PATIENT INFORMATION

Minimally Invasive (MIS) Radical Prostatectomy Surgery

Please pack this booklet with your belongings that you will bring to the hospital. You will need to refer to this booklet after your surgery.
**Disclaimer**

*This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.*
# Table of Contents

**Introduction** .......................................................................................................................... 1

**Your condition and your surgery** ......................................................................................... 2
- MIS Radical Prostatectomy Clinical Pathway ........................................................ 3

**The Pre-Admission Unit Visit** ............................................................................................. 4

**The Day of Surgery – Before the Surgery (Pre-Op)** .......................................................... 4
- Bowel Preparation .................................................................................................................. 4

**Your Care in Hospital – After Surgery** ................................................................................ 6
- Assessments ........................................................................................................................... 6
- Intravenous ............................................................................................................................ 6
- Oxygen ................................................................................................................................... 6
- TED Stockings ....................................................................................................................... 6
- Pain Management After Surgery ......................................................................................... 7
- Post Operative Exercises ..................................................................................................... 7
  - Deep breathing and coughing .......................................................................................... 7
  - Calf pumping exercises .................................................................................................... 8
  - Ankle exercises ................................................................................................................ 8
- Moving and positioning ........................................................................................................ 8
- Getting out of bed ................................................................................................................ 8
- Incisions ............................................................................................................................... 9
- Drain (Jackson Pratt) .......................................................................................................... 9
- Urinary Catheter (Foley) ..................................................................................................... 9
- Diet ....................................................................................................................................... 9
- Discharge planning ............................................................................................................ 10

**Preparing For Discharge** .................................................................................................... 10
After Discharge—Caring for Yourself at Home ........................................ 11
  Activity .................................................. 11
  Work ...................................................... 11
  Diet ......................................................... 11
  Medications ............................................. 11
  Wound care ............................................. 12
  Sexual activity ......................................... 12
  Care of your catheter ................................. 12
  Draining the leg bag .................................... 13
  Draining the larger collection bag ................. 13
  Cleaning the drainage bags ......................... 14
  Changing collection bags ............................ 14
  Getting ready for bed .................................. 15
  Caring for your Jackson-Pratt drain (JP) .......... 15
    Care of drain insertion site and care of the drain 15
    How to empty Jackson–Pratt drain ................. 15
  Pelvic floor exercises (Kegel exercises) ........... 16

Call your Surgeon if you have any of the following .............................. 17

Follow-up Appointment ................................................. 17
  Urology Clinic ............................................. 17

Health Information for Patients and Their Family
Patient and Family Libraries at The Ottawa Hospital ......................... 18
Welcome to The Ottawa Hospital. This booklet was prepared for you by the Minimally Invasive (MIS) Radical Prostatectomy Surgery team to help you understand:

- your condition and your surgery
- how you can help yourself
- your care in hospital
- your needs, care and resources after discharge.

Your health-care team has made a plan in advance for certain parts of your care. This plan is shown in the *MIS Radical Prostatectomy Clinical Pathway* on page 3. The clinical pathway describes some of the usual care for people with your condition. This plan will be adapted for your specific needs.

Please:

- Read the booklet carefully.
- Share it with your family.
- Ask questions if there is anything you don’t understand.
- Pack the booklet with your belongings and bring it with you when you are admitted to hospital.
Your condition and your surgery

The prostate is about the size of a walnut. It is located below the bladder and in front of the rectum. The prostate surrounds the upper part of the urethra, the tube that empties urine from the bladder.

Minimally invasive (laparoscopic) radical prostatectomy is a surgery performed under general anesthesia. The surgeon makes five to six small keyhole incisions in the abdomen. Surgical instruments including a small camera are inserted into these incisions. Your abdomen is filled with a gas. This allows the surgeon more space to do the surgery. The surgeon separates the bladder and the urethra from the prostate and removes any lymph nodes if necessary. You will have a small drain called a Jackson Pratt drain in your abdomen. This drain helps remove any extra fluid from your abdomen.

You will also have a urinary catheter in your urethra (penis). This helps keep your bladder empty while the incision between your urethra and bladder heal. After the surgery the gas is removed from the abdomen and the small incisions are closed.

The surgery lasts between three to four hours. After the surgery you will be transferred to the Post Anesthetic Care Unit (PACU) to begin your recovery.

