

Robotically Assisted Laparoscopic Prostatectomy: discharge information

Information for patients

This leaflet aims to support you once you have been discharged from hospital following your **Robotically Assisted Laparoscopic Prostatectomy**. Please read through the following information, and raise any questions you have before you are discharged from hospital.

How do I care for my catheter at home?

- You will be shown how to use and care for your catheter on the ward, before you are discharged from hospital. This includes how to look after the leg drainage bag and night drainage bag.
- Do not disconnect the leg bag unless told to do so.
- Your catheter needs to remain on free drainage. Do not spigot or use the 'flip valve'. Please ask if you are not sure.
- The date for removal of your catheter will be checked and confirmed before you leave hospital.
- If your catheter becomes blocked, please return to Kent and Canterbury Hospital. Do not allow your community nurse to perform a bladder washout, flush, or remove your catheter.
- A small amount of urine/fluid discharge around your catheter is normal, this is called bypassing.
- A little blood in your urine or around your catheter is expected, but if it is very heavy please contact the Specialist Nursing Team or ward. Contact details are on page 5.



Pelvic floor exercises

Please do pelvic floor exercises throughout your recovery, but if you find them uncomfortable with the catheter in place you can choose not to do them until it is removed.

For more information, please ask a member of ward staff for a copy of the Trust leaflet **Pelvic floor exercises for men undergoing radical prostatectomy**, or download a copy from the Trust web site www.ekhuft.nhs.uk/urology-leaflets/

What should I eat and drink when I return home?

- Drink more fluids, such as water, for the first week following your surgery. Around two to three litres in total each day.
- Eat a full balanced high fibre diet. Add extra fibre by eating fruit and vegetables to help prevent constipation.
- Avoid straining to use your bowels. You will be given a stool softener, such as Laxido or Movicol, for the first week after surgery to prevent constipation. Please take as directed.

How should I take care of my wounds?

- You will have six small “keyhole” wounds.
- Absorbable stitches have been used, so you will not have to have them removed.
- If necessary your wounds will be checked and redressed before you are discharged home.
- Please do not shower or have a bath until 48 hours after your operation. The dressings can be removed at this time. You should then gently pat your wounds dry. If your wounds are clean and dry they do not need to be re-dressed.
- You may have scrotal and penile swelling due to the nature of the surgery, please wear tight supportive underwear to help reduce this.

When can I start normal activities again?

- Do not stay in bed. Move around as your pain allows. Walk gently at first, increasing how far and often you walk each day.
- Your energy levels will vary from day to day after this surgery.
- Remember to do your pelvic floor exercises.

When can I drive again?

- You will only be fit to drive if you can do an emergency stop without it causing you any pain.
- Do not drive for at least one week.
- Check with your insurance company before driving again.

When can I return to work?

- This varies from one patient to another, but you can return to work when you feel able. Some patients go back after one week, others take three to four weeks.
- It is important only to do light duties to start with, and no heavy lifting for four weeks.

Will I be sent home with medication?

- We do not routinely give you painkillers to take home. We advise you to buy paracetamol and ibuprofen from your local supermarket or chemist. If this is difficult, please speak to the ward team before your procedure.
- You will be given a tablet to prevent indigestion/stomach irritation, which must be taken each day for the first week after your operation.
- You will also be given a stool softener drug such as laxido, to prevent constipation in the first week.
- We send some patients home with a course of injections to help prevent deep vein thrombosis (DVT or blood clots in the leg). If this is the case for you, you will be given instructions on how to do this before you are discharged from hospital. If you feel you will not be able to give yourself these injections, a community nurse will be arranged to visit your home to do this for you.
- You will be offered a prescription for sildenafil 50mgs (the generic name for Viagra) to be taken once a day. This is a drug known as a PDE5 inhibitor, which helps with blood flow and the return of your erections. Sildenafil should be started once the catheter is removed, if recovery of erections is important to you.
- Ongoing treatment and other options will be discussed with you when you are reviewed, but this depends on your wishes and situation.

What if I feel unwell at home?

- All patients will have some bruising around their wounds or in their scrotum, but these are usually minor.
- If any of your wounds become red, sore, or you notice any pus, please contact your GP for advice.
- If your urine becomes cloudy or smells bad, or your catheter becomes more painful, please speak to your GP or district nurse for advice.
- Please speak to your GP or district nurse if you develop high temperatures, fevers, sweats, or pain/swelling in your calves or thighs.
- If the catheter blocks/stops draining or you notice a lot of bleeding, either contact the nurse specialists, Clarke Ward, or go to the Urgent Treatment Centre at Kent and Canterbury Hospital (see contact numbers on page 5). Please do not ask or allow your district nurse to flush or remove your catheter.
- If you have a port site hernia (lump through one of your wounds), particularly if painful or with vomiting, please call the nurse specialists or Clarke Ward as this will need medical review.

Where can I get further information about the operation?

- **da Vinci Prostatectomy**
Web: www.davincisurgery.com/
- **Prostate Cancer UK**
Web: www.prostatecanceruk.org/
- **Cancer Research UK**
Web: www.cancerresearchuk.org/about-cancer
- **Patient**
Web: www.patient.info
- **Macmillan Cancer Support**
Web: www.macmillan.org.uk

Useful contact numbers

- **Macmillan Urology Cancer Nurse Specialists**
Morna Jones, David Stafford, Janey Blofield, Emma Chamberlain, Sarah Griffin, Lloyd Soper, and Laura Neville
Telephone: 01227 86 86 66
Email: ekhufft.uro-onccns@nhs.net
- **Macmillan Urology Support Workers**
Jennifer Harris and Rachelle Newman
Email: ekhufft.urocancersupportworkers@nhs.net
- **Clarke Ward, Kent and Canterbury Hospital**
Telephone: 01227 78 31 03
- **Kent Continence Service**
Telephone: 03007 90 03 10
Email: kentchft.continence@nhs.net
- **The Prostate Cancer Charity**
Email: info@prostate-cancer.org.uk
- **The Bladder and Bowel Foundation (B&BF)**
Nurse helpline: 08453 45 01 65
- **Sexual Dysfunction Association**
Helpline: 08707 74 35 71
- **Macmillan Cancer Support**
Free helpline: 08088 08 0000 (Monday to Friday 9am to 8pm)

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation