

Going Home After Your Robot Assisted Laparoscopic Prostatectomy

Indiana University Hospital

You are ready to go home after your robotic prostatectomy. Here are some tips to help you recover after surgery.



Bathing

You may shower 48 hours after your drain is taken out. If you do not have a drain, you can shower the day after you go home. By then, your incision and drain sites usually do not need bandages. Do not take tub baths until 3 weeks after surgery and your catheter is out.

Sitting

Do not sit with your feet on the floor for long periods of time. Sit with your feet up. Get up often and walk. Moving around keeps blood flowing and helps prevent blood clots.

Diet

You may go back to your normal diet when you go home.

Going Back To Work

You should not plan to go back to work for 2 to 3 weeks after surgery. This will depend on the kind of work you do and how fast you heal. Your surgeon can tell you more about going back to work.

Lifting

Do not lift anything that weighs more than 10 pounds for 4 weeks. This lets your incision heal. Daily exercise (walking or climbing stairs) will help you feel better faster.

Travel

Do not drive until

- 1 to 2 weeks after surgery.
- you are not taking pain medicine.
- your catheter is out.

If you ride in a car or fly, keep your legs up during the trip. Walk around every hour to prevent blood clots.



Sex

Your prostatectomy may affect your sexual function.



Sexual Activity

You may have sex when:

- You feel ready.
- Your catheter is out.
- Your incision is healed.
- Your urinary control is okay.

It is important to talk to your partner about your sexual function. Your doctor can answer your questions about having sex.

Ejaculation

Ejaculation is when fluid comes out of the penis during sex. Seminal fluid is one part of this fluid. The prostate gland makes seminal fluid. After the prostate is taken out, seminal fluid is no longer made. So, no fluid comes out during sex.

You will not be able to father a child after this surgery. You can still get sexually transmitted diseases (STD). If you have more than one sex partner or your partner has more than one sex partner, you need to wear a condom to protect yourself and your partner.

Erection

Erection begins when nerves are stimulated. This causes more blood to flow to the penis. This extra blood causes the penis to get bigger and harder.

These nerves run beside the prostate gland. Often, these nerves can be saved when your prostate is removed. But even if the nerves are kept, your sexual function may not be the same as before surgery.

It usually takes 6-12 months for the nerves to heal and to recover your erection fully. Your erections may get better for as long as 2-3 years after surgery. Even after recovery, some men find their erections are less firm and don't last as long as before surgery.

While you are waiting, there are ways to help with your erection. There are medicines that may help. Sildenafil (Viagra®) is one you can take by mouth. Caverject® is a medicine you inject.

Or, there are devices that can help. The Muse® can be put into the penis. Vacuum erection devices can also help. Your doctor can give you more information and help you choose something that is right for you.

Urinary Control

Some men have urinary control right after surgery. For others, it may take longer. As your bladder is trained to hold urine again, your control will get better. For most men, control becomes completely normal 2-3 months after surgery.

You may notice that you have better control when you are lying down. This is because the weight of the urine is spread over the sides of the bladder instead of pressing down on the urethra. Leakage may get worse in the evening when your muscles get tired.

You may notice more leaking when you change position, carry things, laugh, sneeze or cough. This is called stress incontinence. Stress incontinence is often worse when you exercise, when your bladder is full, when you are tired or after you drink alcohol. These things increase pressure inside the abdomen. This increases the chances that urine will leak from the bladder.

You can stay dry and comfortable by wearing a small absorbent pad. Most men get good urinary control back within a few months. If you do not have good control in 1 year, your surgeon may suggest treatment.

Kegel Exercises

Two weeks after surgery and after your catheter is out, you may start Kegel exercises. Kegel exercises will help improve your urinary control.

Tighten the muscles around your bladder. These are the muscles that normally stop urine flow. Count to 3. Relax. Repeat 5 times. Do these exercises 4 times a day: after breakfast, lunch, dinner and before you go to bed.

If You Have A Drain

During surgery, your surgeon may place a small drain in your abdomen, close to your incision. This drain is a soft tube leading to a small, flexible bulb. This drain is called a Jackson-Pratt or J-P drain. The drain and bulb help drain the fluid around your surgical site.

Often, the drain is taken out 1 to 2 days after your surgery, but it may be left in longer. You may go home with your J-P drain still in place. If so, the nurse will teach you how to care for it before you leave. Your doctor will take it out when it is time.



Bowel Function

It is important to avoid constipation. When you go home, you will get a prescription for a stool softener. It is a good idea to take this as long as you are taking pain pills. You may also take Metamucil® or Milk of Magnesia® which are stool softeners you can buy without a prescription.

When To Call Your Doctor

Call the Urology Clinic at 317-274-7545 if you have:

- Temperature above 101° F
- Swelling in your feet or ankles
- Tenderness in your calf
- Redness around your incision
- No urine drains from your catheter
- A bad smell from your incision
- Increasing abdominal pain
- Catheter comes out

If you need to call your surgeon after business hours, call 317-274-5000. Ask for the urology resident on call.

