



TULANE UROLOGY

POSTOPERATIVE CARE CONT.

The Foley catheter drain in the bladder is left in place for approximately 5 to 12 days allowing the bladder to heal. Sometimes a cystogram (an x-ray) is performed by placing some dye into the catheter. Your personal urologist may perform this procedure. The catheter will be removed, if indicated, at that time.

You are expected to be in the hospital overnight. You will be given detailed discharge instructions on the discharge period.

FOLLOWUP

You will make an appointment to see your urologist within 7 to 10 days following your discharge. During this visit your urologist will discuss the pathology report of the prostate. The catheter is usually removed during this visit and you then will be instructed on further followup care with reference to diet, activity, return to work, sexual activity, and management of any urinary incontinence problems.

Following removal of your Foley catheter, you will be asked to return to your personal urologist, if you have been referred to us.

LONG-TERM FOLLOWUP

Depending on your final pathology report, your urologist will instruct you on followup care. We usually recommend a PSA test in 3 months postoperatively.

Please avoid strenuous activity for 4 to 6 weeks. Most patients are able to begin light duty in 2 weeks after the Foley catheter has been removed.

If you should need any further information, please call us back at 504-988-5271.

INNOVATION

EXPERIENCE

DEDICATION

COMPASSION

DISCIPLINE

TULANE UNIVERSITY HOSPITAL & CLINIC

**FIRST IN ROBOTIC SURGERY
IN THE GULF SOUTH**

Tulane Prostate Center
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800-588-5800 press*

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New Orleans, Louisiana 70112

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www.myprostatecancer.com

ROBOTIC RADICAL PROSTATECTOMY



TULANE UROLOGY

CHANGING THE EXPERIENCE OF PROSTATE SURGERY

Tulane
UNIVERSITY
HOSPITAL & CLINIC

Minds That Heal

FIRST IN ROBOTIC SURGERY IN THE GULF SOUTH

You have been diagnosed with localized prostate cancer. This means that to the best of our diagnostic ability, the cancer is limited to the prostate gland. Radical prostatectomy is indicated in patients such as you, with clinically localized prostate cancer and provides the best way known, to eradicate this disease.



Radical prostatectomy involves removing the entire prostate gland along with the seminal vesicles and part of vas deferens. The entire prostate is removed and the bladder is then attached to the urethra using the DaVinci™ robot over a Foley catheter which is a tube that drains the bladder. In appropriate patients, a nerve sparing robotic radical prostatectomy is performed. The DaVinci™ robot provides superior 3-dimensional visualization. This enhances recovery of sexual function as well as promotes earlier recovery of urinary continence.

The Department of Urology at Tulane University Hospital & Clinic has pioneered Robotic Radical Prostatectomy since February of 2003, recreating the oncological principles of radical prostatectomy using the DaVinci™ robot.

The advantage of the robotic/laparoscopic radical prostatectomy is the fact that the procedure is performed through 5 to 6 small incisions, which are considerably smaller than open surgical prostatectomy.

The advantages are:

1. Reduced pain.
2. Shorter hospital stay.
3. Quicker return to normal activities.
4. Lack of long incisional scar.
5. Impotence minimization
6. Incontinence minimization

PREADMISSION

One week prior to scheduled surgery, you need to have tests to get you ready for anesthesia. These tests include a complete blood count, PT, PTT, a biochemical profile, and urinalysis. Additionally an electrocardiogram and chest x-ray may be required. If there is any concern, your personal physician or cardiologist may get a cardiac stress test prior to clearance for anesthesia. Also, an appointment will be made for you to consult with an anesthesiologist at Tulane prior to the procedure.

OPERATIVE PROCEDURE

The evening prior to your surgery, you will be asked to clean your bowels out. We usually recommend a small bottle (1-1/2 ounces) of Fleets Phospho-Soda. This will lead to watery stool and cleaning of the bowels. You may be asked to take some antibiotics as well.

After undergoing the bowel preparation, we ask you to hydrate yourself well using Gatorade or 10K. These fluids will replace some of the electrolytes, you may lose because of bowel preparation.

You will be asked not to eat or drink after midnight. This will ensure that there is no food in your stomach prior to induction of anesthesia. The anesthesia team will be at the head of the operating room table and the medications that they will be giving you during anesthesia is to prevent you from feeling any pain during surgery and also to make you unaware of your surroundings.

You will also meet our robotic/laparoscopic nursing team.

A Foley catheter will be placed to drain the bladder. Usually five small incisions are made to place the camera as well as the instruments for operating on your prostate. These incisions are approximately between a third of an inch to half an inch in length each.

After the operation, the prostate gland will be extracted intact within a bag and a drain will be left temporarily within your abdomen. The small wounds will be closed using dissolvable sutures and will be covered with tapes/band-aids.

Thus, when you wake up, you will have:

1. An IV fluid line.
2. A catheter draining your bladder.
3. A bulb drain.

POSTOPERATIVE CARE

You will go to the recovery room after surgery. Once you recover, you will be admitted overnight in the hospital. If you experience pain, you can ask the nurse for pain medications. The nursing staff will be emptying your bladder drainage bag as well as the bulb drain. You will be encouraged to sit up and even walk on the evening of your radical prostatectomy.

A clear liquid diet will be started on the first postoperative day or even sometimes on the evening of the procedure. The abdominal bulb drain is usually removed prior to discharge. If not, our team will give you specific instructions on its management.

