

## Post-op instructions for Robotic Prostatectomy

### The two most important instructions:

- **Plenty of fluids** – keeps urine flowing, helps bowel function, helps prevent blood clots
- **Frequent movement** – Except while sleeping, do not stay in one place for more than 45-60 minutes (this includes the car trip home). You do not need to walk far – just often. Frequent movement helps you prevent blood clots, control pain, and encourage bowel function.

### Other important instructions:

- **No aspirin or blood-thinners** until instructed by Dr. Miller
- **Diet** – Resume a light but otherwise regular diet.
- **No heavy lifting**
- **No heavy exercise**
- **Stairs** are fine in moderation.
- **No driving** – Reaction time is typically slow for 7-10 days after surgery.
- **Showers** are fine, but do not immerse in water for 2 weeks (no bath, hot tub, or swimming pool). The glue used to close your skin will protect the incisions from water. However, do not intentionally wash or rub the glue.
- **Urinary catheter care** [\[LINK\]](#) is simple and will be taught by your nurse in the hospital. This is easier to show than to tell. Blood, urine, and secretions around the catheter are normal. Wash with soap and water.
- **Take a laxative** on the day you return home (Milk of Magnesia®, Ex-Lax®, Dulcolax®). If no results, repeat the next morning. Although you have not eaten much, your goal should be to have a bowel movement within 2-3 days after surgery. Anesthesia, pain medications, and the surgery itself can lead to constipation – a problem best avoided.
- **Stool softener** – These are milder than laxatives and can be taken daily for 1-2 weeks if needed.
- **Medications** – At the time of discharge from the hospital, you will be given instructions on resuming regular medications. Special care must be given to blood-thinners and diabetic medications. Stop all prostate medications unless told otherwise by Dr. Miller.
- **Pain control:**
  - **Take only as needed**
  - **Anti-inflammatories** (ibuprofen, Advil®, Motrin®, and Aleve®) usually work the best. Although you were instructed not to take these prior to surgery, they are fine after the surgery. Follow the instructions on the label.
  - **Avoid aspirin**
  - **Prescription (narcotic) pain pills** – Use for pain that is not controlled within 30 minutes after taking anti-inflammatory medication (see above). They mix fine. Keep in mind that these stronger medications can:
    1. slow your general recovery (especially bowel function).

- 2. contain Tylenol® (acetaminophen). – If also taking Tylenol®, do not exceed the total recommended daily dose (3,000-4,000 mg).
  - 3. worsen “gas” pains and bloating (use anti-inflammatory medication).
- **Do not take narcotic pain medication for “bladder spasms”.** They are ineffective for this purpose and can lead to over-medication.
- **Resuming exercise** will be discussed on your first post-operative visit.
- **Rehabilitating urinary and erectile function** will be discussed on your first post-operative visit.
- **Blood in urine** is normal for 6-8 weeks following surgery (usually intermittent).
- **Return to work:**
  - Sedentary jobs : 1-2 weeks
  - Physical or high risk jobs (pilot, law enforcement): 4-6 weeks
- **Bladder spasms** (an uncomfortable urge to urinate) can occur as a result of the urinary catheter. This problem is usually very mild by the time you leave the hospital. Do not take narcotic pain medication for this symptom. They will not work and you will risk over-medicating.
- **“Gas” pain** (in shoulder, neck, or abdomen) or abdominal bloating are best treated with frequent walking, fluids, heating pads, and anti-inflammatory medication (ibuprofen, Advil®, Motrin®, and Aleve®).
- **Go to the emergency room** for the following (unless otherwise directed by Dr. Miller’s office):
  - Urinary catheter will not drain
  - Chest pain
  - Any difficulty breathing
  - Feeling light-headed (unless briefly when first standing up)
  - Unusual lower leg swelling, pain, or tenderness
- **Possible issues to expect after surgery**
  - Abdominal bloating
  - Bruising around incisions that may spread to surrounding areas. This will resolve in 2-3 weeks.
  - Shoulder pain – Use anti-inflammatory medication (ibuprofen, Advil®, Motrin®, and Aleve®).
  - Bladder spasms
  - Discomfort behind the scrotum (2-4 weeks)
  - Penile and scrotal swelling