

PROSTATECTOMY SURGERY

Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing



Urology Trials

For more information about the shockwave therapy trial, please contact Dr. Ryan Smith, Trial Principle Investigator rps2k@virginia.edu and Bette Ferrebee Ghamandi, Trial Coordinator bjf8j@viginia.edu:

- This study is trying to determine the safety and effectiveness of low-intensity shockwave therapy on patients with symptoms of erectile dysfunction (ED). Shockwave therapy has been used in other body systems to promote tissue healing. UVA is conducting clinical research programs in hopes of answering some additional questions. Men who have undergone prostate cancer treatment are one of the groups involved in this study. If you decide to take part in this study, you will be randomly placed in either a “control group” or “active treatment group”. If you are in the active treatment group, shockwaves will be delivered into the penile tissue by a small hand held probe that creates low intensity shockwaves. This does not cause any pain. The treatment takes about 20 minutes. The probe in the control group does not deliver shockwave therapy but still produces shockwaves made by the device. You will not know what group you are in. You will come to Fontaine Research Park twice a week for 3 weeks for this treatment. If you are in the control treatment group, you will be notified and have a chance to participate later in active treatment at the 1 month follow up. Follow up appointments are at the 1 month, 3 months, and 6 months mark where you will fill out a questionnaire about your erectile function.

Your surgeon may refer you to a different trial being done by Urologists at UVA Health:

- Under supervision of Dr. David Rapp, the Department of Urology offers a post-prostatectomy clinic aimed at improving continence outcomes after radical prostatectomy. Dr. Rapp is a specialist in incontinence, research and treatments for continence after prostate surgery. Patients enrolled in this program are seen every 3 months in the year after surgery. Dr. Rapp’s clinic involves specialized education session and hands-on pelvic floor muscle training that promote ideal return of urinary control.

Patient Name

Surgery Date/Time to Arrive

Surgeon

We want to thank you for choosing UVA Health for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook should be used as a guide to help you through your recovery and answer questions that you may have. Please give us any feedback that you think would make your experience even better.

Please bring this handbook with you to:

- Every office visit
- Your admission to the hospital
- Follow up visits

Your Care Team

In addition to the nursing staff, the Urology Team will care for you. This team is led by your surgeon, and includes a chief resident along with residents and 1-2 medical students. There will always be a physician in the hospital 24 hours a day to tend to your needs.



Dr. Kirsten Greene



Dr. Stephen Culp



Dr. Christine Ibilibor



Dr. Sumit Isharwal



Dr. Noah Schenkman



Dr. Tracy Downs



Karie Wilson, NP



Patience Oteng, NP



Eva Rellins, NP

Contact Information

The main hospital address:

UVA Health
1215 Lee Street
Charlottesville VA 22908

Contact	Phone Number
Urology Clinic at ECCC	434.924.9333
Urology Clinic at Fontaine	434.924.2224
Clinic Fax	434.244.7526
If no call received with a surgery time by 4:30pm the day before surgery	434.982.0160
Anesthesia Perioperative Medicine Clinic (APMC)	434.924.5035
UVA Main Hospital	434.924.0000 (ask for the Urology resident on call)
UVA Main Hospital (toll free)	800.251.3627
Lodging Arrangements/ Hospitality House	434.924.1299/ 434.924.2091
Parking Assistance	434.924.1122
Interpreter Services	434.982.1794
Hospital Billing Questions	800.523.4398
Provider Billing Questions	800.868.6600
Medical Record Requests	434.924.5136

Important Appointments

Before Surgery

Appointment	Date & Time
Preoperative visit	
APMC Visit	

After Surgery

Appointment	Date & Time
Nurse appointment to remove your urinary catheter	
First Postop Appointment	

Table of Contents

Section 1:

What is ERAS?

Before Your Surgery

Preparing for Surgery

Day Before Surgery

Section 2:

Day of Surgery

After Surgery

Section 3:

After Discharge

Section 4:

Patient Checklist

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Enhanced Recovery After Surgery (ERAS)

What is Enhanced Recovery?

Enhanced recovery is a new way of improving the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery.



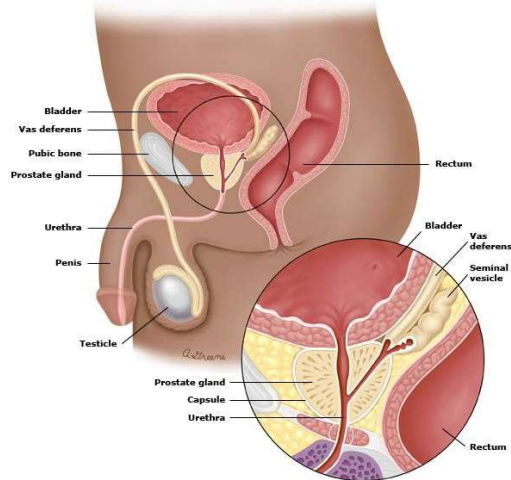
There are four main stages:

1. Planning and preparing before surgery– giving you plenty of information so you feel ready.
2. Reducing the physical stress of the operation – allowing you to drink up to 2 hours before your surgery.
3. A pain relief plan that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. Early feeding and moving around after surgery – allowing you to eat, drink and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

Introduction to Urology Surgery



What is a Prostatectomy?

A prostatectomy is a 2 to 4 hour surgery to remove the prostate gland. The prostate gland is part of the male reproductive system. It makes and stores the milky fluid that forms part of semen. The gland sits below the bladder and in front of the rectum. The tube that urine flows out through also runs through the prostate.

A simple prostatectomy may be done to remove an enlarged prostate that is non-cancerous. A common cause of this type of growth is called benign prostatic hyperplasia (BPH). It can interfere with the flow of urine out of the body. The surgery is done to allow urine to flow through again.

A radical prostatectomy may be done to remove a prostate gland containing cancer.

Your surgery may be minimally invasive (laparoscopic or robotic-assisted) or done as an open approach with an open abdominal incision.

