in the hospital just before surgery) to prevent post-operative nausea or vomiting.
2. Find a place at home where you can relax and keep pressure off the area that is healing - a sofa, a comfortable chair or, ideally, a recliner.
3. You may have a family member or friend stay over with you in the hospital. Please check with your nurse about current restrictions. You will not be in intensive care but you will have an attentive nursing staff near you monitoring your condition.. Also, having someone other than just coming to take you home will be helpful to you when you are receiving your catheter (sometimes referred to as Foley catheter) orientation and instructions regarding medicines and activities after discharge.
4. If you can get your post-operative prescriptions beforehand, try to have all prescriptions filled so that they will be home waiting for you. Generally, the hospital will not provide you with medications to take with you. If you would like Walgreens to deliver medications to you in the hospital before discharge (“Meds to beds”), please have a credit card for any co-pay. Many patients choose to do this to avoid an extra pharmacy stop on the way home.

While in the hospital

In most cases, you will be 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 assist 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 because 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.

To further prevent complications, you will be encouraged to do three things as soon as possible after surgery: walk, use your incentive spirometer (a small disposable device which encourages deep breathing) and wear your compression stockings while in bed. The nurses will instruct you on how to use the incentive spirometer and wearing your compression stockings and will assist you in walking after surgery until you can manage on your own. If possible, we recommend that you do a supervised walk with your nurse on the same day as your surgery. In addition, you may be prescribed an injectable blood thinner to help reduce the risk of blood clots.

You may experience different types of pain immediately following surgery and possibly once you are home. This is all normal.

Before discharge, consider the following:

1. **Surgical Pain:** You may 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.
2. **Bladder Spasms:** You will feel pelvic pressure or an intense sensation to urinate or have a bowel movement. Proper drainage of the Foley catheter is essential and your nurse will assist you with this. To help alleviate the spasms, your nurse will give you either an oral medication called Ditropan and/or a B&O suppository. Oral Ditropan will also be prescribed for you at time of discharge.
3. **Gas Pain:** Unfortunately, there is no medication that will help alleviate it. The best way to help ease the pain is to walk frequently as directed previously. The nursing staff will help you get started. Walking will help facilitate gas moving through your bowels. Also helpful are a warm pack or heating pad on your abdomen and drinking hot herbal tea (chamomile, peppermint, or Senna leaf-based tea, like Smooth Move tea) to soothe the stomach. It is important to be mindful of narcotic intake since it can contribute to constipation/gas pain.

When you are home, use the above information as well as other material regarding pain appearing later in this guide.

Discharge

Time of discharge

After prostatectomy, most men are well enough to go home the day after surgery, typically by noon. Some men may stay two nights or more, and others may even leave on the same day as their surgery.

At discharge

Your nurse will instruct you on catheter use and other home health care needs. If you are able, take notes. If you are fortunate enough to have someone with you, have them take notes too. You will not, understandably, be at your best in terms of remembering all the things presented to you.

Request a special cushion for easing pressure on the healing areas when you sit down.

It may be a good idea to request an extra catheter leg fastener in the event that you need to move the position of the attachment to your leg when you get home. These items can be difficult to locate after you leave the hospital.

Note: You will be required to have someone drive you home from the hospital.

Activity

It is normal to feel tired for several weeks after your surgery. You will be given instructions regarding diet, exercise and rest.

Important activity limitations:

- No driving while the Foley catheter is in-place (you can be driven).
- Do not do any moderate or heavy lifting or abdominal straining for 3 – 4 weeks following your surgery.
- No exercises requiring excessive stress on your abdominal muscles or perineum (area near rectum) for 4 - 6 weeks. Examples of exercises to avoid are sit-ups, vigorous cardiovascular exercise, and upright bicycling. Light exercises, such as swimming, walking, jogging and stretching, can be done initially after the Foley catheter is removed. It is important to remember, if you feel like a particular activity is causing either pain or blood in your urine, it is likely an activity you should avoid. Cycling is safe after recovery, usually at 4 weeks following surgery, but cyclists should take care to alleviate excessive pressure on the perineum.
- Sexual activity can begin once the catheter is out, you are feeling well and have a reasonable level of urinary control. Please see additional information below on the use of medications and other measures that improve/enhance such activity.

Driving

Driving is usually permitted after the catheter is removed. It is safe to resume driving once you have met all of the following criteria:

- You are comfortable with twisting your torso quickly so you can look over your shoulder when driving,
- The Foley catheter is removed, and you are off narcotic pain medication.

Work and other activities

The amount of time before you can return to work will depend on the nature of your job and your recovery progress. For office work, a period of 2-3 weeks after surgery is typical assuming the same criteria described for driving have been met. For work requiring more physical exertion, a longer recovery time may be needed

Pain and Discomfort

At discharge you may receive prescriptions for oral pain medication and an oral stool softener & laxative. If not, please contact your physician.

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 mg of ibuprofen in a 24-hour period.

Thoughts about taking pain medication

Some pain medications, if prescribed for home (Tramadol, Norco, Vicodin, Oxycodone and Ditropan), can cause constipation. These medications are not often needed and are not routinely prescribed. If you have a prescription, take these medications only on an as needed basis and not on a regular schedule. Take your stool softeners as prescribed to prevent constipation. Do not drive or operate machinery while taking pain medications. Avoid alcohol while taking medication.

Diet, Fluids & Bowel Movements

Diet after 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. **It is very important to be mindful to eat small meals several times a day while you are waiting for return of your bowel function.** We recommend that you drink at least 8-10 glasses of fluid each day, and eat fruits and 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.

Take your stool softener and laxative as prescribed. Normal trajectory for return of bowel function is: 1-2 days to pass gas; 3-5 days for first bowel movement.

No 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. Contact the clinic if you do not have a BM by day 5 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 so as 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

Caring for the incision

You will be able to shower for the first time on post-operative day #2. You may have a drain site after surgery, but it will likely be removed prior to your going home. You may continue to have some discharge at the site up to 3-5 days after drain removal. Once you leave the hospital the key words here for the drain site and the incisions are "clean and dry." Showering once a day should do it.

Foley Catheter

About the 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 - 10 days, rarely longer. 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 airlock 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 the Foley bag meets the 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.

Removal of the Foley

Depending on the outcome of your surgery, your catheter will be removed in the clinic approximately 7 to 10 days after your surgery. Increase your intake of fluids one hour before the catheter is removed as this will help you to urinate sooner rather than later. You are expected to urinate within 4 hours of catheter removal. If prescribed, stop taking Ditropan 24 hours before your appointment, as to avoid urinary retention after the catheter is removed. Prior to your catheter removal, you will typically be given an antibiotic to help prevent urinary tract infection.

How to care for your 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

- Blue clamp
- Alcohol pads
- Clear plastic tape
- Skin protectant
- Leg bags
- Stat lock Foley catheter securement device
- Shaving supplies

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. 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 uncircumcised, 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.

You should empty the catheter bag when it is half-way full. This will help prevent airlocks from developing in Foley catheter tubing.

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.

How to secure the catheter to your leg (This will be initially done before you leave the hospital, but occasionally it may be necessary for you to change the position of the catheter.)

1. Find a position on your leg to secure the catheter. This position should be comfortable in both a sitting and walking position, and in such a way 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 securement device on the dry patch of skin where you want to secure the catheter.
5. Secure the catheter to the catheter securement device (as was demonstrated to you by your nurse prior to discharge from the hospital.)

Changing your Foley catheter bag halfway through

The smaller more easily hidden leg bag, is available should you need it. To minimize your risk of infection, it is best to continue to use the larger sized drainage bag as much as possible.

Whether you are using a larger catheter bag or the smaller sized bag, it is suggested that the bag be changed halfway through your catheter use (approximately 5-8 days).

You can change either drainage bag to a new one as indicated above.

Note: As you would expect, the smaller sized bag will need to be checked and emptied more frequently than the larger bag.

Normal and abnormal things to look for

NORMAL things to expect

- 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. 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 tube 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 as well as areas around the abdomen and back. 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 5-20 pounds that will cause generalized swelling and usually resolves within 2 weeks 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 this residue.

ABNORMAL things

- 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. 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.
- If urine becomes bloody the day before or the day of catheter removal, do not come to your appointment! INSTEAD, call clinic to reschedule appointment.

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

Incontinence

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 (Kegel) which will help you re-gain overall continence control.