The following five pages show the clinical pathway for your condition. There is more detailed information after the clinical pathway.
<table>
<thead>
<tr>
<th>Tests</th>
<th>Pre-Admission</th>
<th>Pre-op Day of Admission</th>
<th>Post-op in PACU/Ward</th>
<th>Post-Op Day 1/Discharge Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Blood test</td>
<td>• Blood test as required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other testing as required</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consults</td>
<td>• You may see an Anesthesiologist in PAU if requested by your surgeon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatments</td>
<td>• Measure for support stockings (TEDs)</td>
<td>• IV if diabetic</td>
<td>• Support stockings (TEDs)</td>
<td>• Support stockings (TEDs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support stockings (TEDs)</td>
<td>• Wound dressing</td>
<td>• Wound dressing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Urinary catheter</td>
<td>• Urinary catheter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Wound drain (JP)</td>
<td>• Wound drain (JP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Intravenous (IV)</td>
<td>• Intravenous (IV)</td>
</tr>
<tr>
<td>Medications</td>
<td>• IV antibiotics</td>
<td>• IV antibiotics</td>
<td>• Patient specific medications</td>
<td>• Patient specific medications</td>
</tr>
<tr>
<td></td>
<td>• Other medications if ordered</td>
<td></td>
<td>• Pain medication</td>
<td>• Pain medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Oxygen as needed</td>
<td>• Oxygen as needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Anticoagulant</td>
<td>• Anticoagulant</td>
</tr>
<tr>
<td>Activity</td>
<td></td>
<td></td>
<td>• Bedrest to activity as tolerated with assistance</td>
<td>• Chair with assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Deep breathing and coughing exercises</td>
<td>• Walk short distance and progress to longer walks throughout the day with minimal assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Foot and ankle exercises</td>
<td>• Deep breathing and coughing exercises</td>
</tr>
<tr>
<td>Nutrition</td>
<td>• Nothing by mouth after midnight except water up to 3 hours before surgery</td>
<td>• Fluids after surgery</td>
<td></td>
<td>• Regular diet</td>
</tr>
<tr>
<td>Patient Teaching / Discharge Planning</td>
<td>Patient Teaching: • Bowel prep • Other pre-op instruction</td>
<td>Patient teaching: • Pain management • Activity • Breathing exercises</td>
<td>Patient teaching: • Pain management • Breathing exercises • Kegel exercises • Wound care • Activity • Catheter care and drainage system • Diet • Review discharge plans</td>
<td>Patient teaching/discharge instructions: • Pain management • Breathing exercises • Kegel exercises • Wound care • Activity • Catheter care and drainage system • Diet • Review discharge plans</td>
</tr>
</tbody>
</table>
The Pre-Admission Unit Visit

Before you are admitted for surgery you will have an appointment at the Pre-Admission Unit (PAU). Please bring all of your regular medications to this appointment.

You will be seen by a nurse and possibly a doctor/anaesthesiologist. The nurse will ask about your medical history and what medications you usually take.

These tests will be done:
- Blood tests
- Urine test

As well, the doctor/anaesthesiologist may decide that you need additional tests.

The nurse will:
- Teach you what you need to do to prepare for surgery.
- Review this booklet with you.
- Give you instruction sheets.
- Answer your questions.

The Day of Surgery – Before the Surgery (Pre-Op)

Please follow all the pre-operative instructions given to you at your pre-admission visit by the nurse and/or doctor. There will be additional (special) instructions given to you at your pre-admission visit about what you can or cannot eat or drink the evening before and day of your surgery.

Also, please note the following instructions:

Bowel Preparation

PICO-SALAX:
DO NOT follow instructions on the box, please follow the instructions below.

You must take Pico-Salax on the day BEFORE the surgery. You may have a light breakfast: toast, egg, juice, tea/coffee.
Then:

At 8 a.m. on the day before your surgery, take the first packet of Pico-Salax

- Empty the contents of the first packet into a mug.
- Add 150 mL (5 oz) of cold water.
- Stir for two to three minutes to dissolve the laxative.
- If the mixture heats up, let it cool before you drink it.
- Continue to stir while it cools.
- It is important to drink a large glass (250 mL/8 oz) of water or other clear fluid EVERY HOUR. (Examples: water, white Gatorade, white grape, apple or cranberry juice, ginger ale, clear tea or coffee, broth).
- You will need to be close to a toilet after you take this medicine as it can start working quickly.