Before Your Surgery

Clinic

During your clinic visit we will go over what type of surgery you will have. You will work with our entire team to prepare for surgery:

- The surgeons, who may have fellows, residents, or medical students working with them
- Nurse practitioners (NP)
- Nurses and medical assistants
- Administrative assistants



We will:

- Ask questions about your medical history
- Perform a physical exam
- Ask you to sign the surgical consent forms
- Ask you to sign the blood transfusion consent

You will also receive:

- Instructions on preparing for surgery
- Special instructions for what to do before surgery (ex: if you are on any blood thinners, see page 11)
- Instructions on quitting smoking if you currently smoke
- Instructions on how to do kegel exercises before and after surgery
- Instructions on bowel preparation before surgery

Write any special instructions here:

Anesthesia Perioperative Medicine Clinic (APMC)

The Anesthesia Perioperative Medicine Clinic will review your medical and surgical history to determine if you will need an evaluation prior to surgery. If an in person anesthesia evaluation is needed the Anesthesia Perioperative Medicine Clinic will notify you.

- An appointment will be scheduled for an office visit a few weeks prior to the surgical date.
- Your medications will be reviewed
- You may have a blood test, test of the heart (EKG), and/or other tests the surgeon or anesthesiologist requests.
- For questions or if unable to keep the appointment with Anesthesia Perioperative Medicine Clinic please call 434-924-5035. Failure to keep this visit with Anesthesia Perioperative Medicine Clinic before surgery may result in cancellation of surgery.



There may be times that you are instructed to go to the Anesthesia Perioperative Medicine Clinic after your appointment with your surgeon. If this is the case you are welcome to a same day appointment but please allow for up to 2 hours.

Please note: If you were told by your surgical team that you did not need any testing or evaluation prior to surgery but receive a call to schedule with the Anesthesia Perioperative Medicine Clinic, this is because the anesthesia team feels it is in your best interest when they review your history.

Medications to Stop Prior to Surgery

14 Days Prior

STOP all vitamins, herbs, and joint supplements, such as:

CoQ10	Flaxseed oil	Kava	St. John's Wort
Chondroitin	Fish oil	MSM	Saw palmetto
Echinacea	Garlic	Multivitamins	Tumeric
Emcy	Ginkgo	Ogen	Valerian
Ephedra	Ginseng	Omega 3, 6, 9	Glucosamine Juice Plus®

7 Days Prior

STOP all aspirin containing products, such as:

Alka-Seltzer®	Dolobid® (Diflunisal)	Norgesic®
Aspirin (81mg to 325mg)	Ecotrin®	Pepto-Bismol®
BC Powder®	Excedrin®	Percodan®
Bufferin®	Fasprin® (81mg)	
Disalsid® (Salsalate)	Goody's Powder®	

Stop all non-steroidal anti-inflammatory medications (NSAIDs), such as:

Advil® (ibuprofen)	Daypro® (oxaprozin)	Naprosyn® (naproxen)
Aleve® (naproxen)	Feldene® (piroxicam)	Nuprin® (ibuprofen)
Anaprox® (naproxen)	Indocin® (indomethacin)	Orudis® (ketoprofen)
Ansaid® (flubiprofen)	Meclomen® (meclofenamate)	Oruvail® (ketoprofen)
Arthrotec® (volatren/cytotec)	Mediprin® (ibuprofen)	Relafen® (nabumetone)
Cataflam® (diclofenac)	Mobic® (meloxicam)	Tolectin® (tolmetin)
Celebrex® (celecoxib)	Motrin® (ibuprofen)	Voltaren® (diclofenac)
Clinoril® (sulindac)	Naprelan® (naproxen)	



Do you take anticoagulant/ antiplatelet (blood thinner) medications like **Coumadin (warfarin)**, **Plavix (clopidogrel)**, **Pletal (cilostazol)**, **Catapres (clonidine)**, **Xarelto (rivaroxaban)**, **Eliquis (apixaban)**, **Lovenox (enoxaparin)**, or others? If so, be sure to discuss your upcoming surgery with your prescribing doctor. IF you have heart stents and take Plavix and Aspirin, check with your cardiologist about stopping prior to surgery. You will likely need to stop taking your medication before surgery. It is your prescribing doctor's responsibility to provide instructions for how long you can safely be off your medication.

Quitting Smoking Before Surgery

If you smoke, we encourage you to stop smoking at least 2 weeks before surgery because it will:

- Improve wound healing after surgery
- Help avoid complications during and after surgery

If you are not able to be off cigarettes at least 2 weeks before surgery, we ask that you cut back on your smoking and encourage you to quit smoking as soon as possible after surgery. This is very important to your health.

Please let your surgeon's nurse know if you smoke. We will give you an education packet to help you quit smoking.



Some Long-Term Benefits of Quitting May Include:

- Improved Survival
- Fewer and less serious side effects from surgery
- Faster recovery from treatment
- More energy
- Better quality of life
- Decreased risk of secondary cancer

Some key things to think about before your surgery, as you begin to think about quitting:

- All hospitals in the United States are smoke free. You will not be allowed to smoke during your hospital stay.
- Your doctor may give you medicine to help you handle tobacco withdrawal while in the hospital and after you leave.



Here are some tips to help you throughout your journey:

- Speak with your provider about medications that can help you with transitioning from a smoker to a nonsmoker.
- Identify your triggers and develop a plan to manage those triggers.
- Plan what you can do instead of using tobacco. Make a survival kit to help you along your quit journey. In this kit have: nicotine replacement therapy, sugar-less gum or candy, coloring books, puzzles, or bubbles for blowing.

You Don't Have to Quit Alone!

 1.800.QUITNOW  <https://smokefree.gov/>

Kegel Exercises

The pelvic floor muscles are a group of muscles that wrap around the underside of the bladder and rectum. Pelvic floor exercises help to strengthen your pelvic muscles and help with incontinence issues. Specifically, “Kegel” or pelvic floor muscle exercises *before and after surgery* may help to improve continence of urine. It will take practice to learn how to control your pelvic floor muscles. When doing the exercises, relax your body as much as possible to concentrate on your pelvic floor muscles.

