

**Radical Prostatectomy  
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Preparing for a major operation can be a stressful time. The purpose of this note is to reinforce our conversations in the office and to help you better understand and prepare for what lies ahead.

Radical Prostatectomy is performed in people who have potentially curable prostate cancer. There are several things you need to do in the time before surgery to help ensure a fast and safe recovery.

During surgery of this nature, it is not uncommon to have a significant amount of blood loss. Although transfusion is not normally or automatically given, we prefer to prepare for this possibility. A blood recycling machine is available during the procedure. Banked blood is checked for AIDS and other diseases such that there has not been a case of AIDS associated transfusion in Santa Clara County in the over 15 years that screening has been available. You may elect to donate some of your own blood ahead of time at your own cost, although this does require delaying surgery at least two weeks for each unit given. Blood relatives may be eligible to donate for you if their blood types are sufficiently compatible with yours.

**PRE-OPERATIVE INSTRUCTIONS**

Avoid all blood thinning products one week prior to surgery, including Aspirin, Excedrin, Ecotrin, Naprosyn, Ibuprofen, Motrin, Advil, Coumadin and other “nonsteroidals”.

The anesthetic and surgery you will receive ordinarily puts the intestines “asleep” for one or two days. We find that the surgery is safer and the stomach will recover quicker if you follow these instructions closely:

The day prior to surgery – Clear liquids only. It is important, however, to keep yourself well hydrated. Please drink one bottle of Magnesium Citrate – start about midday. This is intended to cause diarrhea to help cleanse your intestines.

Nothing to eat or drink beginning at midnight the night before surgery. You may take your normal medicines that morning with a sip of water. We will supply your normal medicines for you while you are in the hospital. We also need you to give yourself a Fleet’s enema when you arise the morning of surgery.

## **SURGERY**

On the day of surgery you will be asked to report to the hospital two hours before the scheduled surgery time. You will have the opportunity to speak to your anesthesiologist who will review the risks and benefits of different methods of administering anesthetic agents and what he feels is best for you. We only permit anesthesiologists who are qualified to do open heart surgery anesthesia to help on these cases.

Your family members and friends may stay with you in the surgery holding room until it is time for you to enter the operating room itself. Your family can then wait in the surgical waiting room or go home and leave a phone number for us to call. We will come speak with them as soon as you are stable in the recovery room when the procedure is completed. Please remember that the time it takes to set up and perform surgery can vary considerably so do not be alarmed if things take longer than expected.

We will begin the surgery by making an incision from below the umbilicus (belly button) down to the pubic bone. The lymph nodes draining the prostate will be sampled for pathologic staging, and the prostate removed.

## **POST-OPERATIVE CARE**

When you awaken you will have a tube or catheter draining your urine through your penis. This will remain for about 2 ½ weeks to allow the bladder to heal properly to your urethra. It is very important to be careful with this tube so it is not accidentally dislodged. A balloon inflated at the internal tip keeps it in place (It does not hurt when it is removed). An intravenous line will be used to hydrate you until you are able to drink fluids on your own and to constantly give you a non-narcotic analgesic to help with any discomfort present. There will be balloon-like devices inflating and deflating periodically on your legs to help prevent blood clots from forming there. The best part is the button you will have that will allow you to give yourself an instant intravenous dose of morphine whenever you desire. We will be checking on you very frequently while you are hospitalized to monitor and oversee your recovery.

We will be getting you out of bed walking around as soon as you are able, normally the night of surgery or the next morning. You will be discharged home as soon as we all feel you are completely ready, which is almost always 1 or at the most 2 days after the procedure. When you go home you will keep your “foley” catheter draining your urine to a bag hooked to your leg when walking, and to a large drainage bag for sleep or when you are not mobile.

You will be able to have a full normal diet. Pay close attention, however, to be sure your bowels are moving properly, as they can be slowed by immobility and the effects of anesthetic and pain medications. You may freely use Docolax tablets, prune juice and fiber products as needed. Resume all your regular medicines as well. Vicodin pain pill s will be prescribed for severe pain only if present. Feel free to use Tylenol or ibuprofen type medicines as well.

We will give you an appointment plan for office follow-up prior to discharge and look forward to monitoring your progress for many years to come!

**NOTE**

Materials needed include one bottle of magnesium citrate and one Fleet's enema kit, all available at any drug store.

**Summary**

One week prior to surgery – no aspirin or blood thinners

The day prior to surgery

- Clear liquids only
- One bottle Magnesium Citrate starting in afternoon
- Nothing to eat or drink after midnight

Day of surgery

- Usual medicines with a sip of water only
- Fleet's enema upon awakening

Arrive at the hospital at least two hours prior to surgery