BAPTIST MD Anderson Cancer Center
1.844.632.2278

BMDA Guide to Robotic-Assisted Radical Prostatectomy

About Your Surgery

While you are here, you will follow a specific plan of care. Your plan will depend on your individual diagnosis. This material provides an overview of your care path. Information in this packet tells you and your care partner what you must do and what will happen as we work together through your treatment. Your care partner is a family member or friend who helps you after your procedure. Although this material covers standard procedures, each patient receives individualized care.

Your Care Path

You have decided to undergo a robotic-assisted radical prostatectomy. This means that the entire prostate gland, seminal vesicles and part of the urethra with the bladder neck will be removed through an incision in your abdomen.

What to Expect

Lymph nodes are small, bean-shaped structures that are part of the immune system. Lymph nodes may trap cancer cells or bacteria. During surgery, your doctor may check the lymph nodes that lie in the pelvis near the prostate gland. Your surgeon may not remove your lymph nodes if:

- You have a low prostate specific antigen (PSA) score
- Your cancer was caught in an early stage
- Your disease is not very aggressive (determined by a Gleason score of 6 or less)

After the procedure, a pathologist will closely examine all of the tissue that was removed during the procedure. If cancer is found beyond the prostate gland, your doctor may suggest additional treatment after you have recovered from surgery.

Most patients who have a robotic-assisted radical prostatectomy stay in the hospital for one night. Some patients go home after two nights.

Follow up Care

A follow up visit is scheduled 7 to 10 days after surgery. During this appointment, your doctor will discuss your pathology results with you and remove your foley catheter.

Sexual Function

If you plan to have children after your prostatectomy, talk to your doctor before your surgery about the possibility of sperm banking. You will not be able to conceive children after this surgery.

Stimulation of two sets of nerves causes an erection (surge of blood to the penis). These nerves run along each side of the prostate gland, very close to the area where most prostate cancer occurs. Cancer cells tend to move toward the main branch of the nerve that penetrates into the prostate gland. Therefore, these nerves cannot always be preserved with the surgery. Although nerve sparing is sometimes possible, it may be unwise because it can increase the risk of cancer cells remaining in the body.

If at least one nerve set is preserved, you may slowly recover your ability to have an erection over the next two years. The likelihood of recovery also depends on your age and the quality of erections before surgery.

On average, it takes from three to twelve months or longer after surgery to recover an erection strong enough for sexual intercourse. Erections may then continue to grow stronger for another two to three years. Even after that time, however, most men find erections a bit less firm and durable than before the surgery. Viagra®, Cialis®, Levitra® and other similar drugs may help with erections.

If nerve sparing is not possible, you will not be able to have an erection after surgery without the use of other methods.

If you are unable to have an erection, or an erection strong enough for intercourse, you may be able to use other methods, such as an external vacuum pump, injections in the penis, suppositories in the urethra, or a surgically placed prosthesis. Talk to your doctor about which method might be best for you.

With patience and the use of these methods, you may be able to continue an enjoyable sex life after you have recovered from the operation. A radical prostatectomy will not affect your hormonal balance, sensation in the penis or the ability to experience climax. However, ejaculation will not occur during climax.

If you have any questions or concerns about sexual function or other general questions, please ask your doctor, clinical nurse specialist, or any member of your health care team.

Medicines

Be sure to tell your doctor or nurse about all the medicines, vitamins, and herbs that you are taking. You should stop taking baby aspirin and aspirin products 7 days before surgery. If you are on blood thinners (such as Plavix®, Eliquis®, Coumadin®) your Cardiologist will be contacted for clearance on stopping this medication. This will help prevent excessive bleeding during your surgery.

Kegel Exercises

After surgery, urine may leak from your bladder for one to six months and occasionally longer. Strengthening your pelvic muscles will help reduce leakage. You can start these exercises before surgery. You can confirm that you are tightening the right muscles by practicing the exercises while urinating. Your stream should stop and start as your pelvic muscles tighten. Refer to your copy of "Kegel Exercises" for more information. **Do not do these exercises after surgery until your catheter is removed.** However, you should start doing them to prepare for surgery. Although it is best to start these exercises two to four weeks before your surgery date, it is also okay if you start these a few days before surgery.

Diet the Day Before Surgery

You must carefully follow the instructions your doctor or nurse gives you about your diet before your surgery. You may need to have only clear liquids starting the day before surgery, which can be continued until 2 hours before arriving at the hospital. On the night before your surgery, **do not eat or drink anything after midnight**. The morning before your surgery, you may brush your teeth and rinse your mouth with mouthwash. **Avoid swallowing** any of the water or mouthwash. These precautions are necessary to prevent complications while you are under anesthesia. Your anesthesiologist may allow you to take some medicine with a small sip of water.

Smoking

If you smoke, stop smoking to ensure a safer and faster recovery. **Do not** smoke after midnight on the night before your surgery.

Bowel Preparation

You will give yourself a Fleet enema the night before or the morning of your surgery as instructed by your doctor or nurse. The enema will help clean out your bowels and make surgery safer for you.

Surgical Site

Following your surgery, your team will regularly check the dressing over your surgical site to make sure there is no bleeding. The fluid from your drainage tubes will be measured. Most incisions are closed with a suture below the skin; surgical glue will help hold your incision together. A team member will inspect the site daily for signs of infection. You can shower any time after the surgery but do not take a bath until cleared by your physician.

Wound Catheter Care

You will have a small tube from one of the punctures to drain fluid from the surgical site. The skin around the drain will be cleaned and a new dressing will be applied daily. Usually, the drain is removed before you go home.