To strengthen your pelvic floor muscles, follow the steps below:



- 1. Squeeze your pelvic floor muscles for one second and hold.** (These muscles are the ones you use to stop the flow of urine.) Sit in a chair with your knees slightly apart. Imagine you are trying to stop wind escaping from your rectum. Squeeze the muscle just above the entrance to the rectum. Hold the squeeze for 3-5 seconds each time. Aim to perform 20 sets of ten squeezes for 200 contractions each day. Try not to tighten your buttocks or stomach.
- 2. Your penis should move up and down during this exercise.** You can practice by standing sideways in front of a mirror while practicing Kegel exercises to ensure you are doing them correctly.

REMEMBER: Good nutritional intake before surgery can help your recovery after surgery. If you are having trouble eating or are losing weight, try to increase your calories and protein. An easy way to accomplish this is drinking nutritional supplement drinks (such as Ensure Plus®, Boost Plus®, Equate Plus®, or Carnation Instant Breakfast®) in addition to your meals to help increase your nutritional intake prior to surgery.

Preparing for Surgery

You should expect to be in the hospital for about 1 day (1 night). When you leave the hospital after your surgery, you will need some help from family or friends. It will be important to have help with meals, taking medications, etc.



You can do a few simple things before you come into the hospital to make things easier for you when you get home:

- Clean and put away laundry.
- Put clean sheets on the bed.
- Cut the grass, tend to the garden and do all housework.
- Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- Bring the things you are going to use often during the day downstairs but remember that you WILL be able to climb stairs after surgery.
- Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- We recommend you have the following non-prescription medications at home before your surgery. You will use these *after* surgery:
 - Tylenol (acetaminophen) 325mg tablets (for pain)
 - Advil/Motrin (ibuprofen) 200mg tablets (for pain)
 - Colace (docusate sodium) 100mg tablets (stool softener)
 - Miralax powder or Senna and Probiotics (for constipation)
 - Fleet Enema
 - Magnesium Citrate
- Remember to review page 11 for medications to STOP taking prior to surgery.**

If you are taking additional medications for chronic pain, please continue those up until your surgery unless discussed with your physician.

Pre-Surgery Checklist

What you SHOULD bring to the hospital:

- This handbook
- A list of your current medications. Please leave your medications at home. They will be provided for you once you are in the hospital.
- Any paperwork given to you by your surgeon
- A copy of your Advance Directive form, if you completed one
- Your “blood” bracelet, if given one
- A book or something to do while you wait
- A change of comfortable clothes for discharge
- Any toiletries that you may need
- Your CPAP or BiPAP, if you have one



What you SHOULD NOT bring to the hospital:

- Large sums of money
- Valuables such as jewelry or non-medical electronic equipment

*Please know that any belongings you bring will go to “safe keeping.”

For your safety, you should plan to:

- Identify a Care Partner (see next page).
- Have a responsible adult with you to hear your discharge instructions and drive you home. If you plan to take public transportation, a responsible adult should travel with you.
- If possible, identify someone to stay with you the first week after discharge to help take care of you.

Hospital Services

Care Partners are people you designate to be active members of your healthcare team. They are given a special security code to call and ask questions about your recovery. They can help keep family and friends informed about your condition. You are asked about Care Partners during the admission process but you can change a Care Partner at any time during your hospital stay. You can have up to 2 Care Partners if you wish.



Visitors must stop by the Information Desk to get a visitor pass and should wear it at all times while in the hospital. Please remember that the hospital is a place for healing and rest. Try to keep conversations quiet and, if sharing a room, please be respectful of other patients' needs for rest or private time with their families. Also make sure that nurses and doctors can move freely around the bedside to provide care. Our Family Lounges on each floor have information about hospital and local resources including local accommodations.

Close-by Lodging options are available. Please refer to the insert at the front of the handbook for more details.

Day Before surgery

Scheduled Surgery Time

A nurse will call you the day before your surgery to tell you what time to arrive at the hospital for your surgery. If your surgery is on a Monday, you will be called the Friday before.



If you do not receive a call by 4:300 pm, please call 434.982.0160.

Please write the time and check in location that the nurse tells you on page 1 of this handbook in the space provided.

Remember:

- Remove nail polish, makeup, jewelry and all piercings.
- Be sure to have a 20-ounce Gatorade™ ready and available for the morning of surgery. If you are diabetic, you may drink Gatorade™ G2.
- After midnight you CAN still have water or Gatorade™ until you arrive at the hospital.
- Do NOT drink any other liquids. If you do, we may have to cancel the surgery.



Write any special instructions here:

Bath Wash

We will give you a bottle of HIBICLENS foam (body wash) to use the night before and the morning of your surgery.



HIBICLENS is a skin cleanser that contains chlorhexidine gluconate (an antiseptic). This key ingredient helps to kill and remove germs that may cause an infection. HIBICLENS creates a greater protection against germs and helps to lower your risk of infection after surgery.

Before using HIBICLENS, you will need:

- A clean washcloth
- A clean towel
- Clean clothes

IMPORTANT:

- HIBICLENS is simple and easy to use. If you feel any burning or irritation on your skin, rinse the area right away, do NOT put any more HIBICLENS on, and call the clinic.
- Keep HIBICLENS away from your face (including your eyes, ears, and mouth).
- DO NOT use in the genital area. (It is ok if the soapy water runs over but do not scrub the area.)
- Do NOT shave your surgery site. This can increase the risk of infection. Your healthcare team will remove any hair, if needed.