At 8 p.m. on the day before your surgery, take the second packet of Pico-Salax.

- Repeat instructions as above for first packet.
- Remember to drink only clear, colourless fluids while you are taking Pico-Salax.

**DO NOT TAKE ANY SOLID FOOD AFTER YOU HAVE STARTED YOUR BOWEL PREPARATION.**

**Colyte:**

This bowel preparation is used if you have kidney disease or heart disease and on a low salt diet, or you have diabetes (taking medication). **Do not use Pico Salax.**

For best results, you should not eat any solid food for three to four hours before taking Colyte.

At 6 p.m. the night before the surgery – start drinking the Colyte as instructed on the bottle.

- Drink an 8 oz. glass (250 mL) every 10 minutes for about three hours.
- It is better to drink Colyte quickly instead of sipping the mixture.
- You are only allowed clear liquids after starting Colyte and only until **midnight** before your surgery. Examples of clear liquids would be: water, white Gatorade, white grape, apple or cranberry juice, ginger ale, clear tea or coffee, broth.
- You may have sips of water until **three hours** before surgery.
- The first bowel movement should occur approximately one hour after the start of Colyte.
• Continue taking COLYTE until your stool is watery, clear and free of solid matter. This normally requires the taking about 3 to 4 liters (3 to 4 quarts). The amount that needs to be taken will vary from one patient to the next.

• Solution can be kept in the fridge. **Discard any unused portion.**

**DO NOT TAKE ANY SOLID FOOD AFTER YOU HAVE STARTED YOUR BOWEL PREPARATION**

---

**Your Care in Hospital – After Surgery**

**Assessments**

The nurse will check you often to ensure that you are comfortable and progressing well. Your temperature, heart rate, blood pressure, oxygen level and dressing are checked. Your drain will be emptied as often as needed. The nurse will also listen to your lungs to check your breath sounds and your abdomen to check your bowel sounds. You will also be asked about “passing gas” and bowel movements.

**Intravenous**

You will have an intravenous (IV) to replace your fluids until you are able to drink and eat well. Do not pull on the IV tubing.

**Oxygen**

Extra oxygen is sometimes given through by small tubes placed into your nostrils. A small clip on your finger measures the amount of oxygen in your blood. This is called **pulse oximetry**. The measurement is used to determine if you are getting enough oxygen. The nurses will increase, or decrease the amount of oxygen based on their assessment. The oxygen will be discontinued when appropriate.

**TED Stockings**

TED stockings are long elastic stockings. These stockings help to prevent blood clots by improving the blood circulation in your legs. They are to be worn until you are walking regularly.
Pain Management After Surgery

Your comfort is our concern. It is important that you have effective pain relief. Pain is personal. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery. Our goal is to help you be comfortable enough to participate in the healing process. Your pain should be controlled enough that you can rest comfortably and that pain does not prevent you from deep breathing, coughing, turning, getting out of bed and walking.

The most common pain control treatments for after surgery are described in the *Pain Management After Surgery* booklet. You, your doctors and your nurses will decide which ones are right for you to manage your pain. Please read the booklet before your surgery. Bring it to the hospital on the day of your surgery.

Post Operative Exercises

Deep breathing and coughing

After surgery we tend to take smaller breaths. This can be because of pain, anesthesia given during your surgery, or not moving around as much after surgery. Doing deep breathing and coughing exercises post-operatively will help keep your lungs healthy by getting rid of extra secretions.

*Deep breathing exercises* work 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 seconds.
- Breathe out through your mouth.
- Repeat this exercise ten times each hour while you are awake and until your activity level increases.

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

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

- Point your toes (as if you were pressing on a gas pedal) and point your toes towards your chin. Repeat ten times.
- Make circles with your feet.

These exercises will help prevent blood clots by increasing blood circulation in your legs.

**Ankle exercises**

Ankle exercises help the blood circulate in your legs while you are less mobile. Do these ten times each hour, while you are awake and until your activity level increases.

*With your legs flat on the bed:*

- Move your ankles in a circle clockwise and counter-clockwise.

**Moving and positioning**

You will be encouraged to sit in the chair and walk as much as possible. This will keep your lungs clear, allow your bowels to return to their normal functioning and prevent clots from developing in your legs.

While in bed, it is important to move and reposition yourself. You should reposition yourself every two hours while awake.

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

**Getting out of bed**

Obtain assistance as needed.

- 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.

