

Robotic Prostatectomy and Recovery

Patient Information



This booklet provides information about your stay in hospital for prostate surgery. It does not replace the need for individual advice from a qualified healthcare professional. Please ask us if you have any questions.



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Introduction

This information booklet has been designed to help you and your family/care givers understand more about the surgery that is planned for you and what to expect before admission to hospital.

It will also provide information about your admission and post-surgical recovery. It is not intended to replace talking with medical or nursing staff. If you would like to talk to someone about your condition, treatment or any other concerns, clinical staff are always available to support you.

Our team is second to none and our staff are recognised for their warmth and expertise. You are our priority and we wish your stay with us to be as safe and as comfortable as possible.

It is important to us that you understand all aspects of your care. If there is anything you need to ask about your treatment or care please ask us. Our team is your team.

This booklet provides a range of practical information to help you when planning for admission to Mater Private Network Dublin.

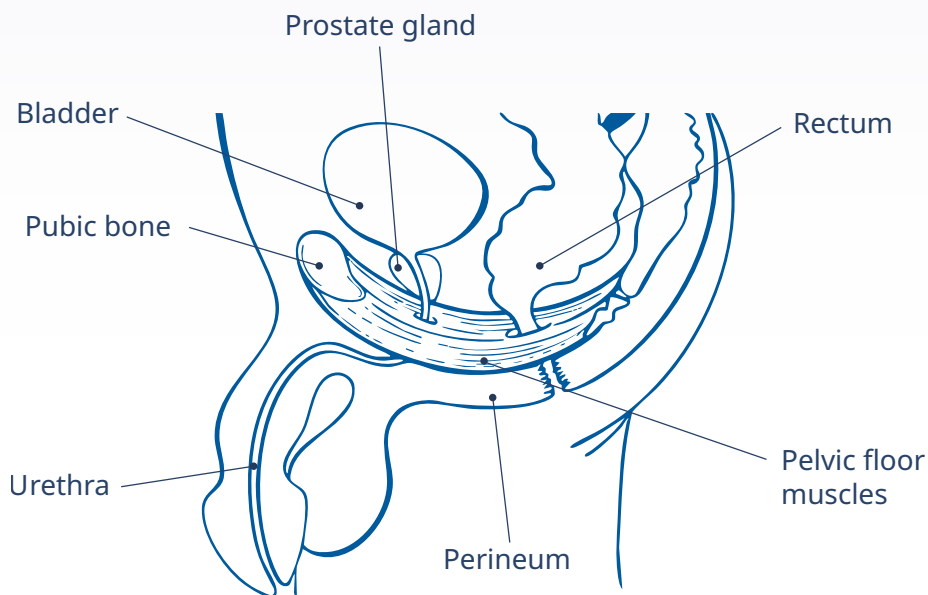
Our website also has additional information and frequently asked questions (**www.materprivate.ie/faqs**) which we regularly update.

Why do I need prostate surgery?

The prostate gland is part of the male reproductive system. It's located in the pelvis below the bladder. It surrounds the hollow tube called the urethra that carries urine from the bladder to the penis.

Prostate surgery or prostatectomy (removal of prostate entirely or partially) can treat certain

conditions that affect the prostate. It's most commonly used as a treatment for prostate cancer (radical prostatectomy) or enlarged prostate (Benign Prostatic Hyperplasia (BPH) simple prostatectomy).

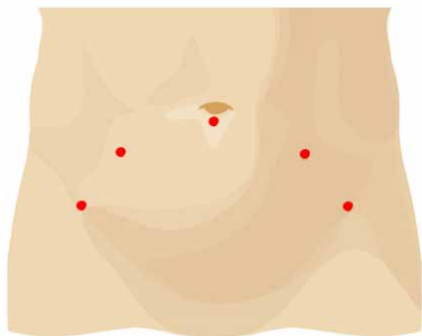


How is prostate surgery carried out?

This operation is a type of keyhole surgery but with the use of robotic arms to help to remove your prostate. We perform the procedure under a general anaesthetic. We will give you an injection of antibiotics before the procedure after carefully checking for any allergies. We make five or six keyhole incisions (cuts) in your abdomen (tummy pictured) that allow the robotic instruments to be put in. These instruments allow the surgeon to free your prostate from the bladder and urethra (waterpipe) so it can be removed whilst sparing the muscles and

nerves that control continence and trying to preserve your erection nerves. We then re-join your urethra to your bladder using absorbable stitches.

We use local anaesthetic to numb the keyhole incisions and minimise your discomfort when you wake up. All the keyhole incisions are closed with absorbable stitches. We put a catheter in your bladder to drain the urine while the new join between the bladder and urethra heals. The procedure usually takes two to three hours to perform.



You can also find information about this by scanning the QR code

What are the risks of surgery?

All medical procedures carry some risk. It is important to remember that we would not recommend surgery if we did not believe the benefits outweigh any risks. The risks will be different for each patient so the consultant will discuss the risks that apply to you in more detail before the procedure.

Bleeding (Very rare; less than 1%)

If you bleed intra-operatively you may need to have a blood transfusion.

Chest infection (Very rare)

Sometimes a chest infection can develop after surgery. Your physiotherapist will discuss with you how you can reduce the risk of developing a chest infection. It is important to stay as active as possible after surgery. We will work with you to slowly increase your level of exercise day by day.

