

**UROLOGICAL
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FACTSHEET

RADICAL RETROPUBIC PROSTATECTOMY

About the Procedure:

This procedure is performed primarily in the treatment of prostate cancer, and it involves the removal of the entire prostate and the seminal vesicals, and, occasionally, the lymph nodes in the pelvis. This procedure is performed through a 10 to 15 centimeter vertical incision, just below the belly button. The procedure usually takes 3 to 4 hours, under general anesthesia, and you should expect to spend at least one to two nights in the hospital.

Preparing for the Procedure:

- Take only clear liquids on the day prior to the procedure. Acceptable liquids include tea or coffee (no milk or cream), water, apple juice, Gatorade or other sports drinks, popsicles, italian ice, or chicken broth.
- Drink five ounces of citrate of magnesium at 4:00 pm the day before the procedure. If this does not produce a bowel movement by 7:00 pm take an additional two ounces of citrate of magnesium. This is available over the counter in the laxative section of your pharmacy. Remember to drink plenty of clear liquids to stay hydrated while preparing for your procedure.
- Do not eat or drink anything after midnight the night before the procedure. You should take your usual medications as you normally would the morning of your procedure with a small sip of water only (avoid juice, milk, coffee, etc.).
- Starting five to ten days prior to your procedure (ask your doctor for a specific time), it is important to stop taking medications that might increase your risk of bleeding. For a list of blood-thinning medication that should be avoided, [click here](#) or ask you doctor.
- Additionally, your doctor may have prescribed for you an enema which should be taken rectally two hours before coming in to the hospital on the day of your surgery. Check the packaging of the enema for specific instructions.

After the Procedure:

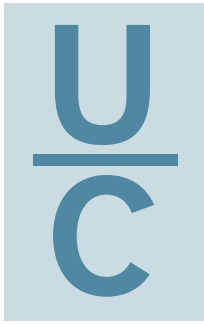
General:

- You will be discharged with a catheter in your bladder. This is typically left in place for one to two weeks.
- The catheter should only be removed by your Urologist
- Drink 6 to 8 glasses (1500cc) of fluid daily until the catheter is removed
- If blood appears in your urine (red fluid in the tubing of the catheter), increase your fluid intake and decrease your activity level until it clears.
- Unless instructed otherwise, avoid taking aspirin, anti-inflammatory medications (ibuprofen, etc.), or blood thinners until you are seen in the office
- Do not use any rectal suppositories or enemas
- Remove the dressings from all incisions on the second day after surgery and leave the incisions open to air

Contact the office immediately you experience any of the following:

- Swelling of one or both legs
- Chest pain
- Shortness of breath
- Fevers higher than 100.5° F
- Catheter stops draining

(continued on next page)



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FACTSHEET

RADICAL RETROPUBIC PROSTATECTOMY (*Continued*)

Activities:

- You can and should walk around freely (rest in bed only when tired)
- You may climb up and down stairs slowly
- You may shower with the catheter, but do not soak in a tub or take baths• You may climb up and down stairs slowly
- You may shower with the catheter, but do not soak in a tub or take baths
- You should not drive until your catheter has been removed (it is ok to ride in a car) or if you are taking narcotic pain medication
- Avoid strenuous activity, exercise, and heavy lifting (more than 20 lbs.) for 4 weeks after your surgery
- No bicycle or horseback riding for 8 weeks after surgery.

Diet:

- You may eat your usual diet when at home
- In addition to the pain medication, you should take the prescribed stool softener to prevent constipation
- If you do not have a bowel movement within 3 days of your surgery, begin taking over-the-counter milk of magnesia twice daily until your first bowel movement
- Limiting the narcotic pain medication will help decrease constipation

Catheter care:

- While at home, keep the catheter connected to the large drainage bag
- It is OK to use the smaller drainage bag if you plan on going out of the house
- It is normal for your catheter to have pink to reddish urine, especially with increased activity or bowel movements
- Decreasing your activity and increasing fluids will usually make the urine clear
- You may notice pink discharge at the tip of the penis—this is normal
- Applying over-the-counter antibacterial ointment (e.g. Neosporin or Bacitracin) 2 to 4 times daily to the tip of the penis will help decrease irritation.

Common Problems:

Leakage around the catheter:

This is a common problem often related to bladder spasms (leakage may be accompanied by the urge to urinate or lower abdominal pain/cramping). If urine is still draining through the catheter tubing, as well as around it, use absorbent pads to stay dry. Increase your fluid intake and decrease your activity—the spasms should pass

If the spasms are severe, call the office and a medication to help control them can be prescribed.

Scrotal/Penile swelling:

Swelling of the penis and/or scrotum is not unusual and should improve with time. It may help to elevate the scrotum with a soft towel behind the scrotum while seated or lying down.

Incision opening:

If an the skin of an incision should open, you may clean it with hydrogen peroxide and apply a clean gauze to cover it twice daily.

Bruising around the incision:

This is normal and will get better with time.

Constipation/bloating:

This is common after surgery. Walking, increasing fluids, and decreasing the use of narcotic pain medications will usually help improve these symptoms. (see Diet instructions above).