**Incisions**

Dressings will cover your incisions. The nurse may change your dressing if needed.

**Drain (Jackson Pratt)**

You will have a drain called a Jackson Pratt (JP) in your abdomen. This drain removes excess fluid from the surgical area. The amount of drainage will be monitored and recorded by the nurse. You may be going home with this drain in place. The nurse will teach you how to care for your drain.

**Urinary Catheter (Foley)**

You will have a urinary catheter to drain urine from your bladder. The nurse will clean the area around your catheter. You and your family will be taught how to care for your catheter.

It is very important that the catheter is secured to your leg so that it cannot be pulled accidentally. Please be careful when handling your catheter bag. Avoid catching or pulling it accidentally.

**Diet**

You will be allowed to start taking fluids after your surgery. As you are feeling better you will progress to a Surgery Diet. The Surgery Diet is a diet that is easily digested.

• Try to eat three small meals plus two to three snacks daily until your appetite is back to normal.
• Eat slowly and chew your food well.
• It is important to drink plenty of fluids. You need to drink at least 2 liters of fluid per day.
• Your body needs more energy and protein when recovering from surgery and during illness. Try to eat a protein rich food at each meal and snack (milk, yogurt, cheese, eggs, meat, fish or poultry).

**Discharge planning**
When you are discharged from hospital, you may need some help at home. It would be best to arrange for this *before* being admitted to the hospital. Arrange for someone to pick you up at 5 p.m. on the day of discharge. If you think you will have problems coping at home, discuss this with your nurse or social worker. You will receive a follow-up doctor appointment and a prescription for medication.

**Preparing For Discharge**

*Be sure you understand your:*
• Medications
• Exercise program
• Diet
• Any restrictions regarding your surgery
• How to care for your catheter
• How to care for your drain
• When to call the doctor for symptoms
• Follow-up appointments
• Preventing falls at home
After Discharge—Caring for Yourself at Home

Activity

- Take frequent rest periods as necessary. Let your body be your guide.
- Continue doing the deep breathing and coughing, ankle and calf pumping exercises.
- Do your pelvic floor (Kegel) exercises (see page 16).
- Do light activities for four to six weeks. Avoid strenuous exercise including heavy lifting, lifting grocery bags, shoveling snow, or pushing a lawn mower until you have seen your doctor on your follow-up visit. Do not lift more than ten pounds.
- Increase your walking distance each day.
- You can resume driving after the urinary catheter has been removed and you are not taking any more narcotic medications.
- Resume your usual activities gradually over six weeks. Discuss any specific concerns with your doctor including when to resume sexual activity.

Work

- You may return to part time work when the catheter is removed. You should take on light duties only.
- After six weeks you can return to regular work responsibilities. The amount of time off work will depend on how quickly you recover from surgery and the type of work you do.

Diet

- Return to normal eating habits. A well balanced diet is encouraged to promote healing.
- Drink plenty of fluids, at least 2 liters per day.
- Avoid constipation. Pain medication such as narcotics can cause constipation. Make sure your diet is high in fiber.

Medications

- Take your pain medication as required. It is normal to experience some wound discomfort for a period of time after discharge.
- To avoid constipation (a side effect of many pain medication) add water-soluble fibre to your diet, e.g. bran, whole grains, fruit. If constipation is a problem, you may take a mild laxative.
• Do not drive a vehicle if you are taking narcotics, (e.g. Tylenol #3, Hydromorphone, Percocet). Narcotics may slow your reaction time and impair your judgment.
• Do not drive while your urinary catheter is in place.

**Wound care**

• You may take a shower. Clean your incision with mild soapy water. Do not scrub the incision. Do not soak in a bathtub or pool for six weeks. Dry your incision well. The little strips on your incision can stay in place until they fall off. If they are still stuck on after five days, you can peel them off in the shower.
• Observe the incision for redness, tenderness, or drainage. Contact your surgeon if problems with your incision develop.
• Swelling or bruising around the incision is common and will go away with time.
• Swelling and discoloration of the scrotum and penis commonly occurs following this procedure and usually resolves on its own. You can use ice packs to help reduce the swelling. When you are lying or sitting, you can also place a rolled towel under the scrotum. This elevates it to help reduce the swelling.

**Sexual activity**

• Light sexual activity may be resumed three weeks after your surgery. You should not engage in vigorous sexual activity until six weeks after your surgery.
• Take your medication for erection recovery (if applicable) as instructed by your surgeon.