Wound or urinary tract infection (Approximately 5% risk)

There is a small risk of developing a wound or urinary tract infection which may need antibiotics. It is important that you and your

visitors wash hands frequently and use the alcohol rubs provided. Please shower regularly after surgery. Please avoid touching your wound as this may increase the risk of infection.

Blood clot (deep vein thrombosis or DVT) (Very rare)

There is a risk of developing a blood clot in a vein after surgery. To help reduce the risk of blood clots we will ask you to wear supportive (compression) stockings during your stay in hospital. You will also have a small daily injection to thin your blood. The stockings improve circulation in your legs while you are in bed and not moving around as much as usual. Other measures to reduce the risk of blood clots include staying active by walking as advised by your physiotherapist and keeping hydrated by drinking plenty of fluids.

Risks associated with your general anaesthetic

The risks associated with general anaesthesia are very low. Risks vary for each patient and your anaesthetist will discuss this with you.

The risk of death (Extremely rare)

All surgical procedures carry some risk. The risks are different for each surgery and each individual patient.

Are there any long-term effects?

- No semen is produced during an orgasm effectively making you infertile.
- A high chance of erectile dysfunction if nerve-sparing is not feasible because of the burden of cancer.
- Mild or severe urinary incontinence which may persist for more than a year. Less than 5% of patients will require a procedure for significant long term incontinence. Some patients develop some bladder spasms within the bladder area and they can be treated with medication.
- Further treatment with hormones radiotherapy or chemotherapy may be needed if cancer has spread outside of the prostate.

It is important for you to understand the risks and benefits of surgery and any alternatives available to you. If you have any questions please ask your consultant.



Planning for your admission to hospital for prostate surgery

You will be required to attend a Pre-operative Assessment Clinic (PAC) to have blood tests, an echocardiogram (ECG) and anaesthetist review if required. The anaesthetist may suggest medications, which you should take as directed. If you are on any blood thinner medication your doctor will discuss with you if you need to stop taking the medications before the surgery and when to start taking them again after surgery. **If you are unsure, please ask one of the nurses.**

You will be informed about fasting for the surgery. During the PAC appointment you will also be seen by your prostate nurse to teach you how to operate the catheter.

A day or two before your surgery the team will phone you to confirm your arrival time on the day of the surgery.

What do I need to bring with me?

Please remember to bring a list of your current medications for PAC appointment and your own supply of these with you when you are admitted.

You will need slippers, loose-fitting nightclothes, a dressing gown, toiletries and underwear. You should also bring loose-fitting clothes to keep you comfortable while having the catheter bag attached.

Valuables

Please do not bring any valuables, jewellery or large sums of money into hospital with you. If this is not possible we advise you to give any valuables to the nurse upon arrival at the ward. If you have dentures or hearing aids please ensure they are safely stored.

The day of your admission

On arrival at the hospital you will be admitted by the Central Registration team to complete the documentation required to admit you to Mater Private Network. They will then direct you to either the Same Day Surgery Unit or to the ward.

Nurse: When you arrive the nurse will start to plan your care with you. Your blood pressure and weight will be taken along with other standard tests and documentation (unless taken via pre-op testing) to ensure that you are ready for theatre.

Doctor: On your first day in hospital a member of the medical team will examine you and ask questions about your medical history, allergies, medications and symptoms. He or she will discuss with you the specific type of surgery planned and ask you to sign a consent form. This form records that you understand the surgery and agree to proceed. If you need any clarification please ask.

Anaesthetist: A specialist doctor called an anaesthetist may visit you. This may also have been completed in the Pre- Assessment Clinic (PAC) clinic before you came to hospital. They will discuss your medical history, what will happen to you in the anaesthetic room and the risks to you of having a general anaesthetic.

During surgery the anaesthetist will monitor you to keep you asleep and pain free. After surgery you'll be taken to recovery where we'll care for you until you're well enough to move to the ward.

Physiotherapist: Basic exercises such as deep breathing, walking and circulation exercises are important to prevent complications after surgery such as chest infection or clots (see page **13**). For pelvic floor strengthening, see pages **28** and **29**.

Spiritual Care: Chaplains are available from several denominations. If you would like a visit from one of the Chaplains please ask your nurse to arrange this.

What happens on the day of surgery?

Compression stockings will be provided on the day to help prevent blood clots developing during and after surgery.

Before you enter the operating theatre we will secure any valuable personal items for safekeeping until you return to the ward. Please pack your toiletries in a separate

bag along with any other small items you may need directly after surgery. You may be able to walk to the operating theatre. A nurse will accompany you.

Before you go into the anaesthetic room a member of theatre staff will check your details.

What happens in the anaesthetic room?

We will check your consent form and wristband and help you onto the operating table.

We will place a small drip usually in the back of the hand to help you fall asleep. In order for us to measure your heart rate electrodes (small sticky patches)

will be attached to your chest. When you are asleep the urologist will insert a catheter into your bladder to drain your urine.

Once you are asleep a breathing machine (ventilator) will support your lungs.



What happens immediately after surgery?

- After surgery you will be transferred to the recovery unit where we will wake you and remove the breathing tube. You will then receive oxygen through a face mask.
- A specially trained recovery nurse will look after you making sure that you are not in pain, you are breathing well and your urinary catheter is working.

