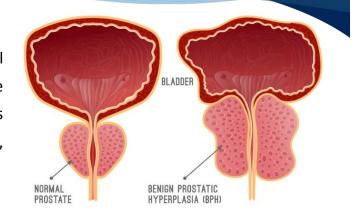
Robotic-Assisted Laparoscopic Simple Prostatectomy

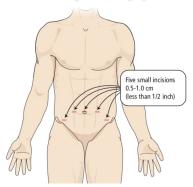
Patient Guide

Procedure

A simple prostatectomy is a surgical procedure to remove <u>part</u> of the prostate to relieve urinary symptoms such as difficulty urinating, frequent urination, or urinary retention.



Laparoscopic Approach



- At least 5 small incisions are used to perform your surgery using the Da Vinci robot.
- An incision will be made in your bladder to core out the prostate.
- > The surgeon controls the instruments at all times.
- You will have one larger incision to remove the prostate, generally above the umbilicus.

Prior to Surgery

- At your clinic visit, your surgeon will review with you (1) your anatomy, (2) prostate size, and (3) risks and benefits of the procedure. If you take any blood thinners (ie: Xarelto, Eliquis, Aspirin), please discuss with your surgeon prior.
- You may be requested to obtain medical clearance by your primary physician prior.
- ➤ The hospital will call you 1-2 days prior to surgery to confirm arrival time and location.
- ➤ No eating or drinking after midnight prior to your procedure unless otherwise instructed.
- > Your surgeon will meet you in the pre-operative area before surgery and review consent.





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Robotic-Assisted Laparoscopic Simple Prostatectomy (2)

Patient Guide

During Surgery

- Your procedure requires approximately 2-3 hours of general anesthesia.
- Your incisions will be closed with sutures and skin glue, both will dissolve within weeks.
- You will come out of surgery with a foley catheter to drain your bladder that will need to remain in place for ~2 weeks to allow your bladder to heal.

After Surgery (While in hospital)

- You will stay with us in the hospital on average 1-2 nights with continuous bladder irrigation (CBI).
- You may have sips of clear liquids the night of your surgery.
- You will be given IV and oral pain medications to alleviate your pain.
- It is important to use the breathing machine given to you after surgery 10x/hour.
- We will motivate you to start walking day after surgery to quicken your recovery.
- Although we hope you will pass flatus 1-2 days after surgery, it may take you longer to have a bowel movement. You will be given a bowel regimen perioperatively.

Catheter Care



- The foley catheter allows continuous drainage of the bladder.
- The nurses will teach you how to take care of your catheter.
- Do not allow anyone besides your surgical team to remove or replace the catheter.
- You will be provided with a leg strap device, two large foley bags (nightly use) and two smaller leg bags (daily use). These bags can be removed and exchanged as needed.





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Robotic-Assisted Laparoscopic Simple Prostatectomy (3)

Patient Guide

Discharge Instructions

Pain	You may experience pain postoperatively. You will be prescribed a pain medication that can be alternated with Tylenol as needed.
Activity	You should walk and climb stairs. You may perform household duties. No heavy lifting (>10 lbs) or strenuous exercise for 6 weeks.
Bathing	You may shower day after surgery, but no bathtubs, jacuzzis, or swimming pools for 2 weeks. Do not scrub around the incisions.
Diet	You may have a decreased appetite after surgery. You may gradually resume your normal diet once you have started passing gas or had a bowel movement. Please take docusate or MiraLAX for 2 weeks.
Driving	May resume driving once your catheter is removed and if not taking any pain medications.
School/Work	You may return to work/school 2 weeks after surgery.
Intercourse	Please refrain from intercourse for four weeks after surgery.
Expectations	You may experience mild blood in urine, constipation, bloating, bladder spasms, bruising, among others. These should resolve within 4-6 weeks after surgery. If you experience scrotal swelling, wear tight fitting underwear.
When to call	Please call your surgeon (or in severe cases, present to the ER) if any of the following occur: you have a fever >101 F you cannot have a bowel movement within 3-5 days you are vomiting you have leg swelling you experience shortness of breath or chest tightness your pain is not controlled with medication your catheter is not draining well
Follow-up	We will see you in clinic in ~2 weeks to remove your foley catheter and review





pathology. Please call our office if you do not have an appointment already.

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