

Radical Prostatectomy Surgery

Patient Information Booklet

**Please bring this book to your
admission to the Hospital and
to all of your appointments**

**For information call
613-721-2000 extension 2920
between 8:00 am and 4:00 pm
Monday to Friday**



Queensway Carleton
Hospital

Your Health Care - Be Involved

- **Be involved in your health care. Speak up if you have questions or concerns about your care.**
- **Tell a member of your health care team about your past illnesses and your current health condition.**
- **Bring all of your medicines with you when you go to the hospital or to a medical appointment.**
- **Tell a member of your care team if you have ever had an allergic or bad reaction to any medicine or food.**
- **Make sure you know what to do when you go home from the hospital or from your medical appointment.**

Patient safety is very important to the Queensway Carleton Hospital and this information is provided to patients/families to help inform you of your essential role in your own safety.

The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your doctor and healthcare team about your particular health care needs.

Protect Yourself! Clean your hands frequently and ask your health care providers and visitors to do the same. Clean Hands Saves Lives.

Table of Contents

Introduction	4
Your healthcare team may include:	4
MRSA (Methicillin – Resistant Staphylococcus Aureus)	4
Family contact	5
Surgical inpatient visiting hours:	5
Will I need to see a Social Worker/Discharge Planner?	5
Radical Prostatectomy surgery	6
How is the operation done	7
Where do I go for my pre-operative assessment visit?	8
When is my appointment?	8
Health tips before surgery	9
The day before your surgery	9
Sample Menu	10
Clear Fluid Diet	10
Bowel preparation day before surgery	12
Preparations for surgery (medication/vitamins/food)	13
What happens the day of your surgery	14
How long does the operation take?	14
Post Anesthetic Care Unit (PACU)	14
What are ankle exercises and deep breathing?	15
Pain management	16
What happens after surgery	18
When can I get out of bed?	18
Blood Clots or Deep Vein Thrombosis	19
Deep Vein Thrombosis	19
Intravenous (IV)	19
Incision/Clips	20
Dressing	20
Drain	20
Care of the catheter	20

What happens after the catheter is removed?	21
Length of stay	21
Will the surgery affect my sex life?	22
When should I call the Doctor or go to the nearest Hospital Emergency Department?	23
Why is good nutrition important both before and after surgery?	23
Care of urinary drainage system	24
Connecting, disconnecting, emptying of the overnight drainage bag.....	24
Connecting, disconnecting, emptying of the leg drainage bag.....	25
Emptying the leg bag	25
Cleaning the drainage bags	25
Kegel exercises	26
How pelvic muscle exercises may help	26
How to feel the muscles of the pelvic floor	26
How to do pelvic muscle exercises	27
Resources	28
Prostate Cancer Canada Network (Ottawa)	28
Telephone Info line and Web sites	28
Books and other materials	29
Health information for patients and their family, patient and family libraries at The Ottawa Hospital.....	29
EMERGENCY VISIT INSTRUCTIONS	32
Discharge summary	33

Radical Prostatectomy

Introduction

Welcome to Queensway Carleton Hospital. You are being admitted for a Radical Prostatectomy. Your hospital stay is planned for four days, three nights (including the day of your operation).

This booklet is intended to provide you with information to prepare you for your hospital stay and discharge. Your safety and complete recovery is our priority following your surgery. For this reason, we ask you to follow these instructions.

Please use this booklet as a reference tool for all dates and times and bring this booklet with you to all your appointments and on your day of surgery.

Your healthcare team may include:

- Nurse
- Doctor
- Respiratory Therapist
- Registered Dietitian
- Lab Technologist
- X-ray Technologist
- Physiotherapist
- Discharge Planner/Social Worker
- Pharmacist
- Community Care Access Centre (CCAC) Care Coordinator

MRSA (Methicillin – Resistant Staphylococcus Aureus)

Today, many hospitals in Canada and around the world are dealing with bacteria which no longer respond to many antibiotics. The Queensway Carleton Hospital is taking steps to prevent and control antibiotic resistant bacteria. This bacteria does not cause problems in healthy people, but it can cause infections in people who have weakened immune systems or have had major surgery. If you have stayed overnight in a healthcare facility within the last year, you will be screened for this at the time of your pre-operative visit.

Family contact

Please discuss and decide with your family who will be the primary contact person. This should be the only person to phone the hospital staff regarding your condition. This person can further contact the rest of your family and/or friends. This name will be written on the chart. Please let your family and friends know who this person is.

My family contact is: _____

Phone number:

Home: _____

Work: _____

Cell: _____

Patient recovery can be enhanced by visits from family members, but remember your recovery is also aided by plenty of rest. Please be courteous and have consideration for your fellow patients regarding the number of visitors coming to see you. Patients and their families are asked to adhere to the following visiting hours and to limit visitors to two at the bedside at one time.

Surgical inpatient visiting hours:

11:30 a.m. to 2:00 p.m.

4:00 a.m. to 8:00 p.m.

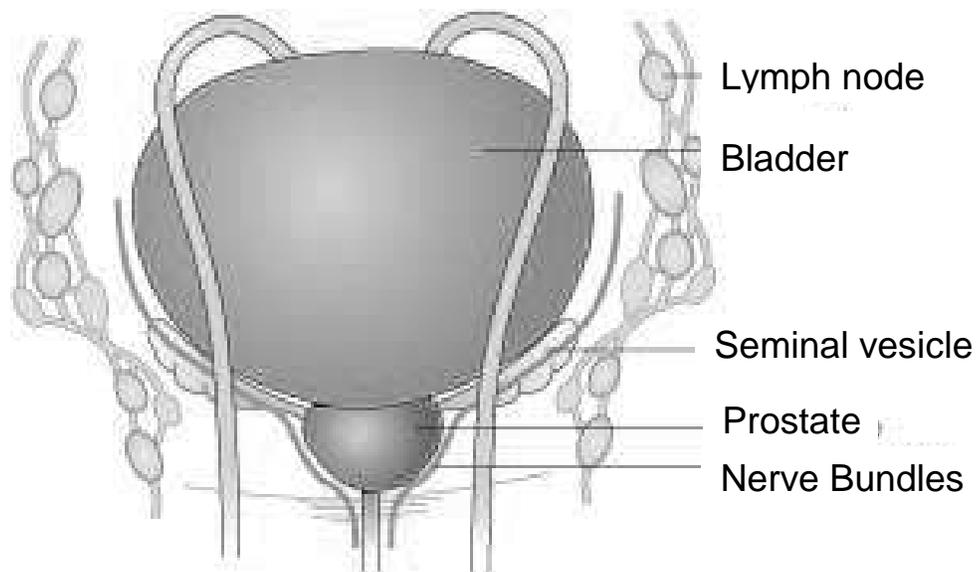
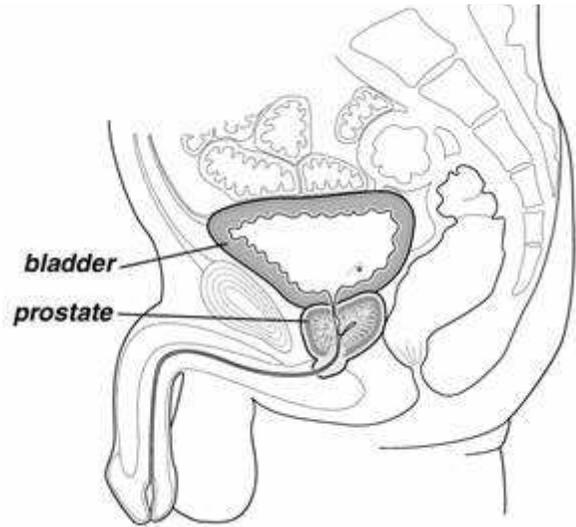
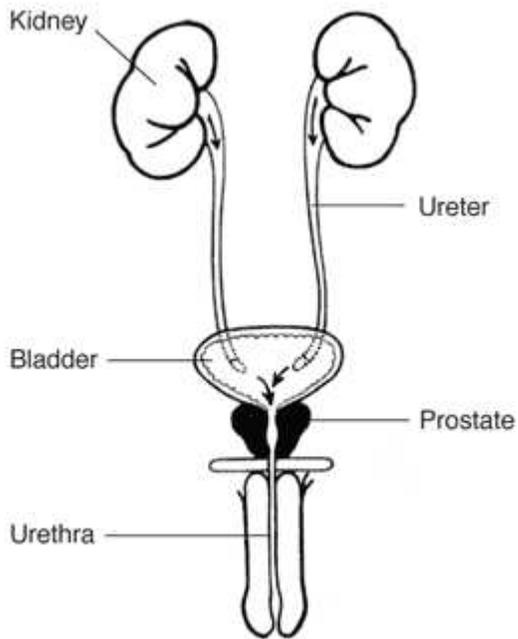
Only two visitors are allowed at a time and please limit visits from young children to immediate family only.