On return to the ward

- When you return to the ward after your operation we will review your routine medication.
- We will support you to ensure that any pain and sickness—or feelings of sickness—are under control. Please let one of the nurses know if you are in pain or feel sick so we can give you the required medication.
- After the procedure you often get some bruising and swelling around the keyhole incisions along with some swelling or puffiness in your scrotum.
- You might also experience temporary facial puffiness and shoulder pain for a day or two

due to the Carbon Dioxide (CO₂) gas used for the surgery to inflate your abdomen while getting access to your prostate. You may feel bloating until your bowel starts working again (normally after 24-48 hours).

- Most patients can go home after a day or two.

Food and drink

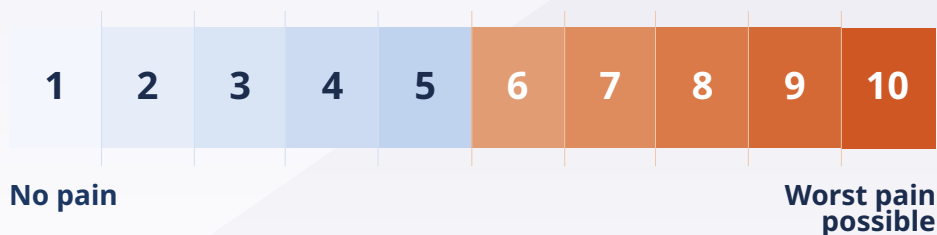
- You may want to start with sips of water or clear fluids and then have a light snack or meal. A light diet is recommended until passing flatus from the back passage.

Exercise

- You may be seen by a physiotherapist and start your exercise regimen. (refer to Post-operative advice **page 13**)

Managing pain after surgery

The nurse will assess your pain regularly using a scale of 1 to 10:



The nurse will also ask you about:

- The type of pain you have e.g. sharp, throbbing, aching, dull, or radiating
- Frequency of pain (continuous or intermittent) based on movement or coughing.

We aim to ensure your pain is at a level that you can deal with. It is important to tell us if you have any increased pain or discomfort so that we can change your pain-relieving medication if necessary.

For the first 24-48 hours after your surgery you will receive pain medication in one of the following ways:

- Oral analgesia: your doctor will prescribe a combination of medications to provide you with the most pain relief.
- Suppository analgesia: per rectum pain relief medication

What are drains and why might I need them after surgery?

After surgery some patients need a drain on one side of their abdomen. This is attached to the fluid bag (which is designed to remove the blood or fluid) and a urine catheter (also called a Foley catheter) attached to a urine bag.

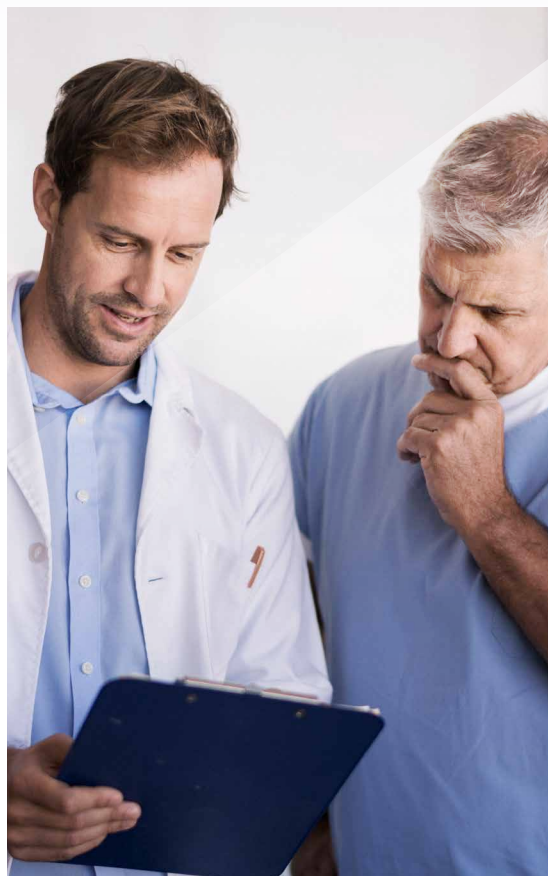
The intra-abdominal drain will be removed after it finishes draining fluid and you pass flatus.

A Foley catheter is a hollow flexible tube that drains urine from your bladder. This tube is then attached to a drainage bag where your urine collects. When you leave the hospital you will still have the urinary catheter in place. The catheter will remain for approximately 7 to 21 days after the operation. We will attach the catheter to a leg bag that you can wear under your trousers. Your doctor will explain to you in detail why you need a catheter and how long you might need it. Your prostate nurse will arrange an appointment for you to have your catheter removed. Please make sure you ask any questions you have at this time.

Important: If you have any catheter issues you can contact your prostate nurse **Monday-Friday 08:00-13:30 / Reception 01 885 8888 / relevant ward.**

Do not contact your General Practitioner (GP) or local hospital.

Your catheter should not be removed or changed by anyone unless directed by your leading consultant.



What will happen during my recovery in hospital?

Exercise is a very important part of your recovery. As soon as possible after your surgery you should sit up and walk a few steps. Early walking is the key for fast recovery and return to bowel activity. It also improves blood circulation in the legs and prevents clot formation.

As your recovery progresses you should be able to walk further as instructed. If you have any sputum (phlegm) after your surgery the physiotherapist will show you how to clear it effectively. (please refer to walking diary on **page 17**)

Hygiene

We will assist you (as needed) with your personal hygiene needs.

Medication & pain management

Good pain management following robotic surgery is important to ensure a speedy recovery by enabling you to cough, take deep breaths, walk and return to normal activity.