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

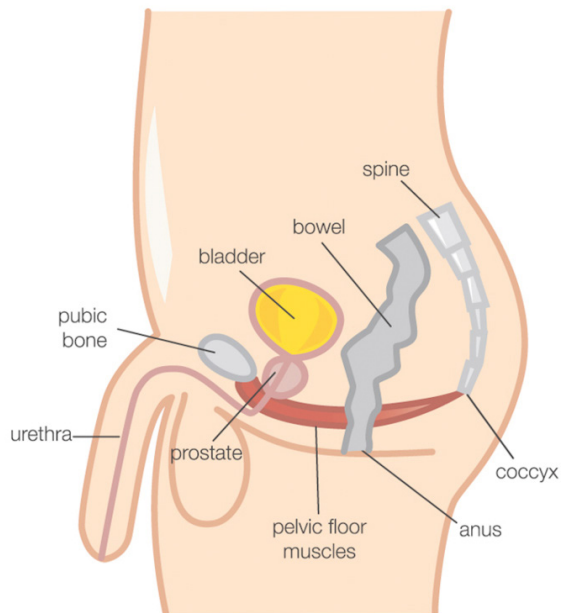
Image courtesy of the Continence Foundation of Australia: continence.org.

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 confirm you are doing them 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 in place. 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.



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

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 Kegel exercising can lead to muscle fatigue, and urine leakage.

You may also wish to use a smart-phone app such as Kegel Nation for guided instructions.

After surgery 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 “recommend to take on a scheduled basis for 3 days after surgery, then as needed”
5. Ibuprofen 200-400mg every 6 hours for mild pain, alternating with Tylenol
6. If prescribed narcotic pain medication (Tramadol, Vicodin, Norco, Percocet, Oxycodone) 1-2 tablets every 4-6 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. Antibiotic per your urologist’s preference for removal of Foley catheter.
9. Cialis/Viagra or Levitra, ½ tablet initially. If no significant side effects, increase to 1 tablet. First dose should occur after the Foley catheter removal. Continue until follow-up with your surgeon. You may want to explore special discount pricing for your Cialis/Viagra or Levitra. UCSF has discount pricing available through select Walgreens. If you have any further questions speak to your health care provider.

Medication schedule

If you are reading a hard copy, please also refer to this link for the most up to date information:
<https://urology.ucsf.edu/patient-care/cancer/prostate-cancer>

Below is a table of scheduled medications to take after surgery. Be mindful this is a generic document and UCSF patients will be given specific discharge instructions. If there is a conflict between these two documents, please follow your discharge instructions. The “as needed” medications are not included in the calendar below.

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 Senna Tylenol Ibuprofen	Colace Senna Tylenol Ibuprofen	Colace Senna Tylenol Ibuprofen	Colace Senna Tylenol Ibuprofen	Colace Senna	Colace Senna	Colace Senna

POD 7*	POD 8*	POD 9/10*	POD 10/11*	POD 11	POD 12	POD 13
Colace Senna	Day Prior to Foley Removal Colace Senna	MORNING of Foley Catheter Removal! TAKE antibiotic for catheter removal Colace Senna	START Cialis/Levitra/ Viagra (starting day after Foley catheter removal) Colace Senna	Colace Senna	Colace Senna	Colace Senna

This calendar is an example assuming you had your Foley catheter removed on day 9 or 10; adjust timing for your designated Foley catheter removal.

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

NOTE: If you are experiencing any post-surgery discomfort, dizziness, flu-like symptoms, or other generalized symptoms of fatigue and/or weakness do not start Cialis/Levitra/Viagra.

Scheduling a follow-up appointment

Your follow up appointment with your health care providers (urologist, nurse practitioner or physician assistant) will take place 8-10 weeks after your surgery. Have your blood drawn to measure your ultrasensitive PSA one week before the appointment. 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 performed 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

It usually takes approximately 10-14 business days post-surgery to process pathology results. How your pathology results are transmitted with you (by phone, in person or by MyChart) is dependent on your urologist's preference. If you have not been contacted about your pathology results by the time of your Foley catheter removal, please ask your nurse at that time. Once the prostate gland and lymph nodes are removed, a pathologist will coat the removed tissues surrounding the prostate with ink and fix all the tissues in substances that preserves the architecture of the tissues and allows the pathologist to detect the extent of the cancer using a high powered microscope. The specimen is coated with ink to allow the pathologists to determine how close any cancer comes to the edge of the specimen. There are at least three features which are important in the pathology report: cancer grade, cancer stage, and margin status.