Directions for when you shower or take a bath:

1. It is ok to wash your hair with regular shampoo. Then rinse hair and body thoroughly with water to remove any shampoo residue. Wash your face and genital area with water or your regular soap.
2. Thoroughly rinse your body with water from the neck down.
3. Move away from the shower stream.
4. Apply HIBICLENS directly on your skin or on a wet washcloth and wash the rest of your body gently from the neck down. Rinse thoroughly.
5. Do NOT use your regular soap after applying and rinsing with HIBICLENS.
6. Dry your skin with a clean towel.
7. Do NOT apply any lotions, deodorants, powders, or perfumes after using HIBICLENS.
8. Put on clean clothes after each shower and sleep on clean bed linens the night before surgery.

Day Before Surgery Diet

You must follow a clear liquid diet one day before your scheduled surgery.



- Beginning at midnight (12am): only clear liquids after this time
- 8 am: drink a clear liquid meal
- 9 am: drink 8oz of a clear liquid
- 10 am: drink 8oz of a clear liquid
- 11 am: drink 8oz of a clear liquid
- 12 pm (noon): drink a clear liquid meal



- AND drink MiraLAX 238grams (8.3oz) mixed with 64oz of Gatorade over 3-4 hours
- 4 pm: drink 8oz of a clear liquid
- 5 pm: drink 8oz of a clear liquid
- 6 pm: drink a clear liquid meal

You may continue to drink clear liquid fluids until bedtime.

*If you are diabetic, please contact the doctor that manages your diabetes for guidance on how to manage your blood sugar levels while preparing for surgery on a clear liquid diet.

Clear Liquid Meals ALLOWED	Clear Liquids ALLOWED	NOT ALLOWED
<ul style="list-style-type: none"> ● Clear broth ● Consommé ● Bouillon cube soup 	<ul style="list-style-type: none"> ● Apple juice ● Cranberry juice ● Cran-apple juice ● Grape juice ● Water ● Lemonade made with lemon juice ● Powdered lemon flavored drinks ● Carbonated drinks ● Gatorade ● Fruit flavored ices & ice popsicles 	<ul style="list-style-type: none"> ● No milk, dairy, or ice cream products ● No Dairy Substitutes (i.e. Almond Milk) ● No milkshakes ● No smoothies ● No Ensure ● No noodles ● No orange juice ● Nothing with pulp ● No Jello



You **will need** to complete a **fleet enema** 30-60 minutes before you leave to come to the hospital on the morning of surgery. You can purchase a fleet enema over-the-counter at your local pharmacy. Follow the instructions on the packaging for how to perform the enema (more information on page 21).

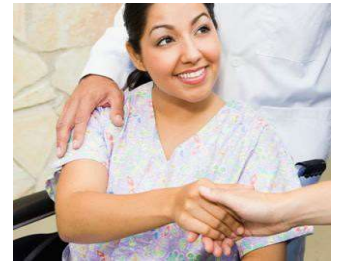
Day of surgery

Before You Leave Home

- After midnight, you CAN still have water or Gatorade™ until you arrive at the hospital.
- You will need to complete a fleet enema 30-60 minutes before you leave to come to the hospital on the morning of surgery.
 - The enema will help to clean the lower bowel to prepare for surgery, to relieve distention, promote gas, and soften hardened stool for removal.
- Remember to drink your 20-ounce Gatorade™ on the way to the hospital.

Hospital Arrival

- Arrive at the hospital on the morning of surgery at the time you wrote on page 1 (this will be approximately 2 hours before surgery).
- Finish the Gatorade™ as you arrive. You cannot drink after this.
- Check in at your scheduled time at the location instructed by the phone call nurse.
- Your family will be given a tracking number so they can monitor your progress.



Surgery

When it is time for your surgery, you will be brought to the Preop. In Preop, you will:

- Be identified for surgery and get an ID band for your wrist.
- Be checked in by a nurse and asked about your pain level.
- Be given an IV and weighed by the nurse.
- Be given several medicines that will help keep you comfortable during and after surgery.
- Meet the anesthesia and surgery team and your consent for surgery will be reviewed. Your family can be with you during this time.

In the Operating Room

From SAS, you will then be taken to the operating room (OR) for surgery and your family will be taken downstairs to the family waiting lounge.

Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.



Once you arrive in the OR:

- We will do a “check-in” to confirm your identity and the location of your surgery.
- You will lie down on the operating room bed.
- You will be hooked up to monitors.
- Boots will be placed on your legs to circulate your blood during surgery.
- You may also be given a blood thinner shot to prevent blood clots.
- We will give you antibiotics, if needed, to prevent infection.
- Then the anesthesiologist will put you to sleep with a medicine that works in 30 seconds.
- After you are asleep, a Foley catheter will be placed to keep your bladder empty.
- Just before starting your surgery, we will do a “time out” to check your identity and confirm the location of your surgery. After this, your surgical team will perform your operation.

During your surgery, the OR nurse will call your family approximately every 2 hours to update them, when possible.

After surgery

Recovery Room (PACU)

After surgery, you may be taken to the recovery room (PACU). Patients can remain in the recovery room for about 2-4 hours. You will then be transferred to a room for your overnight stay. The surgeon will also call your family after surgery to give them an update.



Once you are awake, you will get out of bed (with help) to start moving as soon as possible. This speeds up your recovery and decreases the chances you will get blood clots and pneumonia.

Hospital Inpatient Unit:

Once to your room, you:

- Will be able to have clear liquids as tolerated. We will advance your diet to regular foods as you are able.
- Will be given an incentive spirometer (breathing exerciser). We will ask you to use it 10 times an hour to keep your lungs open and help prevent pneumonia.
- Will receive a blood thinner injection while in the hospital to help prevent blood clots.
- Will get up and out of bed on the day of your surgery, with help from the nurse.
- May have one small tube coming from your abdomen to drain any fluids inside. Your nurse will empty the drain a few times per day.
- Will have a Foley catheter in place. This is a thin, flexible tube placed in your bladder to drain your urine. It will stay in for 7-10 days.



Pain control following surgery

Managing your pain is an important part of your recovery. It is normal for you to have some pain for a few days after surgery. The goal is to lower the pain so that you can comfortably walk and take deep breaths effectively. We will ask you regularly about your level of comfort.



