



# ZUROLOGY

**Michael P. Zahalsky, MD - Mini Varghese, MD – Christopher P. Hollowell, MD**

**Melissa N. Marchand, PA-C - Monika A. Kulik, PA-C - Jacquelyn White, PA-C**

5850 Coral Ridge Drive, Suite 106, Coral Springs, FL 33076

2951 N.W. 49<sup>th</sup> Avenue, Suite 308, Ft. Lauderdale, FL 33313

(954) 714-8200 Phone (954) 840-2626 fax

[www.ZUROLOGY.COM](http://www.ZUROLOGY.COM)

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## **What to Expect after a Radical Robotic Prostatectomy**

- You will be discharged from the hospital with 4-6 small incisions sites in the abdomen, a urinary catheter, and possibly a Jackson-Pratt drain from the abdomen.
- 1 week after surgery, staples and/or Jackson-Pratt drain will be removed in the office
- 2 weeks after surgery, urinary catheter will be removed in the office.
- You may resume your daily medications as soon as you are discharged from the hospital.
- An antibiotic will be prescribed to you, to be taken by mouth after your discharge from the hospital. Take as directed.
- A pain medication will be prescribed for you, to be taken by mouth as directed for pain after your discharge from the hospital. A stool softener should be taken by mouth two times a daily. You can buy this medication over the counter and do not need a prescription. All narcotic pain medications are constipating and a stool softener will help to prevent this.

## **Recovery Time:**

- The surgery usually lasts 2-4 hours and you will be hospitalized for at least 24 hours.
- Most patients will have difficulty with urinary control initially and will need some form of undergarment protection (i.e. Depends guards or protective pads). Please bring one as well as a pair of briefs to your appointment where the catheter will be removed.
- You will be able to return to work approximately 4 weeks after surgery.
- Usually 3-months after surgery patients will achieve reasonably good urinary control and will require less protection, if any. However, sometimes recovery of continence is slower in some patients.
- Kegel exercises should be resumed once the Foley catheter is removed. Kegels help to regain urinary control. Initially it may be difficult to find these muscles, but can be done by starting and stopping your urine stream. Once the correct muscles are found, repeat the flexing and relaxing of these muscles without urinating. These will help strengthen the muscles around the bladder that help hold the urine.
- The recovery of erectile function after a prostatectomy can be slow and time-dependent. Although the nerves to the penis can be spared, there is still injury due to trauma and stretching to these nerves that need time to heal. At each follow up visit, issues regarding sexual function will be addressed.

## **What You May Encounter After Surgery:**

- **Perineal pain:** (pain between rectum and scrotum); Call the office if pain medication does not alleviate this. Also increasing fiber and water intake may alleviate pain associated with constipation.
- **Scrotal/Penile Swelling and Bruising:** this is not abnormal and should resolve in 7-10 days. Scrotal elevation with a small towel or washcloth that can be rolled up underneath the scrotum while sitting or lying down.
- **Bladder Spasms:** It is not uncommon to have bladder spasms with a catheter and even after the catheter is removed. Mild to severe bladder spasms or cramping, the sudden urge to urinate, or burning when urinating can occur. Please notify the office if this persists without relief
- **Bruising Around Incision sites:** Not uncommon. This will resolve by itself over time.
- **Bloody drainage around Catheter or in the Urine;** Especially after increasing activity or after a bowel movement, this is not uncommon. Usually resting for a short period of time resolves the situation. Please notify the office if you develop clots in your urine or if you have no urine output for 1-2 hours.
- **Abdominal Distention, constipation, bloating;** Increase water intake and movement. Take a stool softener (i.e. Colace) as directed. If you do not have a bowel movement within 24 hours and/or have severe pain, please notify the office.

**Follow Up:** Every 3-months after surgery you will get your PSA checked. At each visit, continence and erectile unction will be assessed, as well as any other concerns that may arise.