Will I need to see a Social Worker/Discharge Planner?

A Social Worker is available by phone or during your pre-operative visit if there are any issues that may make it difficult for you to manage at home on discharge. If you are worried about being alone, you may want to think about convalescent care in a retirement home or have a care partner stay with you once you are home. If you are the caregiver for someone else, please let us know at the time of your pre-op appointment.

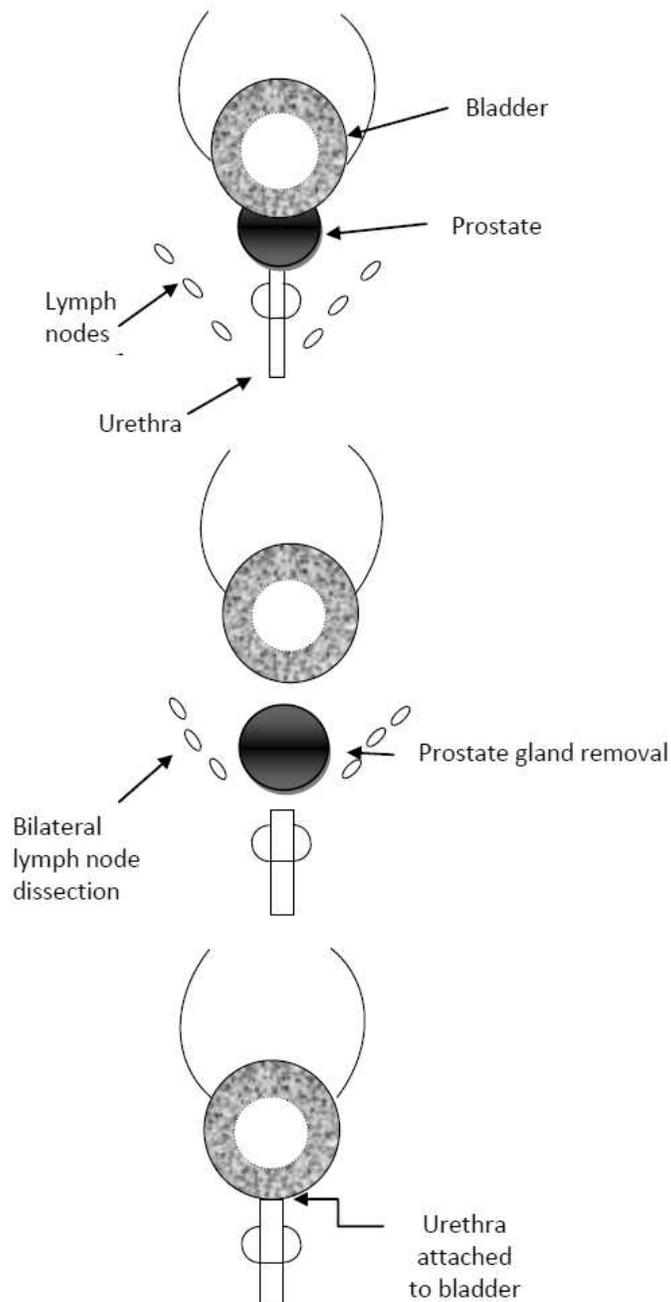
Radical Prostatectomy surgery

The prostate is a male reproductive gland about the size of a walnut, which completely surrounds the urethra at the neck of the bladder. The urethra is the tube that empties the bladder of urine, passing through the prostate and the penis.



How is the operation done?

Anesthesia will be discussed with you and provided by your Anesthesiologist. The Surgeon will make an incision from just below your belly button to the top of the pelvic bone. The Surgeon may do a pelvic lymph node dissection. That means removal of the lymph nodes that drain the prostate to make sure that the nodes are free from cancer. The entire prostate gland is removed. Once it is removed the urethra is then reattached to the bladder. An indwelling catheter is placed in the bladder to drain the urine during the healing process.



Where do I go for my pre-operative assessment visit?

Report to the Queensway Carleton Hospital main lobby information desk. You will be directed to the Patient Registration Department to be registered and then to Pre-Operative Assessment Clinic (POAC).

When is my appointment?

The Operating Room Scheduling Department at the Queensway Carleton Hospital will call you with your appointment information. Your Pre-Operative Assessment Clinic (POAC) appointment is on

_____ at _____

If you have any questions about your appointment please call the Operating Room Scheduling Department: Monday to Friday, 8 a.m. to 4 p.m. at 613-721-2000, ext. 2614.

Your date of surgery is: _____
(yy/mm/dd)

Call Queensway Carleton Hospital Operating Room Scheduling Department on the day before your surgery is scheduled to get the time for your admission. The number to call is 613-721-4840 between 11 a.m. and 3 p.m., Monday through Friday.

Call for your admission time on _____
(yy/mm/dd)

NOTE: Notify your Surgeon before your surgery if you develop a cold or any other illness.

On the day of your Pre-Op Assessment Clinic visit we advise you to purchase 2 scrub brushes of Chlorhexidine soap. They can be purchased at the QCH Gift Box on the main floor next to the front lobby.

Gift Shop Hours

Monday to Friday 9 a.m. to 4 p.m. and 5 p.m. to 8 p.m.

Weekends 12 p.m. to 4 p.m.

Health tips before surgery

Note: notify your surgeon before your surgery if you develop a cold or any other illness

This is important for your well being and the safety of others because there is a risk for everyone if you go into surgery with an infectious process (cold or flu) in progress. Should your surgery be delayed, every effort will be made to have you rescheduled as soon as possible.