On discharge you will receive a prescription for pain medication (painkillers/anti- inflammatories). You should take pain medication for as long as you feel you need it. Take your pain medication regularly particularly in the first week after discharge. Your nurse will discuss the medication with you and how to take it.

Since some analgesia or catheters can cause constipation your doctor will also prescribe laxatives for this condition.

Post-operative advice

Day 1

Deep breathing exercises

The Active Cycle of Breathing Technique (ACBT) as shown below. This is a simple pattern of breathing to:

- loosen and clear secretions
- expand your lungs

Relaxed breathing

- This is normal gentle breathing using the lower chest with relaxation of the upper chest and shoulders.
- It helps you to relax between deep breathing and huffing.

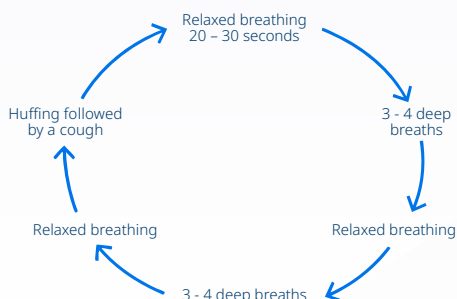
Deep breathing

- These are slow deep breaths followed by a three second hold.
- 3 – 4 deep breaths are enough.-

Huffing

This is a medium-sized breath in followed by a fast breath out through an open mouth (imagine that you are fogging up a window) using the muscles of the chest and abdomen to force the breath out.

- This will move secretions along the airways to a point where you can cough them up.
- Huffing is a less tiring way of clearing your secretions than coughing.
- Cough following 2-3 huffs when secretions are ready to be cleared



Ankle pumps

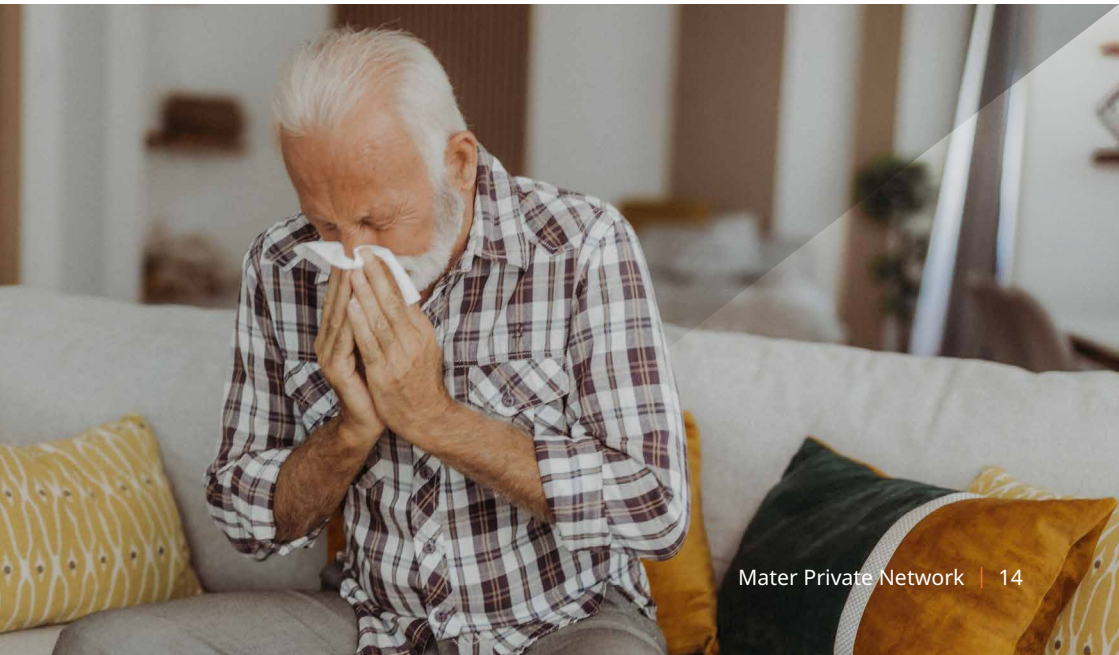
Lying in bed pedaling your feet. This is good to promote circulation until you are up and moving.

Walking

It's important to do a short walk every hour today (the day after your operation) - little and often will be the best initially.

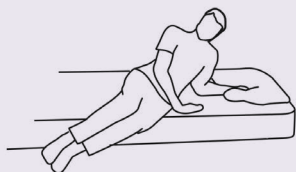
Coughing/sneezing/ laughing:

Make sure that you can cough strongly and effectively if needed after your operation, to clear any excess secretions that may collect in your lungs. Don't worry about disturbing your stitches and staples they will be very secure. You may find it more comfortable to cough whilst in the same position as suggested for your deep breathing exercises. If you have an abdominal incision support it by holding a small towel or pillow firmly over your wound.



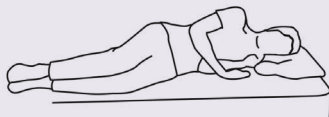
Getting in and out of bed

To get into bed

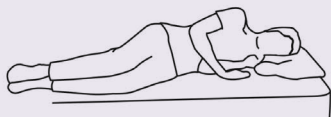


Sit as far back on the bed as you can with your legs hanging over the edge of the bed. You should be sitting about where your hips would be when you lie down. Start to lean to the side and lower yourself down to the bed going down onto your elbow. You can use the other arm in front of the body too for support.