**Care of your catheter**

Always wash your hands before and after caring for your catheter.
• Clean the urethra twice a day, using soap and water. Dry with a clean towel afterward. Apply over-the-counter antibiotic ointment or lubrication to the tip of the penis around the catheter twice a day after washing.
• Unless you’ve been told otherwise, it’s okay to shower with your catheter and drainage bag in place.
• Make sure that urine is flowing out of the catheter into the drainage bag.
• Make sure the tube doesn’t get twisted or kinked.
• Check the area around the urethra for inflammation or signs of infection, such as irritated, swollen, red or tender skin at the insertion site or drainage around the catheter.
• Keep the drainage bag below the level of the bladder.
• Make sure that the drainage bag does not drag and pull on the catheter.
• Do not tug or pull on the catheter.
• Do not apply powder or lotion to the catheter insertion site.
• If you experience bladder discomfort, extreme urinary urgency and leakage around the catheter you may be having bladder spasm. Your surgeon may have prescribed medication to help with this.
• Leaking around the catheter often occurs during bowel movements. This is normal.
• Mild discoloration of the urine is normal; however please contact your surgeon if you have blood clots in your catheter tubing.
• If your catheter should fall out, **CALL YOUR SURGEON AND DO NOT LET ANY PHYSICIAN REPLACE THE CATHETER WITHOUT TALKING TO YOUR SURGEON.**

**Draining the leg bag**
A leg bag is a urine collection bag that is strapped to your leg. It is smaller than the bag that you may use at night. This smaller bag allows you to move around more easily. However, you must empty the leg bag every three to four hours.

*To drain the bag, follow these steps:*
1. Wash your hands with soap and water.
2. Unfasten the lower leg strap.
3. Remove the cap (if applicable) and open the clamp. Do not touch the drain port with your fingers or allow it to touch the toilet seat.
4. Drain the urine into the toilet.
5. After the urine has drained completely, wipe the drain port and the cap with a cotton ball or gauze soaked with rubbing alcohol. Close the clamp and fasten the lower leg strap.
6. Wash your hands with soap and water.

**Draining the larger collection bag**
1. Wash your hands with soap and water.
2. Position the drainage bag over the toilet or drainage container and move the “open/close” clamp to the “open” position.
3. Drain the urine into the toilet, taking care that the tube does not touch the toilet.
4. After the urine has drained completely, close the clamp until you feel it click shut.
5. Wipe the end of the drainage tubing with a cotton ball or gauze soaked with rubbing alcohol.
6. Wash your hands with soap and water.

**Cleaning the drainage bags**

*Follow these instructions to care for either your leg bag or your night drainage bag:*

1. Drainage bags must be cleaned daily with either:
   a. a household bleach solution diluted in a 1:10 ratio (one part bleach to ten parts tap water)
   b. a vinegar solution (one part vinegar to three parts tap water).
2. Wash your hands with soap and water.
3. Before changing the bag, clean the junction between the catheter and the bag with an alcohol swab or cotton balls and alcohol.
4. Disconnect the used bag.
5. Clean the connection of the clean bag with an alcohol swab or cotton ball with alcohol.
6. Connect the clean bag to your catheter and secure it to your leg.
7. Rinse the used bag twice with water by agitating the water vigorously and let drain.
8. Fill the bag with the 150 mL of the prepared solution and agitate vigorously. Drain the bag and allow to air dry. If you are using the bleach solution, wear protective gloves. Skin irritation can occur if bleach is allowed to contact with skin surface.
9. Wash your hands with soap and water.

*Special note:*
You may use both types of drainage bags for up to *one month*. After one month, you will need new bags. You can buy new bags at most health care supply stores.

**Changing collection bags**

During the day, you may want to use a leg bag. At night, you can change it to a larger collection bag.

1. Wash your hands with soap and water.
2. Drain the leg bag.
3. Unfasten the leg straps.
4. Disconnect the leg bag, cap the opening, and set aside.
5. Attach the end of the new bag.
6. If you are attaching the larger collection bag for overnight use, hang the bag lower than your body when you are in bed.
7. If you are attaching the leg bag, wrap the elastic bands around your leg and clip them in place. Always be sure there are no kinks in the catheter tubing.
8. Follow the directions under “How to care for your drainage bags.”
9. Wash your hands with soap and water when you are finished.