Cancer grade

The grade of cancer is determined by the appearance of the cells as seen through a microscope. Most often grade is assessed using the Gleason grading system (named after the pathologist who developed it). Gleason grade is a numerical value given to prostate cancers that measures tumor grade. Grades are assigned to the most common pattern of cancer as well as the second most common. Grades for each pattern range from 3 to 5. A grade of 3 denotes a cancer that is relatively non-aggressive. A grade of 5 is assigned to cancers that appear aggressive and differ significantly from benign tissue. Two grades are given: - a primary and secondary grade. The primary grade - assigned to the dominant pattern of the tumor, the secondary grade - assigned to the next-most frequent pattern. When added together, a total sum or Gleason sum is obtained. This sum can range from 6 to 10. On occasion a third grade is assigned.

Cancers with both primary and secondary grades of 3 tend to have a better outcome (lower chance of recurrence), compared to cancers of higher grades. Cancers with grades of 4 and 5 (sum of 7 to 10), tend to have a higher chance of recurrence. A word of caution about Gleason sum 7 cancers (3+4 or 4+3): Gleason grade 3+4 cancers are associated with a lower risk of recurrence compared to grade 4+3 cancers.

Cancer stage

Cancer stage is a measure that defines the extent of a tumor. T2 cancers are those completely confined to the prostate. T3 cancers are those that have gone beyond the prostate, either through the capsule of the prostate (T3a), or into the seminal vesicles (T3b). Patients with T3 cancers are at an increased risk of cancer recurrence compared to those with T2 cancers. T4 cancers are rare and include cancers that have invaded nearby organs such as the bladder.

Margins

It is the goal of surgery to remove all the cancer. Margins are the edges of the specimen that was removed. A positive margin means that the cancer cells are at the very edge of the specimen, touching the ink that was applied during initial processing of the specimen. The pathologist will note the number and location of any positive margins. Those patients with positive surgical margins are at an increased risk of cancer recurrence as this may be an indication that some cancer may be left in the body. Patients with more than one positive margin are more likely to have the cancer recur compared to those with a single positive margin. Patients with an extensive positive margin (large area where the cancer is in contact with the edge of the specimen) are more likely to have recurrence of their cancer compared to those with a very small area (focal positive margins) where cancer just touches the edge.

It is important to note that most patients with focal positive margins (4mm or less) are cured by prostatectomy alone and do not require further treatment. Depending on your post-operative PSA, your physician may recommend radiation as an additional treatment to decrease the risk of recurrence. Patients with undetectable PSA values usually continue to be followed rather than treating with radiation.

Additional treatment

Many patients do not need any additional treatment after a radical prostatectomy. You and your physician will make a decision on the need for additional treatment based on the pathology report and your ultra-sensitive PSA level after surgery. (Occasionally the results of genomic tests done on the cancer will be considered in this discussion). Our goal is that your ultra-sensitive PSA should drop to undetectable levels after surgery. It is important to note that your PSA result will not be zero. An undetectable PSA is considered to be less than the lowest number the lab is able to test (as of this writing, less than 0.015 for the ultra-sensitive test utilized at UCSF, and less than 0.1 on the regular PSA used at some other institutions).

All patients should have regular check-ups including routine PSA blood tests (traditionally every 3-4 months for the first year; every 6 months for the 2nd and 3rd year; and then annually thereafter). Patients with rising or detectable PSA may need tests more frequently. Some tests are for imaging purposes, such as, transrectal ultrasound, bone scan, CT scan, MRI, and increasingly, PET/CT or MRI scans. PET scans utilizing PSMA or fluciclovine 18 (Axumin™) tracers are newer forms of imaging which are much more sensitive than standard CT, MRI or bone scan.

If there is a recurrence of prostate cancer after surgery, many treatment options are available, such as radiation or hormonal therapy. Your physician can advise you as to what is appropriate for you.

Erectile Dysfunction

Overview

Erectile dysfunction (ED) is the consistent or recurrent inability of a man to attain and/or maintain a penile erection. It is a common result of a prostatectomy. The level of ED that occurs 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.

The following advice assumes you had both nerve 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.

Although such medications have often been prescribed in the past to be taken routinely to restore sexual function ("penile rehabilitation"), it appears that this has no advantage compared to taking such medication when intercourse is desired ("as needed"). Which approach you take can be discussed with your doctor.

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 as this is common initially after surgery. Be sure to mention this at your follow-up appointment.

At your follow-up visit, you will be provided information on techniques other than oral medications to help you regain erectile function. For more information on regaining erectile function, refer to Your Health Matters, "Managing Erectile Dysfunction: A Patient Guide" found in the prostate cancer page of our website urology.ucsf.edu. <https://urology.ucsf.edu/prostate-cancer-education-documents>

It may help to contact your insurance company before your surgery to determine if they will help cover your erectile medication. 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.