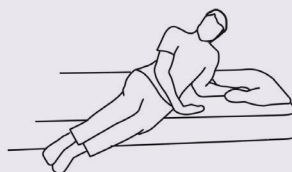
To get out of bed



While lying on your back roll onto your side by bending up your knees and log roll over to the side of the bed. Your knees should reach the side of the bed. Keeping your knees bent lower your feet over the edge of the bed.



As you do this, lift your feet on to the bed with your knees bent and together. Once you are lying down on your side, you can logroll onto your back with your knees still bent. Once on your back you can straighten out your knees.

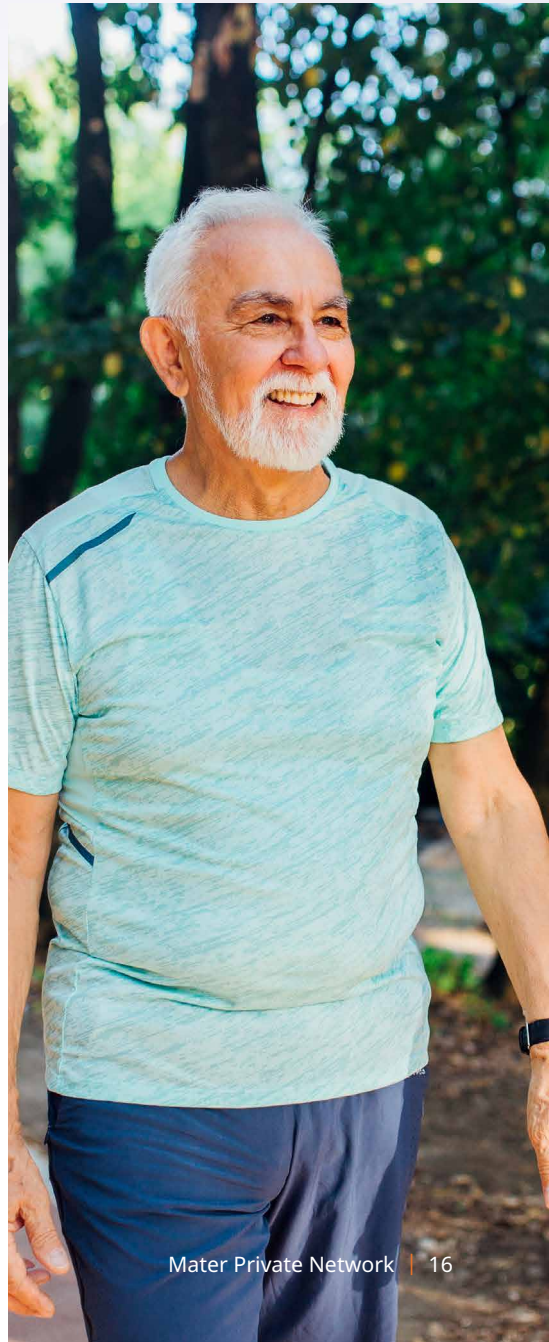


As you do this start to push up with your hand until you can support yourself on the other elbow and keep pushing up into a sitting position while keeping your back straight.

Walking programme

When you return home you should aim to achieve 30-60 minutes of walking per day over the first 6 weeks. You can build up to this or break it up into smaller chunks if you find doing it all together is too much. Your body will remind you what you are able for.

Remember, your general day-to-day activities of washing dressing going to the toilet etc. are not included in your time. Fill in your progress on the table opposite.



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1 15-20 minutes maximum							
Week 2 15-20 minutes maximum							
Week 3 Build up slowly to 30- 60 minutes							
Week 4 Build up slowly to 30- 60 minutes							
Week 5 Build up slowly to 30- 60 minutes							
Week 6 60 minutes							

Post-operative reminder

Sitting



If you are becoming uncomfortable sitting or standing, lying down for 10-20 minutes for a rest can help some of the initial post op swelling reabsorb.

Exercise



See walking programme and pelvic floor strengthening programme.

Driving



Journey home - sit as passenger. Driving is allowed 4-6 weeks after your surgery.

Return to work



6 weeks after your surgery or on surgeon's advice.

Return to sport



On surgeon's advice. Cycling & swimming 6-8 weeks after your surgery.

Sexual activity



On surgeon's advice

Lifting



Avoid any exercise that involves heavy lifting/ pulling/dragging- "if you can't move it with your foot it's too heavy" for 6-8 weeks.

What should I eat and drink to help my recovery?

It is important to eat a balanced diet of fruit, vegetables, fibre, and high-protein foods to avoid constipation (difficulty or pain in emptying your bowels). Constipation can cause a full bowel which can press on the bladder reduce urine drainage and block the catheter.

Fluid intake is essential when you have a catheter. Try to drink at least 1.5 litres per day (6 to 8 large glasses of fluid). Drinking fluids will help prevent infections and flush out any debris in your bladder. Your urine should be light-coloured; if it looks dark-coloured (concentrated) drink more.

What will happen when I leave hospital?

Please arrange for a family member, friend, or carer to take you home when you leave hospital. Your nurse will tell you what time you can expect to be discharged.

Before you go home we will check your wounds.

Your stitches are absorbable so there is no need to remove them unless the consultant advises differently.

If you experience any problems with your wound when you are at home such as redness or soreness or if the wound feels hot to touch or oozes liquid please call the prostate nurse or the ward for advice.

A discharge letter for your General Practitioner (GP) will be given to you on discharge; this is important as it lists your medication and describes the surgery you had.