If you need to speak to a Pre-operative Nurse **BEFORE** surgery you may call 613-721-2000, extension 2920 between 8:00 a.m. to 4:00 p.m., Monday to Friday (except holidays).

How do I prepare for surgery?

The day before your surgery (clear fluid diet) Date: _____

Purpose: To provide a diet that will reduce the amount of stool in the bowel. The clear fluid diet must provide adequate calories and electrolytes and proper hydration.

Avoid

- Spicy foods
- No milk products
- No solid foods
- Juices must be clear with no pulp (no tomato or orange juice)

On a clear fluid diet you are encouraged to drink at least 6 - 8 glasses of fluid throughout the day to prevent dehydration.

If you are diabetic:

Check with your Doctor about taking your usual medications.

While on clear fluids you should use unsweetened juices but regular Jell-O™ and soft drinks to provide adequate carbohydrates during the day.

Sample Menu

Clear Fluid Diet

ALLOWED

- Clear juices (apple, white cranberry, peach, white grape juice)
- Water
- Clear broth
- Sodas
- Decaffeinated coffee or tea
- Clear gelatin (Jell-O™) with no added fruit
- Water popsicles
- Lemonade
- Kool Aid™
- Sports drinks (Powerade™, Gatorade™)
- Hard candies

NOT ALLOWED

- Milk or milk products (milkshakes, custards, yogurt)
- Cream soups
- Tomato juice
- Orange juice
- Oatmeal or cream of wheat
- Grapefruit juice
- Alcohol

Sample Menu 1

Clear Fluids

Date: _____

Breakfast:	8 oz/250 mL clear juice – example apple, peach, white cranberry 4 oz/120 mL Jell-O™ Decaffeinated coffee or tea, with sugar or sweetener, honey
Snack:	4 oz/120 mL clear juice 4 oz pop e.g. Gingerale™, 7-Up™
Lunch:	8 oz/250 mL clear broth (chicken or beef) 4 oz/120 mL clear juice (no pulp) 4 oz/120 mL Gingerale™ or 7-Up™ Decaffeinated tea with sugar or sweetener or honey
Snack:	4 oz/120 mL Gingerale™ or 7-Up™ (Powerade™) 4 oz/120 mL clear juices (no pulp)
Supper:	8 oz/250 mL clear broth (chicken or beef) 4 oz/120 mL clear juice (no pulp) 4 oz/120 mL Gingerale™ or 7-Up™
Snack:	4 oz/120 mL Gingerale™ or 7-Up™ (Powerade™) 4 oz/120 mL clear juices (apple juice) Water popsicle, club soda or water

Remember to drink plenty of fluids the day before surgery, at least 6 - 8 glasses.

Bowel preparation day before surgery

At 10:00 a.m. or _____ (time) mix one package of Pico Salax in one cup water and drink. The Pico Salax will become warm when mixed with the water. Pico Salax is a laxative to cleanse your bowel for surgery.

At 4:00 p.m. or _____ (time) take the second package of Pico Salax. You should expect your bowels to move at any time usually 3–4 hours after taking Pico Salax. Please ensure you are close to a toilet at all times after taking this laxative.

OR

Other bowel preparations as per your Doctor's orders

Preparations for surgery (medication/vitamins/food)

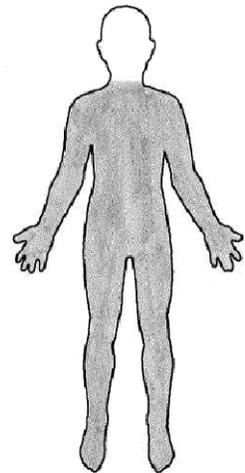
- **YOU MUST FOLLOW A CLEAR FLUID DIET FOR THE ENTIRE DAY THE DAY BEFORE YOUR SURGERY OR IT WILL BE CANCELLED.**
- You should drink one cup (250 mLs) 8 ounces clear fluid e.g. apple juice, water or ginger-ale™, before leaving to come to hospital.

You should take your regular medications with water the morning of surgery unless told not to. **If you use inhalers bring them with you. Bring your medications with you to the hospital.**

- You **must stop** taking medications such as Vitamin E, ginkgo biloba, omega, feverfew, garlic or ginseng at least one week before surgery. These medications thin your blood, which could cause excessive bleeding during and after surgery. Check with your Surgeon or Nurse if you are taking aspirin, you will be given specific instructions.
- **Skin preparation:** Stop shaving in the operative area one week (7 days) before your surgery date. Shaving can cause tiny nicks in the skin that may allow germs to enter your body and cause an infection. **Do not use bath scents, powders or body lotions.**

Skin preparation:

1. The night before surgery bath or shower and wash your entire body using the Chlorhexidine soap.
2. The morning of surgery repeat your bath or shower using Chlorhexidine soap sponges.



- If you are a smoker, try to stop smoking 24 hours before your surgery. We can provide you with smoking cessation support to prevent nicotine withdrawal during your hospitalization.
- No alcohol for 24 hours before surgery.
- Have a bath or shower before coming to the hospital.
- On the day of surgery do not wear any deodorant, jewellery or contact lenses. Please **DO NOT WEAR ANY SCENTED PRODUCTS AS THE HOSPITAL HAS A SCENT FREE POLICY.**
- Do not bring any valuables to the hospital (credit cards, money or jewellery) we do not assume responsibility for lost or stolen articles.

- Bring only the minimum personal belongings (clothing, etc.) with you to hospital. Your planned stay will be short, patient rooms are small and there is limited storage.
- Arrange for someone to drive you to the hospital the day of surgery and home on your discharge day.

What happens the day of your surgery

- On arrive to the hospital; report to the Patient Registration Department on the mail floor. **Please bring your health card and any medications that you are taking with you.**
- From Patient Registration you will be taken to the Day Surgery Unit (DSU). A care partner can accompany you and remain with you until you go to surgery.
- After you arrive at the Day Surgery Unit (DSU) you will change into a hospital gown. Your clothes will be put into a bag for later transfer to your room.
- The Nurse will do your paperwork and prepare you for your surgery.
- The Nurse will start an intravenous (IV) by inserting a small needle into your hand or arm. Prior to the surgery you will receive an intravenous antibiotic.
- The Nurse will help you put compression stockings on (may be referred to as TED's™) if you have been ordered them. These stockings help promote circulation of fluid and blood. You will wear the stockings after surgery until you are up and walking on your own or advised by your Surgeon.
- Your Surgeon and your Anesthesiologist will come and talk to you before your surgery.
- Your Nurse or Ward Assistant will take you to the Operating Room.

How long does the operation take?

The operation takes approximately 3 ½ to 4 hours. You will be transferred to your room when the Nurse determines it is safe to move you.

If you wish to have your family called when the operation is over, please let your Nurse/Surgeon know.

Post Anesthetic Care Unit (PACU)

- Your Nurse will check your blood pressure, pulse, and oxygen level frequently.
- You may be provided with oxygen.

- Intravenous fluids will be continued until you are able to drink and eat well on your own.
- You will have a drainage tube at your surgical incision site to remove excess fluid from your incision. Your Nurse will check this drain frequently.
- Your Nurse will check your abdominal dressing frequently.
- You will have a catheter to drain the urine from your bladder.
- Your Nurse will help you move and encourage you to take deep breaths and to do leg exercises.
- If you are having pain or feel sick, let your Nurse know as medications are available to help.

What are ankle exercises and deep breathing?

- **Ankle exercises**

These exercises help the blood circulate in your legs while you are less active. Point your toes toward your head, then towards the foot of the bed. Make your feet go around in circles 5 times. This should be done every hour while you are awake.

- **Deep breathing exercises**

Air enters the nose and mouth, travels down the windpipe (trachea) into the large airways (bronchi). As air moves into the lungs, the airways get smaller and smaller like branches on a tree. Along the branches are tiny air sacs call alveoli. This is where oxygen moves into the bloodstream and is carried to the cells. Normally, alveoli stay open because we tend to take large breaths. Because of surgical procedures, anesthesia, pain or not moving around as much after surgery, we tend to take smaller breaths, which may cause the alveoli to close. Doing deep breathing and coughing exercises after surgery will help keep your lungs healthy by keeping the alveoli open and getting rid of extra secretions. Deep Breathing exercises works best when you are sitting up in a chair or on the side of the bed. Follow these instructions:

- Support your incision with a small blanket or pillow.
- Take a deep breath in through your nose. Hold for five (5) seconds.
- Breathe out through your mouth.
- Repeat this exercise ten (10) times each hour while you are awake and until your activity level increases.

Coughing exercises help to loosen any secretions that may be in your lungs and should be done after your first five (5) deep breaths. To produce an effective cough:

- Support your incision with a small blanket or pillow.
- Take a deep breath and cough.

Pain management

Pain management is very important to your quick and speedy recovery. The Anesthesiologist will discuss with you prior to your surgery anesthetic and pain management options.

If you are uncomfortable, ask your Nurse for them. You will be discharged home with a prescription for medication to manage your pain.

You may also experience bladder spasms, which may feel like a muscle cramp that comes and goes in waves. The spasms can be relieved with medication if they become severe.

Pain scale ruler

What is a pain scale ruler?

A pain scale ruler is a simple tool to measure how much pain you are having. Each Nurse will use this ruler to measure your pain.

Why do we measure your pain?

We measure your pain frequently so that we can be sure your pain medication is working.

What does a pain scale ruler look like?

One side of the ruler has numbers from 1 to 10. The other side has colors from white to deep red (shown here in shades of grey).

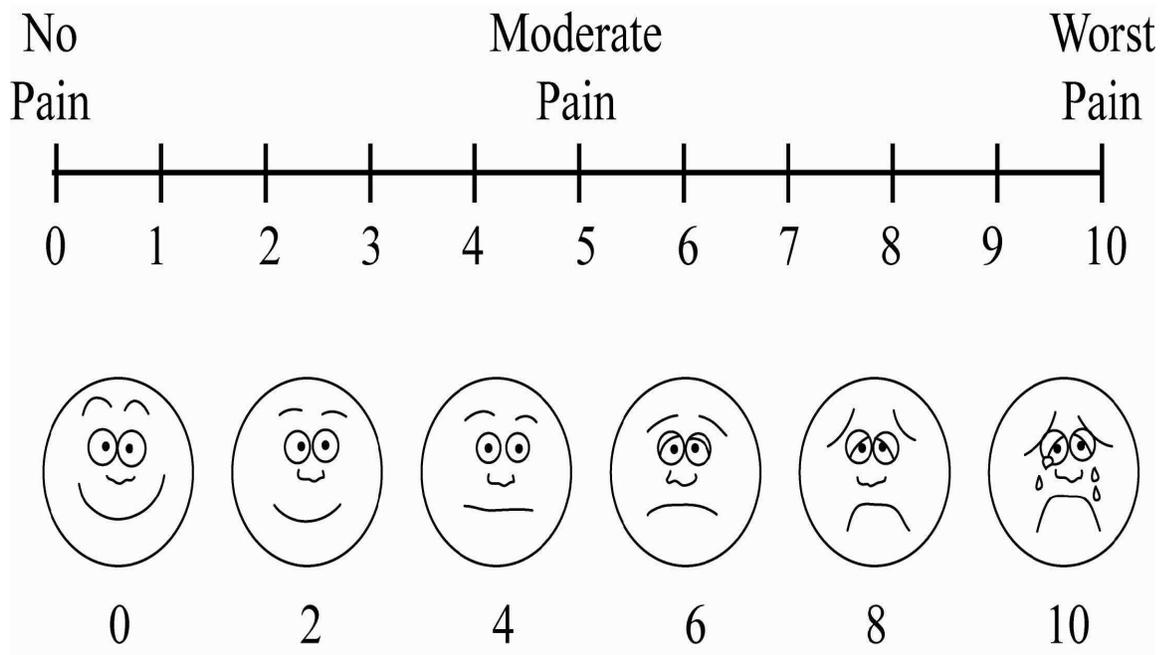
How does our pain scale ruler work?

Our ruler measures pain in two ways – by number or colour.

By number: the ruler is numbered from 0 to 10, with 0 being no pain and 10 being the most severe pain you can imagine.

By faces: the faces are coloured and range from happy, with 0 being no pain as shown with a clear face to sad with 10 being the most severe pain you can imagine as shown with a deep red face. (Shown in this example as shades of grey).

The Nurse will show you the ruler and ask you to choose a number or colour



Protecting your skin from pressure ulcers

During and after your surgery, you are at risk for developing a pressure ulcer (bed sore). A pressure ulcer is a sore that develops, usually over the tailbone and the heels, and develops from sitting and lying in the same position for long periods of time or from sliding down in bed. Some of the key things that can be done to help prevent these sores are: avoid sitting in bed with the head of the bed more than 30 degrees for long periods of time, reposition yourself or ask for help, about every 2 hours, and use pillows under your legs, so your heels “float” off the bed.

What happens after surgery

When can I get out of bed?

Your Nurse will get you out of bed as soon as you are able. Walking and exercise are important to your recovery. For safety reasons your bed rails will remain raised for the first 24 hours after surgery. The Nurse call button will be within your reach so you can push the button if you need assistance.

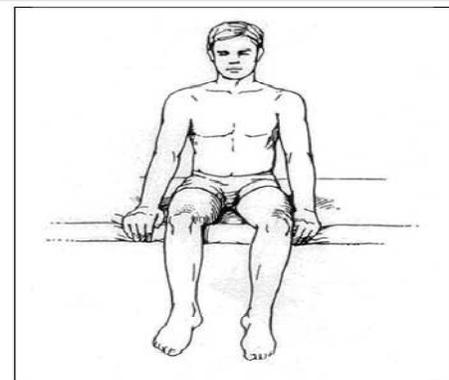
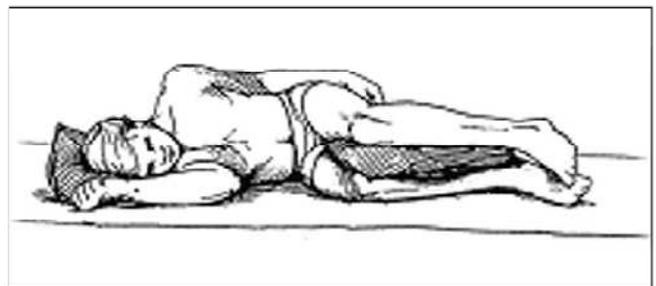
Moving in Bed

It is important to move and re position yourself while you are in bed. Move every 2 hours while awake.

- Support your incision with a small blanket or pillow
- Bend your knees and roll from your non-operative side to your back.

Getting out of bed

- Roll onto your side and bring your knees up towards your abdomen.
- Place your upper hand on the bed below your elbow.
- Raise your upper body off the bed by pushing down on the bed with your hand.
- Swing your feet and legs over the edge of the bed and bring your body to a sitting position.
- Once in the sitting position, take a few breaths and ensure your balance is good before attempting to stand.
- Slide your bottom to the edge of the bed.
- Stand up keeping your back as straight as possible.
- When getting back into the bed, reverse the process.



Blood Clots or Deep Vein Thrombosis

You will receive an injection in your abdomen within the first 1-2 days. This is called Lovenox [™] which is a blood thinner to prevent blood clots.

Deep Vein Thrombosis (DVT) can be a complication of surgery. A deep vein thrombosis (DVT) is a blood clot (thrombus) that may develop in a deep vein, usually in the leg. This can happen if the vein is damaged or if the flow of blood slows down or stops. A deep vein thrombosis (DVT) can cause pain in the leg and can lead to complications if it breaks off and travels in the blood stream to the lungs. When a clot forms it can either partially or totally block the blood flow in that vein.

Symptoms of a deep vein thrombosis (DVT) include:

- Swelling of the leg
- Warmth and redness of the leg
- Pain that is noticeable or worse when standing or walking

These symptoms are not always a sign of a deep vein thrombosis (DVT), but anyone who experiences them should contact their Doctor immediately or go to the nearest Emergency Department to be assessed. Your Doctor will take steps to reduce your risk of developing a blood clot while you are in the hospital. These may include one of the following:

- Blood thinning medication in the form of a daily injection
- Ambulation
- Ankle and leg exercises

Your Doctor will advise you if you are to go home with blood thinners.

Intravenous (IV)

You will have an intravenous (IV) until you can eat and drink. After surgery you will start on clear fluids and gradually progress to a normal diet. It is important to drink lots of fluids when you are able, to prevent blood clots in your urine and avoid constipation.

Incision/Clips

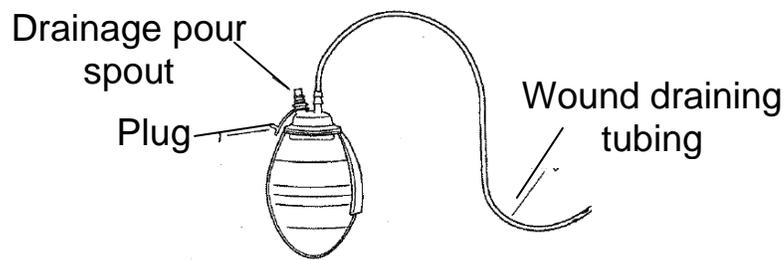
You will have a dressing over the incision. There are stitches and/or clips underneath. Your Nurse will check your dressing. It is common to have bruising or swelling around the incision. Your Surgeon will remove the stitches, staples or clips 7 to 14 days after surgery. It will take 6 to 8 weeks for your incision to heal.

Dressing

Your Nurse will check and change your abdominal dressing as necessary. It is important that you look at your incision when your Nurse is changing the dressing and ask your Nurse to review with you the signs and symptoms of infection and how to care for your incision at home (no hot tubs or Jacuzzis). Clean your incision with soap and water, towel dry and apply 4"X4" gauze and tape.

Drain

The drain in your incision is called a Jackson Pratt™ (JP) drain. It will be emptied frequently and the amount of fluid and colour will be noted. This drain may be removed before discharge or you may go home with a drain.



Jackson-Pratt Drain

Sometimes the drain is left in to continue to remove excess fluid from your wound. Your Surgeon or a Home Care Nurse will remove the drain when appropriate. Information sheets and teaching regarding care of the drain will be reviewed with you before discharge.

Care of the catheter

After the prostate is removed, your Surgeon will reconnect your urethra to the bladder. You can expect some blood in your catheter after surgery. In a couple of days your urine should be clear. To give the surgical area time to heal, the urinary catheter will remain in place for two to three weeks. You will be given instructions when to return to your Surgeon's office to have

your catheter removed. Your Nurse will teach you catheter care before discharge. Instructions for catheter care can be found on page 24 of this booklet.

What happens after the catheter is removed?

Immediately after the catheter is removed everyone has a period of incontinence (leaking of urine). The amount of incontinence decreases as inflammation subsides and muscles regain their strength.

Please bring absorbent underpants to your surgeon's office when your catheter is removed.

There are pelvic floor muscle exercises that you must learn to help regain control of your bladder after not using these muscles for the past few weeks. The exercises are called Kegel's and you will find complete instructions on page 26 of this booklet. Start your Kegel exercises before surgery and start again once your catheter is removed.

Length of stay

You will be in hospital 3 days. **Please make arrangements for someone to pick you up.** Discharge time is 10:00 a.m.

On discharge your Nurse/Surgeon will review the following with you

- Pain medication
- Incision care and/or drain care
- Activity/restrictions
- Catheter care/drainage bags
- When to call your Surgeon
- Follow up visit
- Emergency visit instructions
- Sexual activity

What can I do when I get home?

For the next 6 weeks follow the instructions below to promote healing.

- Drink lots of fluid (at least 1-2 liters of fluid a day to keep your urine clear).
- Avoid any heavy lifting (15-20 lbs, 7-9 Kg) or activities such as shoveling snow, lifting heavy grocery bags or going to a gym. You are encouraged to walk regularly and gradually increase your regular activities so that after 6 weeks you are back to your regular activities.
- Avoid constipation or straining – eat a balanced diet with high fiber (fruit, vegetables and whole grain products). A stool softener or laxative may be necessary until your bowels are back to normal.
- Avoid aspirin or drugs containing aspirin unless advised otherwise by your Surgeon.
- Avoid long car rides. Your Surgeon will advise you when you can drive.
- Take frequent rest periods.

Will the surgery affect my sex life?

Recovery of sexual function depends on the age of the patient, the stage of the disease and the amount of surgery. Nerves that effect sexual function lie very close to the prostate. You should discuss this with your Urologist.

After a radical prostatectomy, many men have reported experiencing a variety of feelings including feeling happy, sad, afraid, and mood swings. In addition, men have identified the need to maintain intimacy with their partner despite their inability to have full intercourse. Ongoing intimacy (touching, hugging, kissing, holding hands, long walks, long talks and being together) is a powerful satisfier and may help during your recovery. We recommend that you discuss any specific concerns or thoughts you may have with your partner and with your Urologist as needed.

When should I call the Doctor or go to the nearest Hospital Emergency Department?