One way your care team will help you safely control your pain after surgery is by using *non-opioid* medications during your recovery. The goal is to use as little *opioid* medication as possible to control your pain. Most patients do not require opioids after a prostatectomy and are comfortable only taking *non-opioids*. If your pain is worsening and it is not relieved with any medication, you should let your surgeon know.

- You will get several *non-opioid*, pain medications around-the-clock to keep you comfortable.
 - Tylenol (acetaminophen) – is a pain medication and reduces fevers.
 - Celebrex (celecoxib) or Advil, Motrin (ibuprofen) – are medications that decrease swelling and pain after surgery. These medications are known as NSAIDs and are safe for short-term use after surgery (unless you’ve had gastric bypass surgery in the past).

- You may also have *opioid* pain medication as *needed* for additional pain.
 - Opioids are powerful pain medications with many serious side effects. Opioids (usually oxycodone) may be used after surgery only when needed for severe pain, but they should not be used first to treat mild or moderate pain.
 - Side effects of opioids include nausea, constipation, dizziness, headache, drowsiness, vomiting, itching, and respiratory depression (slow breathing).
 - Prescription opioid drug use may lead to misuse, abuse, addiction, overdose and death. Your risk of opioid abuse gets higher the longer you take the medication.

If you are on long-standing pain medication prior to surgery, you will be provided with an individualized regimen for pain control with the assistance of our pain specialists.

Comfort Menu

Keeping you comfortable and managing your pain is very important to us. As part of your recovery, we like to offer you different ways to help with your pain in addition to medication. We hope this comfort menu will help you and your healthcare team to better understand your pain and recovery goals. Please discuss your pain control goals and comfort options with your nurse.



- Distraction: focus your mind on an activity like creating art with our art supplies, doing puzzle books and reading magazines
- Ice or Heat Therapy: ice packs and dry heat packs are available, depending on your surgery
- Noise or Light Cancellation: an eye mask, earplugs and headphones are available for your comfort and convenience. We can also help you create a sleep plan.
- Pet Therapy: hospital volunteers visit the unit with therapy animals. Ask about their availability.
- Positioning/Movement: changing position in your bed/chair or getting up to walk (with help) can improve your comfort.
- Prayer and Reflection: connect with your spiritual or religious center of healing and hope through prayer, meditation, reflection and ritual. Also, ask about our chaplaincy services.
- Controlled Breathing: taking slow deep breaths can help distract you from pain you are feeling. This can also help if you are feeling nauseated (upset stomach). Using the 4-7-8 technique, you can focus on your breathing pattern:
 - Breathe in quietly through your nose for 4 seconds
 - Hold the breath for 7 seconds
 - Breathe out through your mouth for 8 seconds
- Television Distraction: we offer a relaxation channel through the UVA in-room television. Turn to channel 17.
- Calm App: for Android or iOS: if you have a smart device, download the free Calm app for meditation and guided imagery. You can find it by searching in the app store.



Laparoscopic Gas Pain

You may have discomfort in your stomach, neck or shoulders for a few days after your surgery. This pain is because gas is used to inflate your abdomen during surgery. The pain will go away as the gas is reabsorbed in your body. Some ways to help with this pain are walking around, using a hot compress (heating pad), and avoiding carbonated drinks.

First Day After Surgery



You will:

- Be asked to get out of bed with help, walk the hallways 5 times, and sit in the chair for a total of 6 hours.
- Have your IV turned off but not removed.
- Begin learning to care for your Foley catheter.
- Be able to eat solid foods, as long as you are able to tolerate them.

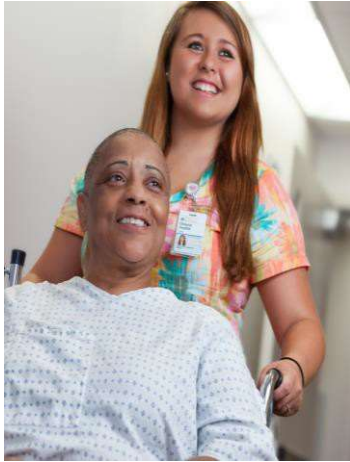
You will be able to go home if you:

- Are off all IV fluids and drinking enough to stay hydrated.
- Are comfortable and your pain is well controlled.
- Are not nauseated or belching (burping).
- Do not have a fever.
- Are able to get around on your own.
- Have received education and know how to care for your Foley catheter at home.

Remember, we will NOT discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day in the hospital. However, you DON'T need to have a bowel movement before you go home.

Discharge

Before you are discharged, you will be given:



- A copy of your discharge instructions.
- A list of any medications you may need.
- A prescription for pain medicine, if needed.
- Instructions on when to return to have your catheter removed in clinic. You will have a visit 8 weeks after surgery to check your first PSA (prostate protein level).
- We would like you to see your local doctor in 1-2 weeks after discharge from the hospital.

Before You Leave the Hospital

We want to make sure you are prepared as you transition from the hospital to home. We will:

- Ask you to identify how you will get home and who will stay with you.
- Make sure you have enough oxygen in the tank for the ride home, if you use oxygen.
- Help you collect any belongings that were stored in “safe keeping.”

Our Case Managers help with discharge needs. Please let us know the names, locations, and phone numbers of:

- Your home pharmacy:

- Your home healthcare agency (if you have one):

- Any special needs after your hospital stay:

Complications Delaying Discharge

Sometimes there are things that may happen after surgery which may keep you in the hospital longer. We do our best to prevent these from happening.



Ileus - This is one of the most common and frustrating complications following surgery. Ileus is the term for lack of movement in the intestines. Your bowel may shut down after surgery, which causes food and gas to have trouble passing through your intestines. We have designed the ERAS program to help lessen your chance of getting an ileus. If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid this from happening is to decrease the amount of narcotic pain medications you take, get up to walk as much as possible after your surgery, and eat small amounts of food and drinks.

Post-Operative Nausea & Vomiting - After your surgery, you may feel sick to your stomach. This is common and we give you medication to help you feel better. If you do feel sick, you should eat less food and switch to a liquid diet. Small frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the stomach upset will likely pass.

Wound infection – The surgery site might open up, become red, or drain fluid. You may need antibiotics if your wound becomes infected. You may have an open wound that requires dressing changes at home. We will help arrange care for you in the event this happens before your discharge.

Blood clots – Blood clots can be very dangerous. If a blood clot forms in the vessel, it can prevent blood from getting where it needs to go. Another problem with blood clots in veins is that they can travel to other parts of the body and clog blood vessels there. We encourage you to get up and walk around as much as possible to prevent blood clots from forming. Another way to prevent blood clots is blood thinner medication. While you are in the hospital, you will be on blood thinner medicine.

Bleeding – There is always a risk of bleeding after surgery. We monitor you closely to watch for any signs of bleeding.

Pneumonia – We encourage you to do deep breathing exercises to prevent pneumonia. Walking is the best exercise, but using the incentive spirometer (lung exerciser) will also help to prevent pneumonia after surgery.



After Discharge

When to Call

Complications do not happen very often, but you need to know what to look for if you start to feel bad. After you leave the hospital, you should call us at any time if you:



- Are vomiting, nauseated, have frequent stools/diarrhea or stools that look lighter, or are abnormal in color
- Are unable to have a bowel movement for more than 3 days while using stool softeners and laxatives (Colace, Senna, Miralax, Milk of Magnesia)
- Are not tolerating food, fluids or nutritional supplements

Related to your surgical site, please call us if:

- It becomes bright red and painful, or redness starts spreading
- It starts to drain infected material that is not clear yellow or light red/pink
- It releases cloudy or foul smelling fluid
- You notice increased drainage from your surgical site

Go to the Emergency Room if:

- your Foley catheter stops draining urine
- your Foley is accidentally removed or pulled part of the way out but not fully removed
- you have trouble breathing
- you have new leg swelling
- you have chest pain
- you have a fever greater than 101.3°F or shaking chills
- you have worsening or new pain unrelieved by pain medication

Contact Numbers

If you have trouble or questions between 8:00am and 4:30pm, call the Urology nurse triage line at 434.924.9333.



After 4:30pm and on weekends, call 434.924.0000. This is the main hospital number. Ask to speak to the Urology Resident on call. The resident will return your call.

Pain

After discharge, you *will* alternate Tylenol and ibuprofen for improved pain control. Take these over-the-counter medications as prescribed. You may also be sent home with Oxybutynin for bladder spasms.



Please tell your nurse if you would like your medications filled at the hospital pharmacy so it will not cause a delay in your discharge home.

Most patients do not require *opioids* after a prostatectomy and are comfortable only taking Tylenol and ibuprofen. If you are requiring additional medications, your health care team will work with you to create a pain management plan.

It's important to remember that misuse of opioid pain medications is a serious public health concern. Virginia has a Prescription Monitoring Program for these types of medications to help keep patients safe.

Ask your health care team if you have specific questions.

The UVA Pharmacy is now a DEA registered drug take-back location. There is a Drop Box available in the main lobby of the pharmacy 24 hours 7 days per week for patients or visitors to safely dispose of unwanted or unused medications.

Wound Care Instructions



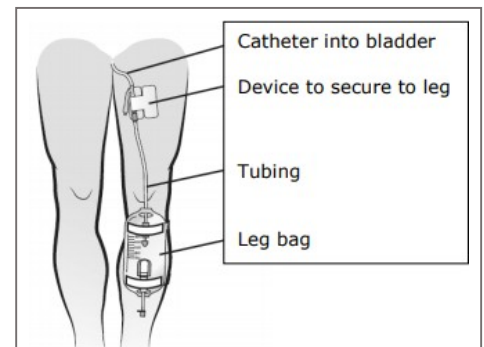
Your stitches will absorb over time. You do not need to come in to have them removed. You may shower and let warm soapy water wash over your wound. Do not scrub, soak in a tub, or swim for at least 4 weeks or until your wounds are completely healed.

It is normal if the wound is mildly pink and has a thick firm ridge underneath it. This is referred to as a healing ridge and will resolve over the next 4-6 weeks. It is normal to have a small amount of clear or pink drainage.

If you had abdominal drain(s) removed, the site will close up over the next 7 days. It may continue to drain clear drainage during and can be managed with gauze dressing changes. The drainage amount will decrease each day. Once the drain site is no longer draining, remove the dressing and leave open to air to complete healing.

Urine Expectations

You will be discharged from the hospital with a Foley catheter in place to drain your urine. The catheter is held in place by small, inflated balloon, so should not be tugged at or pulled. The catheter will remain in for 7-10 days.



To take care of your catheter, you will need these supplies:

- Mild soap and water
- Washcloth and towel
- Leg strap or other device

You can shower but do not take a bath. Use your large bag in the shower.

Follow these instructions to clean around the catheter:

1. Wash your hands with soap and water.
2. Using mild soap and water, clean your genital area.
3. You should retract the foreskin, if needed, and clean the area, including the penis.
4. Clean your urethra (urinary opening) - where the catheter tubing enters your body.
5. Clean the catheter tubing from where it enters your body and then down, away from your body. Do not pull.
6. Rinse the area well and dry it gently.
7. Use the device you were given to attach the tubing to your leg to keep it from moving.
8. Apply bacitracin ointment to the tip of the penis three times a day.

You will need to change the bag twice a day:

- In the morning after you clean around the catheter, change the large bag to the leg bag.
- At night before you go to bed, change the leg bag to the large bag.