A photograph of a male doctor with a beard and glasses, wearing a white lab coat over a blue shirt and black tie. He has a stethoscope around his neck and is holding a tablet computer. He is looking down at the tablet and gesturing with his right hand. An elderly man with white hair, wearing a light-colored sweater over a checkered shirt, is looking at the tablet. The background is a bright, out-of-focus indoor setting.

After your discharge
from hospital

Looking after the catheter at home

Before and after touching your catheter you must make sure that you always wash your hands thoroughly.

Q. Do I still need to pass urine?

A. No, it is vital that you do not attempt to pass urine while you have a catheter in place. You will experience a painful burning if you try to urinate. You may experience some urine leaks beside the catheter from time to time. As long as the catheter is still draining you should not be worried about it.

Q. Will the catheter fall out?

A. No, the catheter is held in place by a water-filled balloon on the end of the catheter that lies within the bladder. However be careful not to pull on the catheter especially when you are getting in and out of bed.

Q. Do I have to put on a clean bag every day?

A. No, the bags need to be changed every 7 days. You have been given two types of bag:

- **The leg bag** is a drainage bag that is strapped to your leg by two Velcro straps that are threaded through two sets of eyelids at the top and bottom of the bag.
- **The night bag** is a larger drainage bag and is connected to the leg bag for use at night. Always keep the bag below the level of the bladder to prevent the risk of your urine flowing back up into the bladder.

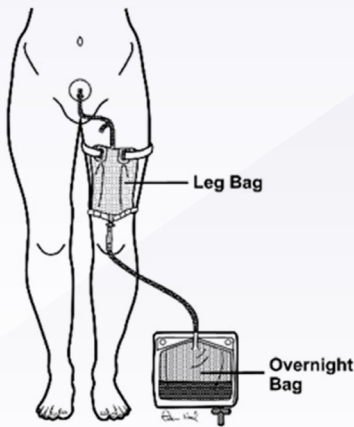
Do not allow the catheter bag or opening port to touch the floor.

Q. When and how do I empty the leg bag?

A. The leg bag should be emptied when it is 2/3 full (as it can pull on your bladder and cause irritation). To do this please follow the following instructions:

- Wash your hands
- Open the tap at the end of the bag and empty the contents into a toilet or a clean container
- Wipe the tap clean and close the bag securely
- Flush the toilet
- Wash your hands

Q. How do I attach the night bag to the leg bag?



A. At the distal end of the leg bag you will find the drain port which is made up of both solid and flexible plastic tubes. The flexible tube is inserted into the night bag tubing. Once you have securely connected the two bags together you can open the drainage tap on the leg bag to allow the passage of urine into the larger bag. In the morning you just need to reverse the procedure to prepare yourself for the day ahead.

Q. How do I clean and store my night bag when it is not in use?

A. On removal of your night bag empty it and then store it in a clean carrier bag until you are ready to use it again. To discard a urinary bag empty it fully and then place it in a plastic bag before disposing of it in your rubbish bin.

Q. Can I take a bath?

A. You can bathe and shower as normal with a catheter. **Do not disconnect the catheter from the drainage bag** as this could introduce an infection. If you are not able to have a bath or shower wash the area where the catheter enters the body twice a day - this is to help prevent infections. Do not apply talcum powder or cream to the area as this may increase the risk of infection. You should pay particular attention to washing under the foreskin.

Problems which may occur at home and how to deal with them

Q. What problems may occur?

A1: Constipation: relieved by eating a balanced diet and drinking lots of fluids.

A2: Catheter blockage due to encrustation at the catheter tip. This may require a return to the hospital for bladder washout.

A3: Urinary tract infection

You should call your nurse or doctor if you notice any of the following

- A high temperature
- Feeling unwell
- Pain in your lower abdomen or where the catheter comes out.
- Cloudy blood-stained urine or offensive smelling urine (except dehydration)

Q. What if the catheter starts leaking?

A. If no urine drains into the bag but leaks around the catheter check for these possible causes:

- The tube is not bent or 'kinked'.
- You have the bag fitted below the level of your bladder.
- Ensure that you are not constipated. Poor fluid intake or constipation can affect the same. Drink more fluids especially in the hot weather and eat a well-balanced diet.
- Try walking around; the motion could dislodge any possible debris that may be blocking the catheter.

