

PATIENT INFORMATION FOLLOWING A RALP

**Introduction**

This leaflet will help you in the first few weeks post robotic prostate removal it includes wound management and catheter care as well as some useful tips for issues that other patients have experienced

**Possible issues following a RALP**

**Bruising around the incision sites and abdomen** - not uncommon and should not alarm you. This is caused by the daltaparin injections used to prevent DVTs. It does thin the blood so our small incisions are more prone to bruising. Some of the bruising at the injection site may be prevented by avoiding rubbing of the area after administering daltaparin injections.

**You will be taught how to do these self-injections when you are in hospital usually at 10am each day for 28 days.**

**Leakage at wound site or drain site** - change dressings daily or as necessary if oozing. Wash the wound in the shower to clean, and dry with clean pad or towel before applying clean dressing. We will give you spare dressings to take home. You can leave the wounds exposed to the air after a few days if they are clean and dry. If the leakage from the wounds should change colour, or there is any pain, heat or redness around the wound sites, please see your GP.

**Constipation** - Increasing the fibre and water intake in your diet should help to keep stools soft. You can also take a mild laxative to soften the stools if needed. Lactulose is usually given to you to take home which helps soften the stool. It is quite common not to open their bowels **until 4 days after surgery** but you should be passing wind during this time. **Please do not take any suppositories or enemas.**

**We do like you to pass wind before you head home and mobilisation on the first day post op really helps this.**
**Shoulder and neck** **pain** - this occurs as a result of the distention of the abdomen caused by the gases used during the operation. It is common but can be quite uncomfortable. It usually settles after a few days.

**Scrotal and penile swelling and bruising** - this may appear immediately after surgery or after 4 - 5 days. It is often present if you have had lymph glands removed. When you walk around any blood from the incisions can track down to that area. Scrotal swelling will usually resolve in 7 -14 days. You can reduce the swelling if it occurs by elevating the scrotum on a small towel that you have rolled up when you are sitting or lying. It is recommended that you wear supportive underwear such as Jockeys, even with the catheter in place.

**Blood in the urine or along the side of the catheter**- especially after increasing activity or following a bowel movement, this is not uncommon. Resting for a short period usually improves the colour of the urine. Sometimes there can be intermittent bleeding in the urine even after the catheter is removed. This should be pale red and fairly clear. This may happen from time to time until the join is completely healed (at about 8 weeks). The bladder to penis join will eventually be covered by the waterproof cells that line the bladder and then the bleeding stops. This often takes 8-10 weeks to complete. Drink more fluids if there is blood in the urine to help keep it dilute.

**Leaking around the catheter** - this is fairly common and can be caused by bladder spasms or straining to open bowels. This leakage can often be blood stained until the join is healed. If this happens, you may need to wear a small pad inside your underwear for protection.

**Bladder spasms while the catheter is in** –This is your bladder contracting ….trying to reject the balloon that keeps the catheter from falling out. These present as mild to severe pain or cramping with a strong desire to urinate or a burning sensation caused by sudden, strong bladder contractions. These are infrequent but can be caused by irritation from the catheter against the bladder wall. Let your consulting team know if you have these troubles as mostly these can be relieved with tablets.

**Perineal pain** - pain between your scrotum and your rectum or in your testicles may last for several weeks after surgery, but it will resolve. They are related to the inflammation deep in the lower pelvis where the surgery was done. Simple pain medications such as Paracetamol or Ibuprofen should relieve the discomfort. Please contact your consulting team if the pain medication does not alleviate this.

**Lower leg or ankle swelling** - this can occur in both legs and should resolve in around 7 - 14 days. This is more common if you have had lymph glands removed. Elevating your legs while sitting will help. If swelling in the legs is uneven and associated with redness or pain, please contact your consulting team quickly as this can be a symptom of a blood clot in the leg. Please keep your compression stockings on for the first week post op at least.

**Sutures or clips to wound sites** – These will be removed between 7-10 days after surgery. They may be removed at the TWOC clinic when you have the catheter removed or by the Practice nurse at your GP’s practice depending on the length of time that the catheter needs to stay in.

**Care of catheter**

The catheter allows continuous drainage of urine into the catheter bag and is held in place by a balloon inside your bladder. The catheter is also held in position by an adhesive strap (catheter secure or stat lock) to your thigh. **It is very important that this fixing device remains in place at the same position for the whole time that the catheter is in.** It is also very important to ensure that your foreskin is always pulled over the end of the penis and not pulled back.

**Daytime** - you will use the leg bag that is strapped to your leg. It allows you to move around more easily but it must be emptied every 3 hours or when it gets full. It must not be allowed to become overfull as this will cause the bladder to become full with urine and can lead to leakage of urine through the new join of the bladder and the urethra. The leg bag stays on the whole time your catheter is in, and needs to be changed weekly. It should be fixed in place with 2 straps to prevent it pulling down on the bladder and penis.

**Night time** - you will be shown how to connect the night bag onto the end of the leg bag. This does not need to be emptied as often and should last through the night when a lot of urine is produced. When you get into bed, be sure that the leg bag tap is ON and the night bag tap is OFF. You will need to arrange the tubing so it does not pull on the leg bag or become kinked.