To change your bag, you will need these supplies:

- A clean washcloth (not one already used for bathing) or a 4"x 4" piece of gauze
- Clean large or leg bag (whichever one you are switching to)
- 2 alcohol pads



Follow these instructions to change the bag:

1. Wash your hands thoroughly with soap and warm water.
2. Empty the urine from the bag into the toilet using the valve. The spout at the end of the tubing should never touch the toilet or container.
3. Place the clean cloth or gauze under the connector to catch any leakage.
4. Pinch off the tubing with your fingers and disconnect the used bag.
5. Wipe the end of the tubing with an alcohol pad.
6. Wipe the connector on the new bag with the second alcohol pad.
7. Connect the clean bag to the tubing and release your finger pinch.
8. Check all connections. Straighten any kinks or twists in the tubing.

Caring for the Drainage Bags

- Always wear the leg bag below your knee or the large bag below the level of your bladder. This will help it drain.
- Keep the bag secure. Do not pull on the tube. Keep the bag off the floor.
- Empty the bag when it is just over half full.
- Do not lie down for longer than 2 hours while you are wearing the leg bag.
- Clean each bag every few days when not in use:
Mix 1 cup of vinegar in 2 quarts of water. Pour the vinegar/water mix into the bag through the drain and swish it around. Let it soak for about 30 minutes. Drain this mixture and rinse with clean water. Let the bag hang to dry. Do not use bleach.

Preventing Urinary Tract Infection

- Clean your hands before and after touching the tubing or bag.
- Clean the catheter area daily. Clean the bags and tubing regularly.
- Always keep the bag below the level of your bladder and off the floor.
- Keep the catheter secured to your thigh to prevent it from moving.
- Don't lie on your catheter or block the flow of urine in the tubing.
- Drink at least 6 to 8 glasses of liquid every day.

It is normal if:

- Your urine is coming out around where the catheter is inserted in to your penis, this is a bladder spasm. You will be sent home with a prescription for Oxybutynin, which helps to reduce the muscle spasms. You should stop taking this medication for 24 hours before you return to clinic to have your Foley catheter removed.
- You have some blood in the urine. This is expected for a few days after your surgery. It is important to drink plenty of fluids to keep your urine flowing and as clear as possible. You should drink 6-8 glasses of water a day.
- You have scrotal or penile swelling. It is normal for the penis and scrotum to be more swollen than usual for about two weeks after surgery. Elevate the scrotum on a small pillow or roll of socks when you are sitting down.

You may be sent home with instructions to flush your Foley catheter. If your Foley completely stops draining (no urine in tubing) and you become uncomfortable or urine is leaking around the catheter, you will need to flush the catheter with 30cc of saline with supplies you were given at discharge.

You will have an appointment to come back to clinic and have the nurse remove your catheter.

Urine Continence

Urinary incontinence is the loss of ability to control your urine. All men experience this after having their prostate removed. Once your Foley catheter is removed, you should begin doing Kegel exercises to help treat your incontinence (see page 13).

Constipation

When you are discharged from the hospital, you *may* be given a prescription for opioid pain medicine. Constipation is very common with the use of opioid pain medicine. We designed the ERAS program to decrease the risk of constipation by using pain medicine alternatives to help keep you comfortable.



It is very important to **AVOID CONSTIPATION AND HARD STOOLS** after surgery.

We will ask you to take a stool softener (Colace, Senna) and laxative medication (Miralax) to help prevent constipation once you are home. Please continue to take this each night until you stop your opioid pain medication. If diarrhea occurs, please stop this medication. If you are still having constipation, please call the Urology clinic to discuss with a nurse.

There are many ways to help prevent constipation and these include: drinking 6-8 cups of non-caffeinated fluids per day, walking and regular activity, and eating a high fiber diet (see page 38 for examples). Limit sugary, fatty, and starchy foods.

Diarrhea may occur after surgery. These frequent, loose stools can result from a variety of reasons including certain medications and certain infections. Having diarrhea puts you at risk for dehydration or significant fluid loss. It is important to stay hydrated by drinking fluids. For ongoing or worsening diarrhea, please contact the Urology Clinic to discuss possible stool testing.

Deep Breathing Exercises

You will be sent home with an incentive spirometer (lung exerciser). Please use your incentive spirometer 10 times per hour while awake. Walking is the best exercise, but deep breathing will help to prevent pneumonia after surgery. You can continue using your incentive spirometer at home for 2 weeks after surgery. Hugging a pillow against your abdomen while coughing and deep breathing can help with comfort.



Eating and Weight Changes After Surgery

You can eat any food you can tolerate after surgery. It is normal for you not to be as hungry after your surgery. It may take several weeks for your desire to eat to return. You may have a metallic taste in your mouth, have taste changes, or get full very quickly. It may be easier at first to try to eat 5-6 small meals during the day. You may need to drink nutrition supplements like Ensure, Boost Plus, Carnation Instant Breakfast, or Glucerna (sugar-free) until you can eat more at one time and maintain your weight. Any alternative brand works the same, as well as homemade smoothies.

Additionally, you should eat yogurt daily or take a probiotic (Lactobacillus) to promote healthy intestine bacteria.

Nutrition after Surgery

After surgery, your nutrition needs can change for several weeks. What you choose to eat and drink can affect your recovery. While healing, your body needs more protein to repair damaged tissue and wounds from surgery. It is also important to include fiber in your diet to avoid constipation. Eating nutrient-rich meals and snacks throughout the day helps to provide the vitamins and minerals your body needs to recover.

Protein: Make sure you have a good source of protein with each meal. You may also need to have a snack containing protein in between meals. Protein supplements may be used if you are not able to get enough through your meals. The list below gives some examples of foods with protein:

Chicken	Eggs
Fish	Nuts & seeds
Beef	Tofu & Tempeh
Pork	Soy
Milk	Quinoa
Yogurt (Greek Yogurt)	Beans
Cheese	Peas
Cottage Cheese	Lentils



Fiber: Most Americans do not get enough fiber in their diet. Fiber is important for lowering cholesterol and keeping bowel function regular. Make sure to drink more water as you slowly add more fiber to your diet. The list below gives some examples of foods with fiber.