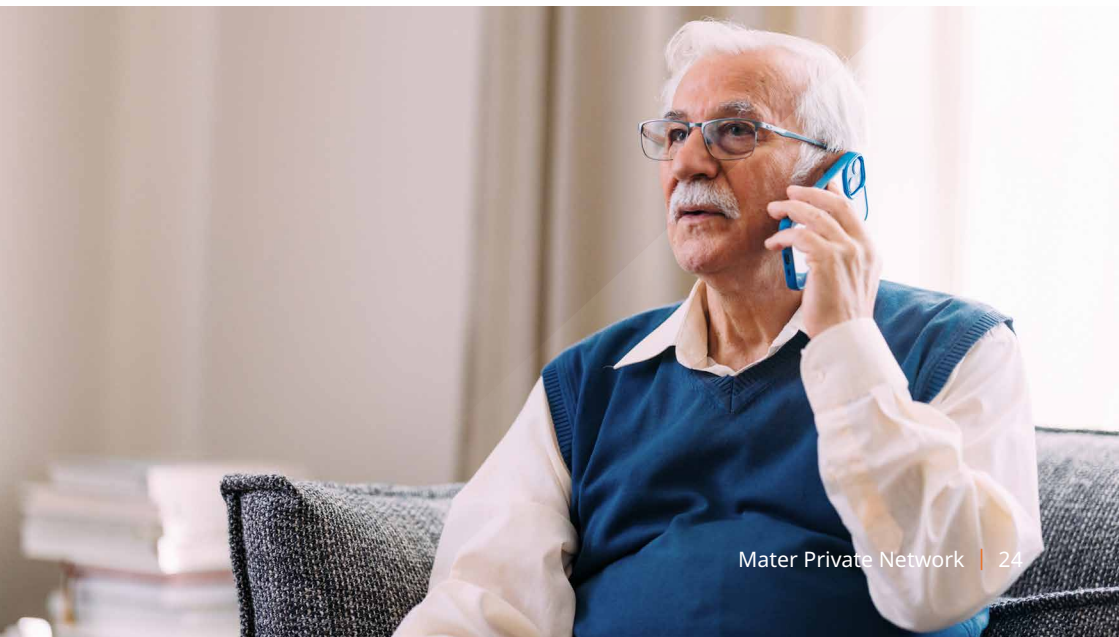
If nothing drains within 4 hours and/or you are experiencing pain please contact your prostate nurse or your ward at the hospital.

Q. What if the catheter causes me pain and discomfort?

A. The catheter may feel uncomfortable at first. You could experience spasms (sudden contractions of your muscles) which can be painful and make you feel like you need to pass urine. This could cause some urine to bypass the catheter and leak out. This reaction is your body's way of trying to expel the catheter from your body. If you have spasms:

- Ensure the catheter is secure to the leg by using adhesive or non-adhesive devices (this prevents traction on your bladder which causes discomfort).
- Try to relax and avoid straining or attempting to push the catheter out.
- Drink as advised; avoid fizzy drinks and caffeine products.

If this feeling persists take the prescribed painkillers and call your prostate nurse or the hospital after hours.



After your catheter is removed

Almost every man after radical prostate surgery will have some level of urinary leakage. This is normal.

Some (<5%) will have medium to long term urinary leakage.

Using incontinence products like pads will be needed for the first weeks and months post-catheter removal.

Once the catheter is removed you can commence the pelvic floor strengthening (see page 28 /'Learning to activate your pelvic floor')

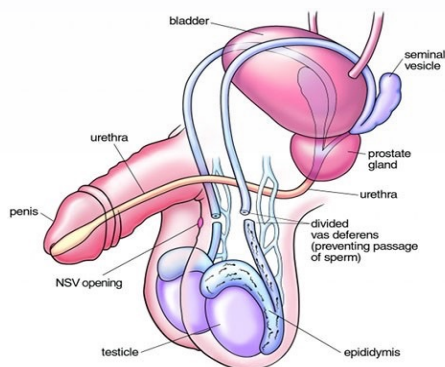


Continence management following surgery

Urinary incontinence is experienced by most men following surgery and many men find this one of the biggest challenges to cope with during the recovery. However most men will regain their bladder control with time and exercise and this will continue to improve over 12 months. The advice and exercise guidance in this leaflet will help you to improve if not fully regain your continence.

What is incontinence?

Incontinence is the accidental leakage of urine.



Why does it happen?

Surgery to remove the prostate affects the internal bladder sphincter which controls continence.

Even with advanced surgical techniques (for example with the Da Vinci Robot) and the high experience level of your surgeon it is inevitable that a small segment of the urethra within the prostate will be removed. This makes you more likely to experience a transient weakness of the sphincter muscle giving you temporary leaking until the pelvic floor and external sphincter rehabilitates.

The external bladder sphincter is another sphincter which can control your continence and is within the pelvic floor muscles. The external bladder sphincter and the pelvic floor muscle are relied on more heavily to control your continence following surgery. Thus strengthening the pelvic floor muscle will enable you to have better control over your urine continence.

What are the symptoms?

Urine leakage when you undergo activities which increase your internal abdominal pressure such as

- Coughing
- Sneezing
- Laughing
- Lifting
- Pushing
- Pulling
- Walking

How can I combat these symptoms?

Pelvic floor muscle strengthening will improve your bladder control if not fully stop your leakage. After some weeks (and most commonly, after 3 months) the muscles will strengthen and you will start to feel improvement in your control. It will take time, and this improvement will continue for up to 12 months.

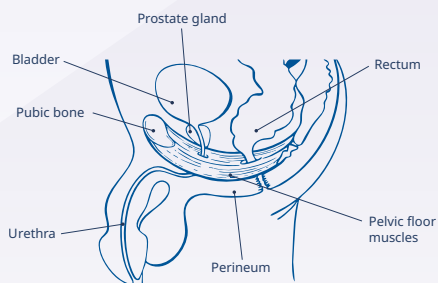
What puts pressure on your pelvic floor?

- **Constipation:** Straining to pass a bowel movement can have a straining effect on the pelvic floor.
- **Overweight/obesity:** Carrying weight can put further pressure on the pelvic floor.
- **Chronic cough:** Frequent coughing such as “smoker’s cough” strains the pelvic floor.
- **Increasing age:** The muscles can get weaker as we get older. However you can strengthen the muscle with good effect at any stage in life.

Incontinence products will need to be used for the first few weeks after your catheter has been removed. Your prostate nurse will advise you about suitable product options.

