



Partners In Urology

Anthony J. Catanese, MD, FACS

Neel P. Shah, MD

Lori E. Jones, MD

What to expect with your Robotic Surgery:

Pre-Operative Process:

Once you have been scheduled for your surgery, our office will call you with the date, time and pre-operative instructions including:

—Depending on your age and medical history, you may need pre-admission testing including, but not limited to: blood work, a urine culture, a pregnancy test, a chest x-ray and/or an EKG.

—Some patients may need to see their primary care physician, cardiologist and/or pulmonologist for pre-operative clearance.

—Discontinue all aspirin, aspirin containing medicines, Plavix, Coumadin or “blood thinners” seven days prior to surgery. If you take Coumadin, please coordinate with our office about specific instructions when stopping this medicine.

—No eating or drinking after midnight before your surgery so you have an empty stomach.

—If you have medicine approved to take the morning of your surgery, you may take it with a sip of water only. Please do not take any diabetes medicine the morning of your surgery unless instructed by your doctor.

—If you are scheduled for prostate surgery start practicing Kegel exercises. These pelvic exercises to strengthen the sphincter muscle that controls urinary leakage. My office can provide you with instructions if needed. You need a “bowel prep” prior to your surgery. The day prior to surgery only have liquids such as water, juices or jello. Please purchase a 10 fluid ounce bottle of Magnesium Citrate from your drug store (no prescription is necessary) and start drinking it at 3 pm the day prior to your surgery. This will cause significant diarrhea so your intestines are evacuated. You may choose to be at home for that afternoon. Be sure to drink plenty of fluids (water and/or juices) to prevent dehydration up until midnight. Remember, nothing to eat or drink after midnight.

The Day of Surgery:

Someone from the hospital will call you the day prior to surgery to give you the time you should arrive as well as where to go within the hospital. The hospital is across the street from our office. Make sure to have directions prior to the day of your surgery so you don't get lost.

Upon arrival to the hospital, you will be checked in and taken to the same day surgery unit. Please make sure to have all of your insurance information with you. Once in the surgery unit, the anesthesiologist will ask you some additional questions and then place an IV in your arm to give you fluids as well as an antibiotic to prevent any infection. You will meet the operating room nurse as well. Any family will be able to stay with you during this time, until they are ready to take you into the operating room for your surgery.

Family Concerns During Surgery:

When you are taken into the operating room, your friends and family will be escorted to the waiting room down the hall from the operating room. The surgery will take about 3-4 hours to perform, though every case is a little different. Should the

surgery take longer, they will be given updates, and then the surgeon will come out to talk with them at the completion of the procedure. They should bring books, newspapers, magazines or something else to keep them occupied for that time.

The Hospital Stay:

—While in the hospital, you will be given a breathing device called an incentive spirometer. This will make you breathe deeply to prevent the potential of pneumonia after anesthesia.

—Air pumps (SCD's) will be placed on your legs to promote blood flow and prevent blood clots from forming. You will likely get out of bed to walk the day after the surgery. It is important to walk; don't be a couch potato.

—If a surgical JP drain is in place, it will typically be removed within 24-48 hours.

—You will be discharged to home when you are good and ready. Though it may be scary to return home, it is usually much better for your recuperation.

Post-Operative Care at Home:

Return to Activity:

Your job at home is to rest, recuperate and take it easy. Light activity, such as walking and going up stairs, is okay. **DON'T BE A COUCH POTATO!** Avoid heavy lifting (over 20 pounds) for 2-3 weeks. Be smart and use common sense...don't do anything silly like paint the house a few days after surgery.

Meals:

After the surgery, your stomach may be unsettled. Have light meals until you are feeling better and be sure to keep drinking fluids.

If you have a urinary catheter:

Catheters will be connected to a leg bag while you are at home. Keep the bag attached to your thigh. When the bag starts to get full, simply drain it into the toilet. The urine may be bloody on occasion which is expected. It is okay to shower, just blot it dry. It is okay to apply Neosporin or Bacitracin to the tip if it becomes irritated. You may leak a little around the catheter from a bladder spasm. If this happens, lie down for a few minutes and it will usually stop. It is also okay to take a pain medicine when this happens. **NEVER DISCONNECT THE TUBING** and do not let the bag drag below the knee.

Stitches and Skin Glue:

The incisions are closed with stitches under your skin and skin glue. The stitches will dissolve over time and the glue will typically fall off within 2 weeks. It is okay to shower within 24 hours of your surgery. Please shower daily with soap and water to keep the incision clean. Please avoid scrubbing too vigorously. The incisions may look red, swollen and/or bruised for about 1 - 2 weeks. The belly button incision may look more irritated than the others. You may apply Neosporin or Bacitracin ointment to the incision three times per day if needed. If you had a surgical drain, cover that incision with a bandage for the first 48 hours. This incision closes spontaneously. If you have any concerns about the appearance of your incisions, please call our office.

Urinary Incontinence:

It can take a few weeks to a few months for urinary control to return after the catheter is removed. Please be patient, urinary leakage will improve slowly day by day. Urinary pads that you can buy at the drug store are used to help control leakage. Please keep track of how many pads you use each day to tell your doctor at each visit, this will be a good indication of healing. Kegel exercises, movements to strengthen your pelvic floor, should be performed on a daily basis to speed along the recovery process.

Erectile Dysfunction / Impotence:

As your energy returns, you should regain your ability to have erections. This may happen spontaneously, or you may need to

use a medicine such as Viagra, Levitra or Cialis. Some patients will be prescribed one of these medicines on a regular basis to promote the return of erectile function.

Constipation:

This may occur from pain medicines or prolonged catheter use. Try not to strain for bowel movements. You may find it helpful to use a stool softener, such as Colace, which you can get from your local pharmacy without a prescription. You may take up to 3 pills per day. If constipation persists, you may try Milk of Magnesia, Dulcolax or a Fleet enema.

Follow-Up Appointment:

After you have gone home from the hospital, please call the office to arrange your follow-up appointment. My office may arrange a bladder x-ray (cystogram) before your first follow-up appointment. I recommend bringing briefs to your first follow-up appointment. Also bring extra protective urinary pads because you will have urinary leakage after the catheter is removed.

When in doubt:

If you have any concerns, please call the office right away. We are open 9 am to 5 pm Monday through Friday, and a doctor is always available on call 24 hours per day, 7 days per week.

Our office phone number is (908) 722 – 6900.