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.

At the time of orgasm (with or without an erection), some men may notice they leak urine ("climacturia"). This usually resolves but emptying the bladder before sexual stimulation may be beneficial. If it persists and is of concern, mention it to your providers as there are other remedies.

Keep in mind that pleasuring, cuddling and other loving/stimulating activities can still take place regardless of erectile issues.

ED Treatment

These include oral medications, intra-urethral suppository (MUSE), penile injections, vacuum assist devices, and penile prosthesis. Your physician may start you with oral medications, discussed below. Refer to the separate handout Your Health Matters, "Managing Erectile Dysfunction: A Patient Guide" found in the prostate cancer page of our website [urology.ucsf.edu](https://urology.ucsf.edu/prostate-cancer-education-documents). <https://urology.ucsf.edu/prostate-cancer-education-documents>

ED Oral medications

Your physician will have you start with erectile medication after surgery to help treat your erectile dysfunction. 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 ED oral medications since you may have an additional lowering effect of blood pressure. Each medication comes in different doses and each has specific considerations.

CHECK WITH YOUR HEALTH CARE PROVIDER FOR ADDITIONAL INFORMATION AND REFER TO YOUR DISCHARGE INSTRUCTIONS ON DOSING FOR MOST ACCURATE AND SPECIFIC INSTRUCTIONS TAILORED TO YOUR SITUATION,

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.
- If you are having no response and the side effects do not bother you, then increase your dose to a full tablet.
- 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.
- It's best to be sexually stimulated for Levitra to be effective.
- 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 if you have bothersome side effects or interactions.
- If the side effects bother you, contact your provider using MyChart.
- Your physician may consider switching from a different medication if your response is not satisfactory and/or if side effects bother you.

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.
- It's best to 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 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.
- If the side effects bother you, contact your provider using MyChart.

- Your physician may consider switching from a different medication 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.
- If you are having no response and the side effects do not bother you, then increase your dose to a full tablet.
- Cialis can be taken independent of food. However, excess alcohol can slow down absorption.
- Take Cialis 1 to 2 hr. prior to sexual intercourse.
- It's best to be sexually stimulated for Cialis to work effectively.
- 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.
- 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 your provider using MyChart.
- Your physician may consider switching from a different medication if your response is not satisfactory and/or if side effects bother you.

Troubleshooting

Contacting your provider- Minor problems or concerns can be relayed to your physician during daytime office hours by calling (415) 353-7171.

However, it is recommended that you contact us through MyChart (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.

Blood in the urine - Blood 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. 4) If your urine is bloody the day before or the day of the Foley catheter removal, please reschedule your removal appointment.

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 pain medications, 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 function to return).

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.

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. For healthy habit tips, refer to the "Health and Wellness" guides found in the prostate cancer page of our website urology.ucsf.edu.

Erectile dysfunction - 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.). See Your Health Matters guide, "Managing Erectile Dysfunction: A Patient Guide" found in the prostate cancer page of our website urology.ucsf.edu. <https://urology.ucsf.edu/prostate-cancer-education-documents>

Exercise- Walking after the procedure is encouraged. The amount of walking may be limited due to pain for the first two or three days after the procedure, but should be increased 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. Increase activity progressively, especially once the catheter is removed. Lifting more than 10 pounds or anything heavy should be avoided for four 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 in a diary given to you at time of discharge.

Fever- A persistent temperature above 101° F (38° C) is not normal. If you have a fever, call your physician. However, you may experience a short-lived temperature elevation 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.

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 24 hours 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 health care provider 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 health care provider 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. Wearing underwear with scrotal support can also help, one brand is Under Armour®. While catheter is in place, avoid long periods of sitting (over 30-45 min).

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 health care provider. Rarely, patients may develop blood clots in the leg after surgery. Walking and periodic elevation of your legs will help.

Urgent 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 persistently bloody (dark red or with large clots).
- You have no bowel movement by 5 days after surgery (day 5).
- 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

For emergencies that cannot wait, call 911

More Information

In addition to the urgent/emergency information on the cover, you can access our patient education library online by visiting our website:

<https://urology.ucsf.edu/prostate-cancer-education-documents>

You can also contact UCSF Urology by calling (415) 353-7171.

IMPORTANT NOTE:

Regarding the content of this document, all medical advice, instructions and information (including references to medications, rehabilitation techniques, time frames and products) are based on standards prevailing at the time of publication.

The reader is cautioned to verify current applicability before acting.

Notes