Shredded wheat	Almonds
Bran	Squash
Oatmeal	Broccoli
Brown rice	Sweet potato
Flaxseed	Nectarines
Chia seeds	Pears
Barley	Blackberries
Beans	Prunes
Corn	Apples



Vitamins & Minerals: All nutrients are important for healing after surgery. Make sure you are getting enough vitamins and minerals by eating a variety of fruits, vegetables, whole grains, legumes, nuts, seeds, dairy products, fish, poultry, and eggs each week. Your doctor will tell you if you need more specific vitamins and minerals after surgery. The list below gives some examples of specific nutrients that you may need more of.

Iron	Meats, beans, spinach, prunes, eggs
Zinc	Meats, seafood, dairy, beans
Vitamin E	Nuts, vegetable oils, milk, eggs, beef liver
Vitamin C	Citrus fruits, berries, potatoes, tomatoes, melons, peppers
Vitamin K	Green leafy vegetables, fish, liver
Vitamin D	Milk, fish, eggs, fortified cereals



This information should not replace previous diet instruction by your physician or dietitian, unless specifically stated

Hobbies and Activities

Walking is strongly encouraged. Plan to walk 5 times a day, with a goal of 10,000 steps per day, beginning the day after your surgery.



You should NOT:

- Do any heavy lifting for 4-6 weeks.
(No more than a gallon of milk = 10 lbs.).
- Do heavy exercise or return to your exercise routine.

You SHOULD:

- Be able to climb stairs and go outside after you are discharged.
- Return to hobbies and activities soon after your surgery. This will help you recover. You may slowly return to your exercise routine after 6 weeks.

Work

You should be able to return to work 6 to 8 weeks after your surgery. This may be longer or shorter depending on your recovery rate and how you are feeling. If your job is a heavy manual job, you should not perform heavy work until 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a “Return to Work” form for your employer or disability papers, ask your employer to fax them to our office at 434.982.3652.

Driving

You may drive when you are off narcotics for 24 hours and feel secure and pain-free enough to react quickly. Your doctor will have to clear you before you drive. We recommend you not drive while the catheter is in place.



Prostatectomy Surgery Pathway:

The Patient's Checklist

GOAL: Safe transition from hospital to home or next care setting through learning basic knowledge of postoperative care and monitoring.

DAYS BEFORE SURGERY	ACTION	CHECK WHEN COMPLETE
Medications	If you are on any blood thinner medications, follow any specific instructions that your nurse gave you regarding if and when to stop taking them before your surgery. If you have any questions, call your surgeon's office.	
Medications	Stop taking any vitamins, supplements and herbs 2 weeks before your surgery. Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.	
Actions	We recommend you have the following non-prescription medications at home before your surgery: <ul style="list-style-type: none"> ○ Tylenol (acetaminophen) 325mg tablets ○ Advil/Motrin (ibuprofen) 200mg tablets ○ Colace (docusate sodium) 100mg tablets ○ Miralax powder or Senna and Probiotics ○ Fleet Enema (for morning of surgery, see page 21) ○ Magnesium citrate (if your doctor told you to do this) 	
DAY BEFORE SURGERY	ACTION	CHECK WHEN COMPLETE
Medications	Make sure you have purchased a fleet enema at your local pharmacy to take the morning of surgery.	
Medications	Follow orders given to you for blood thinners and diabetes medications.	
Diet	Follow a clear liquid diet. (See details on page 19).	
Actions	On the evening before your surgery, take a shower with the soap provided to you. Use half of the bottle as instructed.	
Actions	Call 434.992.0160 if you don't receive a call by 4:30 PM with your arrival time.	

MORNING OF SURGERY	ACTION	CHECK WHEN COMPLETE
Medications	<p>Take any medication you were instructed to take the morning of surgery.</p> <p>Complete the fleet enema 30-60 minutes before you leave home.</p>	
Actions	<p>On the morning of your surgery, take a shower with the soap provided to you. Use the remaining half of the bottle.</p>	
Diet	<p>Do not eat the morning of surgery.</p> <p>Continue drinking water until 2 hours before you are told to arrive at the hospital.</p> <p>Drink your Gatorade™ before check in, then nothing more to drink.</p>	
Actions	<p>Bring your CPAP or Bi-PAP machine with you, if you use one.</p>	
Actions	<p>Bring your blood band with you, if you were given one.</p>	
Actions	<p>Bring an updated <u>list</u> of your medications.</p>	
Actions	<p>Bring this handbook and checklist in to the hospital with you when you check in for surgery. See the “Pre-Surgery Checklist” page in your handbook for some additional helpful items to bring with you on your day of surgery.</p>	

AFTER SURGERY	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Walk outside of hospital room as soon as possible after arriving on the floor after surgery.		
Weight	Write down your weight that was taken. Identify importance of daily weights during hospitalization.		
Pain management	Discuss with nurse what medications will be used to manage post-operative pain. Demonstrate understanding of UVA's pain scale.		
Diet	Take clear liquids as tolerated.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
POST-OPERATIVE DAY 1	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Spend at least 6 hours out of bed. Plan to walk the hallways 5 times a day. State one benefit of mobility to your nurse.		
Urinary Catheter	Learn about how to care for your urinary catheter.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Dehydration prevention	List 2 signs and symptoms of dehydration. Name 2 ways to avoid dehydration.		
Fluid monitoring	Identify the importance of daily weights during hospitalization.		
Diet	Advance diet as tolerated.		
Urinary Catheter	Learn about how to care for your urinary catheter.		

DISCHARGE	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Discharge Instructions	Verbalize understanding of signs and symptoms of a potential complication and what actions to take in the event of a complication.		
Discharge Instructions	Understand how to care for your drain(s) if you have them. Know how to measure drainage, empty the drain, and clean the drain.		
Discharge Preparation	Ensure you have a ride home from the hospital, extra oxygen (if you need it), and all of your belongings that may have been stored in “safe keeping” during your hospital stay.		

KCC 7.7.2021