**Emptying your catheter bag** - wash your hands before emptying. You will be shown how to work the tap on the bag before you leave hospital. To disconnect the overnight bag, turn the leg bag tap to OFF, take the night bag off the end of the leg bag and empty it into the toilet. The tap on this bag cannot be closed again once opened as it is single use. After emptying, it can then be disposed of in the general waste. Wash hands again.

**Changing your leg bag** - this needs to be done weekly. Wash your hands. Prepare the new bag ready to be connected but without the tip of the bag tube touching anything. Empty the leg bag. Carefully, without pulling on the catheter, disconnect the catheter end from the bag drainage tube. Connect new bag to catheter. TRY NOT TO TOUCH THE OPEN END OF THE CATHETER OR NEW DRAINAGE TUBE TIP. Hold the tube at the base of where it would connect to the catheter to push it firmly into place. Wash hands.

**To help prevent infection or discomfort** –

* always wash your hands before and after emptying your catheter
* wash the area around the catheter at the tip of the penis at least twice a day. Debris and mucous will collect there. Use soapy water, avoid highly fragrant shower gels. **We find it is best to use non fragranced baby wipes to gently clean any dried mucus from the catheter**.
* Keep the bag attached to the catheter at all times, even when showering, keep your catheter strapped to your thigh for comfort; this prevents it pulling in the bladder
* keep the drainage bags free of kinks and loops
* always keep the drainage bag below the level of the bladder
* drink at least 8 glasses or water a day to keep urine a clear, pale yellow colour
* Occasionally when the bag is emptied, an airlock may form. This is caused by all the air emptying out of the drainage system and can cause urine to stop draining, but is easily fixed. If the sides of the bag look sucked hard together and no urine has drained, just allow a small amount of air back into the system after emptying your bag by pulling the front and back of the bag slightly apart while the tap is open.

**To obtain more supplies –** you will need to contact the number on the side of the home pack to order more supplies. Please be aware that you will need the order code, which can be found on the outside of the home pack also. You will need to allow a few working days for these to be delivered to your address.

**Removing the catheter –** this will be done in the TWOC clinic on level 7 at the Lister. The catheter should not be removed by the practice or district nurses or in another hospital.

**DO NOT LET ANYONE OTHER THAN THE UROLOGY TEAM TAKE IT OUT ….EVEN IF IT BLOCKS.. COME TO A&E AND ASK FOR OUR TEAM**

**What to do if you have any problems with your catheter**

If you have any issues with your catheter, you need to return to the Lister Hospital and ask to see the urology team. You may contact the urology ward for advice prior to coming in. The catheter should be managed by the urology team only. **Do not allow anyone other than the urology team at the Lister to remove the catheter.**

**FAQs**

**How much pain will I be in?**
Since the surgery is done through small incisions, most patients experience much less pain than with open surgery. They tend to need much less pain medication. After 2 weeks, most are feeling no pain at all.

**When can I exercise?**
Light walking is encouraged right after the procedure. Walk as much as you want including up hills from the start as long as you feel comfortable. After just 2 weeks aerobic exercise is permitted. After 8 weeks, heavier exercise can be restarted but best to check with your surgeon first. Cycling should be avoided until 10 weeks.

**Can I shower or bathe?**
Yes, you may shower but avoid a bath where the wound sites will be soaked. The dressings are water resistant so will protect the wound sites for the first few days. The wounds can then be left open after a few days. You will be given spare dressings so that you can change them after showering. Also, pat yourself completely dry and dry into the belly button to minimize infection risk.

**When can I drive?**
When you are comfortable to do so (usually after 2 weeks) and you can twist to look behind you as necessary and make an emergency stop. Remember the seatbelt may pull tightly across your stomach if you do. Please also check with your insurance company first.

**When can I return to work?**
This is often about 6 weeks but speak to your consultant first about when you can return to work. This may vary depending on the type of work you do.

**When will my catheter come out?**

Usually after 7 days post op which allows the join to heal enough to let you pee normally.

Almost all our patients need a pad at this stage as the muscle that controls leaking will have been held open by the catheter and also removal of the prostate temporarily bruises and numbs its action for a while in everyone.

As you know the majority of patients will recover control but it takes time, sometimes up to 9-12 months. You should improve as each week passes but it can be a slow and frustrating recovery.

Having the catheter out is a little uncomfortable for a few seconds but a great relief to have it removed.

We sometimes have to leave it in for 2 weeks or longer if the join hasn’t quite healed yet. Especially if you had a big prostate as this makes the hole on the bladder side bigger so more stitches are required and more healing needed. We occasionally squirt some dye into the catheter and take some x-rays called a cystogram if we are concerned that you may not have healed quite yet. If there is a leak we may ask you to keep the catheter for longer until fully healed. This is a rare event.

**Recovery of erections if you had a nerve sparing procedure**

When you catheter is removed you will be given 28 tablets of Tadalafil (a Viagra like tablet)

You take a 20mg tablet twice a week eg Wednesday and Saturday

If you get side-effects you can take half a tablet instead ie 10mg twice a week. Side effects include facial flushing headache indigestion and occasionally thigh and buttock muscle cramps. In most they are very mild so we encourage the 20mg dose to continue.

This will help your nerves recover faster.