Contact your Doctor or go to the nearest Hospital Emergency Department if you experience:

- Fever over 38°C or 100.4°F
- Chills/perspiration
- Increased pain in your abdomen or bladder area
- Pain over the kidney or lower back area
- Increased mucous, sediment and/or cloudy urine
- Leaking around the catheter with little or no urine coming through the catheter
- Difficulty passing urine after the catheter is removed
- Pain when walking or standing in your leg or your leg becoming swollen, warm and painful
- Sudden onset of severe chest pain, difficulty breathing or shortness of breath (CALL 911)

Why is good nutrition important both before and after surgery?

Good nutrition promotes healing, helps fight infection and encourages a smooth recovery. It is recommended that you follow Canada's Food Guide for a healthy, well balanced diet.

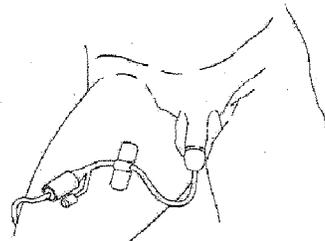
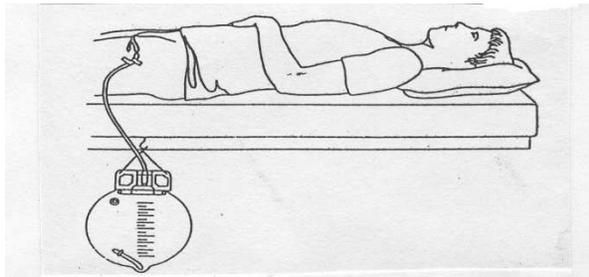
Avoid drinking fluids containing caffeine, such as coffee, tea, hot chocolate and cola as caffeine may irritate your bladder. When you are home continue drinking extra fluids until your urine is clear. This may take up to 4 weeks. If you have heart or kidney problems, check with your Doctor about drinking extra fluids.

You should not strain to have a bowel movement. Straining may cause bleeding. Eating foods high in fibre and drinking fluids can prevent constipation. Foods high in fibre include whole wheat products, bran cereals, fresh vegetables and fruit.

Care of urinary drainage system

Connecting, disconnecting, emptying of the overnight drainage bag

- Always wash your hands **before** you start and **after** you are finished.
- Your catheter is attached to drainage tubing that leads to a drainage bag. At night-time, you will use a bedside drainage bag as it holds more urine so you can sleep for 8 hours without emptying it.
- Choose which side of the bed you want the drainage bag to hang from. Tape the catheter tubing to your thigh on that side. Using non-allergic tape, secure the tubing opposite to the base of your penis. Shave your thigh in that spot if needed. Leave some slack in the line so that you won't pull on the catheter when you move your leg.



- When you get into bed, arrange the drainage tubing so it doesn't kink or loop. Hang the drainage bag by its hook on the side of the bed (or pin it to the mattress). Keep the bag below the level of your bladder at all times, whether you are lying, sitting, or standing, to make sure that it drains properly and to decrease the risk of infection. Always make sure that the **port at the end of the bag is closed**.
- In the morning, when you are ready to put the leg bag on, you should empty the overnight drainage bag first. To do this, remove the drainage port at the bottom of the bag from its sleeve (without touching the tip) and unclamp it.
- Let the urine drain into the toilet (or into a measuring container, if necessary). Do not let the end of the drainage port touch the toilet or container.
- When the bag is completely empty, clean the end of the drainage port with rubbing alcohol and put it back into its sleeve.

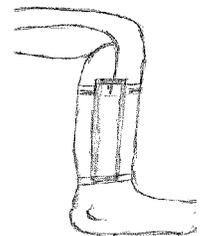
Connecting, disconnecting, emptying of the leg drainage bag

- Clean the connection where the catheter and the drainage bag meet. Pinch off the catheter, clean the end with alcohol and then connect the daytime leg bag.
- Attach the leg bag to your leg using the straps included. Do not make the straps too tight, as this could irritate your skin and decrease the blood supply. Every day, change the leg bag to the other leg (from the one you used the day before).

Emptying the leg bag

- First, wash your hands. Then open the drainage port at the end of the bag and drain all the urine into the toilet (or into a measuring container if necessary). Do not let the end of the drainage port touch your hands, toilet or the container.
- After the bag is completely empty, clean the end of the drainage port with rubbing alcohol and close it.
- Wash your hands after you are finished.

Before going to bed, replace the leg bag with a bedside drainage bag. To replace the leg bag, first empty it. Pinch off the catheter and clean the connection between the catheter and the leg bag with rubbing alcohol. Unhook the leg bag and hook up the catheter to the bedside drainage tubing and bag.



Cleaning the drainage bags

When switching the drainage bags, the bag you are removing should be cleaned immediately. Open the drainage port at the end of the bag. Using water, rinse out the bag. Close the drainage port and using a large syringe or a poultry baster, pour a mixture of 1 part vinegar and 3 parts water through the collection tube into the drainage bag. Let the bag sit for 30 minutes with the vinegar and water solution in it, then empty the bag through the bottom drainage port and let the bag air dry. Store in a clean, dry place.

Exercises to strengthen the pelvic floor

Kegel exercises

Introduction

Your Doctor believes that pelvic floor exercises can help you improve your bladder control. When done properly and regularly, these series of exercises, also called Kegel exercises, can build up and strengthen the muscles of the pelvic floor to help you hold your urine.

How pelvic muscle exercises may help

The pelvic muscles support the bladder like a hammock. We can tighten, and relax these muscles. When tightened (contracted), the urethra that passes urine from the bladder to outside the body is squeezed so that urine is held in. Urine will not leak if the muscles are strong. If the muscles are weak, they are unable to close off the urethra and urine may leak. Pelvic muscle exercises help strengthen the hammock that supports the bladder, so that the urethra can be kept closed and keep urine in.

How to feel the muscles of the pelvic floor

To be sure that you are exercising correctly, it is important to learn how to feel the muscles of the pelvic floor as you contract them. Before surgery, you can identify the muscles by doing the following.

- Next time you go to the toilet, try to stop the stream of urine about halfway through emptying your bladder. Then relax the muscles and allow the bladder to empty completely. The muscles you use to stop the flow of urine are the same muscles you will be squeezing when doing the Kegel exercises. **Do not** repeat this as an exercise.
- Imagine trying to stop yourself from passing wind from the bowel. You would squeeze the muscle around your anus. Try squeezing that muscle as if you really did have wind. Do it now. You should be able to feel the muscle move. The buttocks and thighs should not move at all. You should be aware of the skin around the anus tightening and the anus pulled up and away from whatever you are sitting on.

It is a great idea to begin these exercises before your surgery!

How to do pelvic muscle exercises

Teach yourself to relax and focus on the pelvic muscle exercises. This will become easier with practice.

Do not do these exercises while a catheter is in place.

- Stand, sit or lie down with your knees slightly apart. Relax.
- Find your pelvic muscle.
- Tighten the muscles for 5 to 10 seconds. Breathe normally. Do not tighten your stomach or buttocks, just keep them relaxed.
- Now relax the muscles.
- Repeat.

Your schedule

- Repeat the sets of contractions 3-4 times per day.
- Do these sets frequently during the daytime.