**Getting ready for bed**

When your night drainage bag is connected and you are ready to go to bed, decide on which side of the bed you want the drainage bag to hang. Tape the drainage tubing to the thigh of the leg that will be next to the side of the bed where the bag will hang. Leave some slack in the line so you will not pull on the catheter when you move while sleeping.

When you get into bed, set up the drainage tubing so it does not kink or loop. Then hang the drainage bag by its hook from the side of the bed frame. Be sure to keep the drainage bag below the level of the bladder at all times, whether you are lying, sitting, or standing. Do not hang the bag from the headboard or footboard of the bed, or from a chair beside the bed.

**Caring for your Jackson-Pratt drain (JP)**

This drain is used to remove fluid that would otherwise collect at the surgical site. You may be going home with this drain in place. Your nurse will show you how to care for the drain at home.

The drainage set is a tube attached to a small container to hold the drained fluid. Empty the drainage system twice a day or whenever the drain is ¾ full.

**Care of drain insertion site and care of the drain**

- If there is leakage at the site, apply a gauze dressing.
- Examine site for increased areas of redness.
- Keep the drain secure to your clothing with a safety pin.
- The drain should be lower than the insertion site at all times.
- Guard against pulling on the drain tube.

**How to empty Jackson–Pratt drain**

- Wash hands with soap and water.
- Unpin the drain from your clothing.
- Cleanse drain pouring spout area (plastic tab) with an alcohol swab or a cotton ball soaked with alcohol before opening.
• Pull the stopper from the pouring spout and let the drain expand. The bulb will quickly expand.
• Tilt the container above the measuring cup.
• Try not to touch tip of drain opening, empty the content of the container into the measuring cup.
• Measure the amount of drainage, then empty drainage fluid directly into toilet.
• Cleanse the drainage spout with an alcohol swab or a cotton ball soaked with alcohol before closing.
• To re-establish suction: squeeze the drain with your hand until the drain appears to be flat and put the stopper back into the drainage spout. This creates a gentle suction that drains fluid from the wound.
• Pin the drain back onto your clothes. This will help prevent the drain from being pulled out by mistake.
• Write down how much drainage and bring this information with you for your follow-up appointment with your surgeon.
• Wash hands with soap and water.

**Pelvic floor exercises (Kegel exercises)**

You should practice these exercises as soon as you know you are going to have surgery. Pelvic floor exercises will help to rebuild the strength in this muscle. It is a contracting/relaxing exercise.

You should start doing these exercises before your surgery. The muscle that you use to hold back gas is the one you want to exercise.

**Doing the exercise:**

• Squeeze the muscle and hold for five seconds.
• Relax the muscle for five seconds. It is just as important to relax the muscles as it is to contract the muscle.
• Do three to four sets of this exercise a day.
• These can be performed sitting down, lying down or standing.
• Continue to perform these exercises until urinary control has returned.

Sometimes it is difficult not to have the stomach muscles involved in this exercise. To find out whether you are also contracting these muscles, place your hand on your stomach while you do your exercises. If you feel your abdomen move, then you are also using these muscles.
Call your Surgeon if you have any of the following

- Chills or fever (temperature greater than 38.5°C/101°F).
- Increased discomfort, redness, swelling, drainage or separation of the incision.
- Nausea, vomiting, diarrhea, abdominal swelling.
- Chest pain or difficulty breathing.
- The catheter comes out. Do not reinsert the catheter. Go to the Emergency Room.

**DO NOT ALLOW ANYONE TO REMOVE YOUR CATHETER WITHOUT PERMISSION FROM YOUR SURGEON.**

- You experience severe pain that is not relieved by pain medication.
- You have back or flank pain.
- No urine or very little urine is flowing into the collection bag for two or more hours and you feel like your bladder is full.
- Your urine has blood clots in it and it has a foul odour.
- New or unexplained symptoms.

**If unable to reach your doctor, please go to the Emergency Department.**

Follow-up Appointment

- Expect to return to hospital to see your urologist in one to two weeks to remove the catheter. If you are unable to keep your appointment, please telephone in advance.
- Please start your antibiotics the day before your follow-up appointment.

Urology Clinic

*Civic Campus:* Main Building – B3, 3rd Floor
613-798-5555, ext. 14352

*General Campus:* 2nd Floor  Module O: 613-737-8370
Module K: 613-737-8102

Your Surgeon’s name:

Dr. ________________________________
Notes