

## **After Your Laparoscopic Radical Prostatectomy (LRP)**

### **Activity**

In the first day or two after laparoscopic radical prostatectomy, after a period of relative sleep deprivation, most patients are tired and dirty. The first order of business is to rest and clean up. Nothing will help you feel good like a nap and a shower. Soap and water will not hurt the plastic and rubber dressings and catheter.

Please refrain from heavy lifting and physical exertion for a few weeks. While there is little risk of herniation, the internal organs have undergone trauma and the blood vessels are still healing. Let them heal free of physical stress.

### **Bowel function**

The intestines are slow to function after anesthesia. This condition is called ileus. While burping is common, what really counts as sign of normal function is gas passing from below. Until you pass gas from below – usually after one day or more – go very easy on food. Eating solid food before the gas starts to pass can cause bloating, distension, and pain. During this early period, liquids are fine: water, juice, broth, tea, and the like. It makes sense to start eating slowly when you start to eat solid again.

Take 100 mgs of the stool softener Colace three times per day for one month; Colace is available without prescription in most pharmacies. The Colace will minimize the exertion of bowel movements. This effect will lower discomfort and the chance of bleeding. To also promote easy bowel function, the diet should include fiber, as found in whole grains and in vegetables: lettuce, spinach, celery, carrots, and the like. If you are still constipated, consider small doses of prune juice.

Put nothing in your rectum. Do not use enemas or suppositories and so not have colonoscopy for six months.

### **Catheter**

The catheter is very important and promotes correct healing. There is no reason to rush the catheter out. Protect your catheter and do not let anything pull on it. Keep the catheter strapped or taped to your leg at all times. Keep small amounts of water-based lubricants on the insertion point of the catheter.

Bloody urine is common after LRP. Physical activity will exacerbate abrasion of the catheter on the internal suture line and promote bleeding. Rest and hydration will reduce the bleeding.

On the second or third day after LRP, many patients have bloody and/or purulent urethral discharge around the catheter. This is fine and not a source of concern.

The leg bag that you've been given has small capacity and should be used only when you are awake and active. When resting and sleeping, the large bedside bag will be much better. Both bags are waterproof and can be safely carried into the shower, bath, pool, and/or ocean.

### **Pain**

Many patients have pain in the perineum, the area between the scrotum and anus; this can persist for a few weeks. This pain can intensify in upright positions, including sitting and standing. Many patients report that the pain responds well to lying down, hot baths, and some of the over-the-counter non-steroidal anti-inflammatory medication, eg Aleve. Patients who spend many hours sitting will find use in "doughnut" cushions.

### **Followup**

In a few days we will get the pathology report and its observations on the tumor grade and stage. You should understand and remember the contents of this report.

After LRP, it is important to maintain vigilance regarding prostate cancer recurrence. As a minimal step, we strongly recommend a first post-operative PSA measurement at two to three months after the LRP and then repeat measurements at regular intervals.