Rules to remember

- Do them **properly**, checking often to be sure that you are using the correct muscles.
- Do them **regularly**, at least three/four (3-4) times a day.
- Do them when you need them the most – learn to contract the pelvic floor muscles before sneezing, coughing, or straining. This takes a conscious effort at first and as time goes on, you will do it without thinking about it.
- Keep on doing them. **Do not** become discouraged. You should start to see some improvement after a few weeks. Like any other muscle in the body, the pelvic muscles will only stay strong as long as you exercise them. Once you have improved your bladder control, you should continue your exercises every second day.
- Drink plenty of fluids – at least 6 to 8 glasses of water a day. Do not go to the toilet “just in case”; go only when you feel the need to pass urine.

Resources

Resources are provided for your information only and are not intended as a substitute for medical care. If you have any questions about your cancer treatment, you should talk to your Doctor or other healthcare provider.

Prostate Cancer Canada Network (Ottawa)

Whether you are newly diagnosed or want to discuss your concerns, the Prostate Cancer Association is available to you and your caregivers. The association provides information about Prostate Cancer, health organizations that relate to it and the association can facilitate contact with others who have been similarly afflicted so that experiences may be shared. Monthly meetings of the Prostate Cancer Association are normally held on the third Thursday of each month.

Information:

Telephone: 613-825-0762

Website: <http://www.pccnottawa.ca/>

Email: info@pccnottawa.ca

Telephone Info line and Web sites

- Canadian Cancer Society's Cancer Information Service: Canadian Cancer Society www.cancer.ca. Telephone: 1-888-939-3333. The website provides general information in English and French on cancer treatment and support services.
- Canadian Prostate Cancer Association: www.cpcn.org
- The Canadian Prostate Health Council: www.canadian-prostate.com
- Canadian Continence Foundation: www.canadiancontinence.ca
- National Cancer Institute (USA): www.cancer.gov
- Prostate Centre at the Princess Margaret Hospital, Toronto: www.prostatecentre.ca

Books and other materials

(Items can be found in The Ottawa Hospital patient and family library – see the next page over for information on how to loan these materials)

- 100 questions and answers about prostate cancer, Pamela Ellsworth, 2nd ed., 2009.
- Understanding Prostate Cancer – Dr. Fred Saad, Dr. Michael McCormack 2008.
- American Cancer Society's Complete Guide to Prostate Cancer. David G. Bostwick, 2005.
- Dr. Peter Scardino's Prostate Book. The Complete Guide to Overcoming Prostate Cancer, Prostatitis, and BPH. 2005.
- The first year prostate cancer:an essential guide for the newly diagnosed, 2005.
- Prostate cancer: a comprehensive guide for patients, Jane Smith, 2003.
- Prostate Cancer: All you need to know to take an active part in your treatment. Goldenberg, S.L. (2001), Intelligent Patient Guide, Vancouver Canada.
- Our Voice is a quarterly publication for men who have already been diagnosed with prostate cancer. For a free subscription, send your name and address to:

Our Voice
400 McGill St., 3rd Floor
Montreal, QC H2Y 2G1
Tel: 514-397-8833

Health information for patients and their family, patient and family libraries at The Ottawa Hospital

The Ottawa Hospital's three patient and family libraries provide onsite access to:

- Reliable information on a variety of health, wellness and medical topics
- Information about local associations and support groups
- Books, videos and DVDs for loan
- Computers with Internet connections

Loaning materials: Patients and family can borrow items from the library for three weeks (21 days) and renew for a further three weeks if the material has not been reserved.

If you cannot visit us in person, please contact us by telephone or email – or visit us on the web at

<http://www.ottawahospital.on.ca/wps/portal/Base/TheHospital/PatientsAndVisitors/CampusServices/Libraries>

Come visit us!

Irving Greenberg Family Cancer Centre: Patient and Family Library

Main Entrance, Level 2, Room 2712B

3045 Baseline Road, Ottawa ON K2H 8P4

Hours: Tuesday, Wednesday and Thursday: 8:30 AM to 12:30 PM and 1PM to 3:30 PM

Tel: 613-737-7700, ext. 25258

Email: patientlibrary@ottawahospital.on.ca

Patient and Family Library – Civic Campus

Main Building, Room D100A (take the “C” elevators to the 1st floor)

1053 Carling Ave., Ottawa, ON K1Y 4E9

Hours: Monday to Friday: 8:30 AM to 12:30 PM and 1PM to 3:30 PM

Tel: 613-798-5555, ext. 13315

Fax: 613-761-5292

Email: patientlibrary@ottawahospital.on.ca

Ninon Bourque Patient Resource Library – General Campus

Specializing in cancer-related information

Cancer Centre (expansion), Main Floor (C 1239)

503 Smyth Rd., Ottawa ON K1H 1C4

Hours: Monday to Friday: 8:30 AM to 12:30 PM and 1PM to 3:30 PM

Tel: 613-737-8899, ext. 70107

Fax: 613-761-5292

Email: patientlibrary@ottawahospital.on.ca

The Patient and Family Library service provides information only, not medical advice. Your healthcare professional is the only person qualified to give you a medical opinion.

Please remove this page from the book and carry this paper in your wallet for the first eight weeks after your surgery. Please present this paper to the health professional should you require a visit to Emergency.

EMERGENCY VISIT INSTRUCTIONS

Important information for Health Professionals

This patient has recently undergone a Radical Prostatectomy.
This patient may present to you with an indwelling urinary catheter.
Do not remove or change the catheter if one is currently in place.
If you have any concerns about the catheter please contact the Urologist on call.

Your Surgeon: _____

Office number: _____

Discharge summary

Appointments:

Clip removal

Approximately 7-10 days post-op

Date: _____
(yy/mm/dd)

Time: _____

Location: _____

Follow-up appointment Surgeon

(2-3 weeks after surgery)

Date: _____
(yy/mm/dd)

Time: _____

Location: _____

What you will need on discharge

- 1 small box 4" X 4" gauze
- 1 roll of tape
- Alcohol swabs
- _____
- _____
- _____

Please pick up your blue QCH card at the front desk when you leave.

Clinical Pathway Patient Version

Radical Prostatectomy Surgery

Your hospital stay will follow a plan of care called a Clinical Pathway. This is the patient version of the Radical Prostatectomy Surgery Clinical Pathway. It has been prepared so that you, your family and all members of your healthcare team know your plan of care including what tests, treatments and diet you require as well as the education and planning necessary for discharge.

The patient version of the Radical Prostatectomy Surgery Clinical Pathway gives you an idea of what to expect from admission to hospital until discharge.

Once you and/or your family have read the information in this booklet, please feel free to ask your Nurse or other members of the healthcare team any questions.