Indwelling Foley catheter – This is a soft, rubber tube with a balloon tip that continuously drains urine from the bladder. You will learn how to care for your indwelling Foley catheter before you go home. Your doctor may decide to remove the tube in five to 14 days. See your copy of "Care of the Indwelling Foley Catheter" for more information.

Going Home

Usually, you will be ready to leave the hospital when:

- Your vital signs are stable and within your normal range.
- Your lungs are free of complications.
- Your incision is clean, intact and infection-free.
- You are eating a regular diet again.
- You show an activity level appropriate for your condition.
- You learn how to take care of your indwelling Foley catheter, incision, and leg and night drainage bags.
- You understand instructions for taking prescriptions and other medicines at home.
- Your doctor feels you are ready.

Home Care

Caring for Your Incision

When you go home, you will have a suture line with surgical adhesive strips or surgical glue. Be sure to inspect your incision site daily. Report any of the following signs and symptoms of infection to your doctor immediately:

- Swelling
- Increased redness or heat
- Separation of the incision
- Increased drainage containing pus
- A bad odor
- Increased pain or tenderness
- Temperature of 101°F (38.3°C) or higher
- Nausea or vomiting

Most incisions are covered by surgical glue that will come off after a few days. If you have adhesive strips, they will gradually fall off and do not need to be replaced. Surgical adhesive strips may be placed along the incision lines. When you take a shower, gently clean the incision with soap and water, then rinse and gently pat dry. The edges of your incisions may be slightly red. If redness extends beyond the incision line, contact your doctor. You may notice a very small amount of fluid from the puncture site. If you have a large amount of red or brown fluid, contact your doctor.

Bruising around the puncture site, on the penis or scrotum is common and is usually not a cause for concern.

Activities of Daily Living

- Try to get up and walk at least four or five times per day. This helps to prevent blood clots in the legs. You may walk up and down stairs.
- For two weeks after surgery, avoid lifting objects heavier than 10 pounds. After two weeks, listen to your body and use your best judgment when trying to lift objects.
- Do not drive for at least two weeks after surgery. **Do not drive until after you have stopped taking pain medicine.**
- Riding in a car is okay after surgery. However, during long rides, stop every two hours and take a short walk.

Diet

Eat a well-balanced diet with adequate amounts of protein to promote tissue repair. After you have stopped taking pain medicine, you may occasionally have an alcoholic drink. Increase your intake of dietary fiber by eating oat bran, barley, beans and fruits and vegetables. This will help prevent constipation. If your stools are hard or you become constipated, take a stool softener or fiber laxative. If you continue to be constipated after taking a stool softener or laxative, call and speak to your doctor or nurse.

Bladder Spasms

You may have some bladder spasms while the indwelling Foley catheter is in place. Spasms feel like cramping or tightening in the lower abdominal area. They may feel like a strong urge to urinate. Urine and possibly some blood may leak around the catheter during a spasm. If the spasms are frequent or painful, your doctor can prescribe medicine for you.

Indwelling Foley Catheter

You will go home with your Foley catheter in place. It will usually be removed soon after surgery at your post op appointment

Avoid pulling on the catheter. Keep the catheter taped to your upper leg to prevent as much movement as possible in the urinary canal. You may attach the catheter to a leg bag during the day when you are up and about. A leg bag is a small bag worn around your leg and under your pants to collect urine. Use the large night-drainage bag at night when you are lying down.

Urinary Control

When the Foley catheter is removed, you will not be able to urinate normally right away.

You may experience:

- Some burning while urinating
- An inability to control the flow of urine
- A need to urinate more frequently
- An inability to control leakage of urine

To cope with these effects, continue to do Kegel exercises as instructed by your doctor Most men gain control of urination within six months. If you do not gain control within this time, discuss other options with your doctor.

Some men may always have mild leakage when they exercise vigorously. Wear a small pad in your underwear to absorb extra moisture. If you are leaking urine, take good care of the skin around your scrotum, penis and inner thigh.

Drain Care

Your drain may be left in place after you leave the hospital. You may need the drain due to a high output or urinary leakage. If your drain is left in place after you leave the hospital, please keep a drain diary. A drain diary is a record of drainage output for a 24-hour period. Report the amount of your output to your doctor's office. Your doctor will use this information to determine when it is safe to remove the drain.

Emergency Center

In case of any emergency, call 911 or go to the nearest emergency center. For non-emergencies during business hours, call our triage line at 904-202-7300 option 3

Resources

Definitions

- **Prostate gland** - a walnut-sized gland just below the bladder that produces most of the fluid that carries sperm.
- **Seminal vesicles** - pouches attached to the prostate gland that produce and store the seminal fluid. The majority of fluid released during ejaculation is from the prostate and seminal vesicles.
- **Urethra** - the tube that drains urine from the bladder. In men, the urethra is surrounded by the prostate gland at its upper end and then forms a channel through the length of the penis.
- **Bladder neck** - contains muscles that help with holding urine.
- **Pelvic muscles** - used to control the flow of urine from the bladder. (While sitting or standing, you can find your pelvic muscles by tightening your rectum.)
- **Bowels (intestines)** - portion of the food canal from the stomach to the anus.

American Cancer Society

The American Cancer Society (ACS) is a voluntary national health organization with local offices around the country. The ACS supports research, provides information about cancer, and offers many programs and services to patients and their families.
800-ACS-2345 (1-800-227-2345)
www.cancer.org

Cancer Information Service

The Cancer Information Service (CIS) is a program of the National Cancer Institute (NCI). People who call the CIS speak with highly trained and caring information specialists who can answer questions about cancer screening tests, risks, symptoms, how cancer is diagnosed, the latest treatments and support organizations. 1-800-4-CANCER (1-800-422-6237)

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