Process	Pre-Admission (2-3 weeks before surgery)
Assessment	<ul style="list-style-type: none"> • Your Nurse will take your weight, height, blood pressure and pulse. • Complete admission assessment – ask questions about your health, past history including alcohol intake and smoking status. • Measure legs for compression stockings (TED's™).
Tests	<ul style="list-style-type: none"> • Blood tests, urine sample, electrocardiogram (EKG) as needed. • Chest x-ray if required.
Consults	<ul style="list-style-type: none"> • Anesthesiologist, Medical consults if ordered by your Surgeon. • Dietitian, Social Work/Discharge Planner or Community Care Access Center (CCAC) consults as needed.
Medications	<ul style="list-style-type: none"> • Review all your medications including non-prescription, herbal and vitamin supplements. • Advise you regarding your pills, what to take before your surgery and what to stop. • Review with you the bowel preparation required for surgery.
Treatments	
Nutrition	<ul style="list-style-type: none"> • Advice regarding healthy, well balanced diet before surgery (increase iron, fibre and fluids). • Instructions regarding clear fluids only the day before surgery. • Nothing to eat after midnight 2 days prior to you surgery. The day before your surgery clear fluid diet only.
Rest and activity	
Education	<ul style="list-style-type: none"> • Review Radical Prostatectomy Booklet, including pain management. • Demonstrate catheter/leg and night bag. • Instruct regarding sleep apnea (bring in machine, tubing and mask day of surgery).
Discharge planning	<ul style="list-style-type: none"> • Discuss with your Nurse your arrangements for help at home after surgery.

	<ul style="list-style-type: none"> • Discharge Planner if needed.
Process	OR Day <hr/> (yy/mm/dd)
Assessment	<ul style="list-style-type: none"> • Monitor temperature, blood pressure, pulse and oxygen level frequently. • Apply TED stockings before surgery. • Deep breathing exercises every hour while you are awake. • Intravenous fluids. • Monitor abdominal dressing and drain. • Empty drain every shift. • Apply oxygen as needed. • Intake and output. • Exactec (blood sugar) if needed.
Tests	<ul style="list-style-type: none"> • Do blood work before and after surgery if ordered by your Surgeon.
Medications	<ul style="list-style-type: none"> • Monitor and give pain medication as required. • Teach you how about pain management and how to use the pain scale. • IV antibiotics. • Give you your regular medications as ordered. • If nauseous, let your Nurse know she will give you medication
Treatments	<ul style="list-style-type: none"> • Deep breathing and coughing exercises. • Ankle and leg exercises every hour while awake.
Nutrition	<ul style="list-style-type: none"> • Sips of clear fluids (water, apple juice, ice chips) after surgery.
Mobility/hygiene	<ul style="list-style-type: none"> • Up sitting at bedside as tolerated. • After surgery, bed bath if needed.
Education	<ul style="list-style-type: none"> • Review pain pump, pain scale. • Management of pain or nausea.

Process	Day 1 Post-Op
Assessment	<ul style="list-style-type: none"> • Temperature, pulse, blood pressure and oxygen level are monitored. • Compression stockings referred to as TED™ stockings to both legs if ordered. • Monitor input and output. • Monitor abdominal dressing and change as necessary. • Empty urinary catheter every shift. • Intravenous fluids. • Oxygen as required. • Capillary blood glucose (blood sugar) if needed.
Tests	<ul style="list-style-type: none"> • Blood work taken as ordered.
Treatments	<ul style="list-style-type: none"> • Deep breathing, coughing and leg exercises. • Blood transfusion if hemoglobin is low. • Sleep apnea machine if required.
Nutrition	<ul style="list-style-type: none"> • Clear fluids to regular diet as tolerated. • If you have a special diet let your Nurse know.
Mobility / hygiene	<ul style="list-style-type: none"> • Up in chair. • Walk in room. • Bed bath with help or wash at sink. • Up walking in the hall as tolerated.
Education	<ul style="list-style-type: none"> • Talk to your Nurse about managing your pain and nausea. • Teach you or your family about giving blood thinner injections if needed. • Teaching about catheter care, leg and night bag.
Discharge planning	<ul style="list-style-type: none"> • Tell your Nurse what plans you have made for discharge. • Social Work/Discharge Planner (if needed).

Process	Day 2
Assessment	<ul style="list-style-type: none"> • Monitor temperature, blood pressure, pulse and oxygen level every shift. • Capillary blood glucose (blood sugar) if needed.
Tests	<ul style="list-style-type: none"> • Blood work if required.
Medications	<ul style="list-style-type: none"> • Your Nurse will give you your regular medications as required. • Pain medications as required, discontinue pain pump if applicable. • Laxative/suppository if needed.
Treatments	<ul style="list-style-type: none"> • Deep breathing, coughing and leg exercises. • Change dressing and remove drain as ordered. • Stop intravenous fluids/pain pump. • Discontinue monitoring fluids taken in, but will monitor urinary output by urinary catheter. • Remove TED™ stockings if ordered.
Nutrition	<ul style="list-style-type: none"> • Regular diet. • Well balanced diet (increase protein, fluids and roughage).
Mobility / hygiene	<ul style="list-style-type: none"> • Up walking on own. • Up to wash at sink.
Education	<ul style="list-style-type: none"> • Pain management. • Bowel routine. • Incision care. • Teaching regarding blood thinner if required on discharge. • Urinary catheter care (leg and night bag). • Activity restrictions.
Discharge planning	<ul style="list-style-type: none"> • Make sure your plans for discharge tomorrow are completed (getting dressing supplies for incision care at home). • Ask Nurse or Surgeon any questions you have about your care. • Prescriptions if necessary. • Plans for follow up with Surgeon for clip and catheter removal in office.

Process	Day 3 Discharge Day
Assessment	<ul style="list-style-type: none"> • Monitor temperature, blood pressure, pulse and oxygen level before you go home. • Capillary blood glucose (blood sugar) if needed
Tests	<ul style="list-style-type: none"> • Blood work if ordered.
Medications	<ul style="list-style-type: none"> • Medication for pain if needed. • Review prescriptions given on discharge.
Treatments	<ul style="list-style-type: none"> • Change abdominal dressing.
Nutrition	<ul style="list-style-type: none"> • Regular diet.
Mobility / hygiene	<ul style="list-style-type: none"> • Wash at sink. • Up walking on own.
Education	<ul style="list-style-type: none"> • Review incision care. • Review catheter care, position leg bag. • Receive leg and night bag to go home. • If going home with TED™ stockings review care. • Review how and when to give own blood thinners if required. • Stress importance of Kegel exercises once catheter is removed. • Review signs and symptoms of incision and urinary infection. • Activity restrictions.
Discharge planning	<ul style="list-style-type: none"> • Discharge time 10 AM this morning. • Get Surgeons card to book appointment for catheter and clip removal from Surgeon or Nurse or Unit Clerk.

REFERENCES

Ottawa Hospital Urology Department

Mission, Vision & Values

OUR VISION

We will be the community hospital of choice, recognized for our exemplary patient care, people and performance in a environment of innovation and strategic partnerships.

OUR MISSION

As a patient and family-centred hospital:

- We provide a broad range of acute care services to the people of Ottawa and the surrounding region.
- We respond to the needs of our patients and families through our commitment to exemplary performance, accountability and compassion.
- We partner with other health care and community service organizations to ensure coordinated and integrated care.
- We actively promote a learning environment in which our staff, physicians, students and volunteers are progressive and responsive.
- We are an active teaching partner with colleges, universities and other healthcare programs.

Our Cornerstone Programs are:

- Emergency Services
- Medical Services
- Surgical Services
- Geriatric Services
- Acute Rehabilitation Services
- Childbirth Services
- Mental Health Services

OUR VALUES

- Accountability
- Innovation
- Respect