Learning to exercise your pelvic floor muscle

These exercises can be done while lying, sitting or standing. Maintain relaxed breathing and relaxation in your legs, buttocks and abdominals throughout. Focus on isolation of the muscle. Visualization is helpful to find your pelvic floor muscles.



The correct technique

1. Muscle tightening

Imagine you are stopping the flow of urine.

2. Draw the testes up

Imagine you are shortening the penis.

3. Gently tighten

Imagine you are stopping the passing of wind.

The **Squeezy App** is useful to help with tracking and completion of the pelvic floor strengthening.

This is available from the App Store or Google Play.



Aim to do these exercises 3-6 times daily.

Aim to do these exercises 3 times daily

Endurance

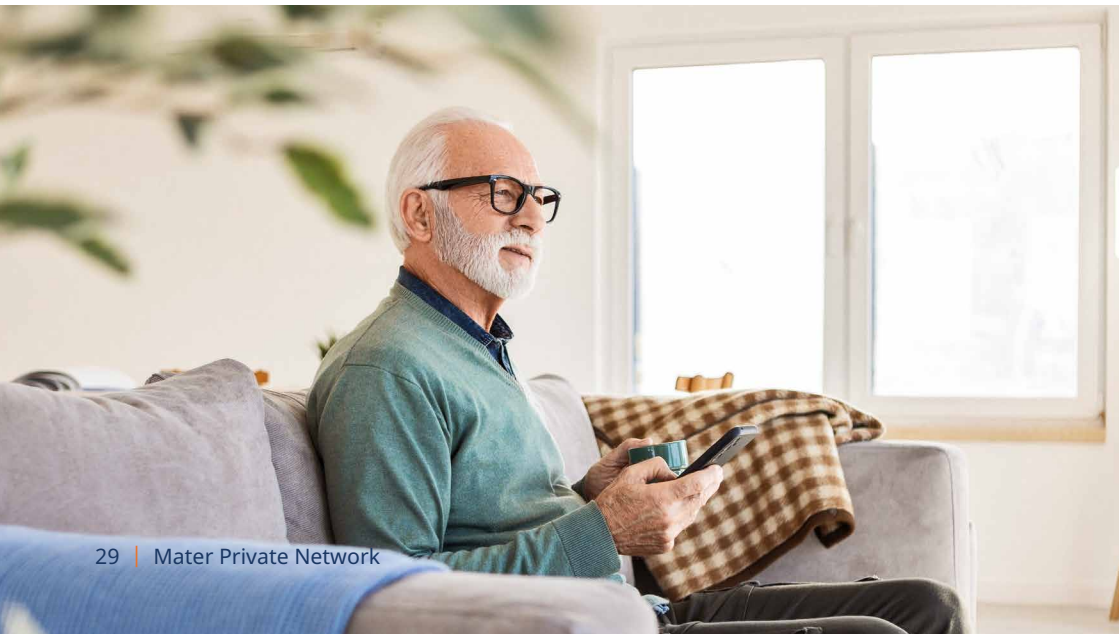
1. Start by holding the muscles for as long as you can up to 10 seconds.
2. Don't worry if this is only 2-3 seconds at the beginning with practice you can aim to hold for 10 seconds.
3. The aim is to **hold for 10 seconds** and then relax the muscles for 4 seconds.
Repeat 10 times.

Strength

1. Now try to squeeze the same muscles hold for 1-2 seconds then let go quickly like a Yo-Yo
2. Making sure you let go completely each time and try to **repeat this exercise up to 10 times.**

"The Knack" is to prevent leaks and whilst coughing sneezing lifting etc.

Squeeze or contract your pelvic floor muscles hard prior to coughing sneezing or laughing.



Lifestyle choices to aid with recovery

Practice good toilet habits

- Avoid straining on passing a bowel movement as this strains the pelvic floor muscle.
- Make sure you're getting plenty of fibre in your diet and drink 1.5-2 litres of fluid per day.
- You may be constipated for 3-4 days after your surgery. This is normal.
- This can be alleviated with good water and fibre intake, along with laxatives as needed.

Bladder habits

- Maintain your fluid intake between 1.5-2 litres daily; reducing this can cause your urine to be more concentrated. This can cause irritation of the bladder.
- Try not to empty your bladder "just in case".

Weight

- If you are overweight try to lose weight. Even small changes in weight can help with your symptoms. Seek help from your doctor or a dietitian if you have tried but not succeeded with weight loss previously.

Exercise

- Exercising regularly can help prevent constipation and to maintain a healthy body weight.
- Walking is an excellent exercise post-operatively (see your walking diary).
- Cycling/swimming: you can do this after 6-8 weeks once your wound is healed.
- Avoid any exercise that involves heavy lifting/pulling/dragging for 6-8 weeks - "if you can't move it with your foot it's too heavy".

Smoking cessation

- It would help to stop smoking. If you have difficulty quitting please speak to stop smoking advisor via **stopsmoking@materprivate.ie**

Food

- A healthy diet high in fibre: eating 5-7 portions of fruit and vegetables daily helps to prevent constipation and maintain a healthy weight.
- Avoid spicy foods as these may irritate the bowel.

Drinks/fluids

- It is recommended you drink 1.5-2 litres of water daily.
- Eliminate or greatly reduce your intake of tea, coffee fizzy drinks and alcohol as they can have a diuretic effect.
- Caffeine and alcohol can affect your bladder and cause you to pass urine more frequently.
- Avoid carbonated fizzy drinks including sparkling water.
- Decaffeinated tea/coffee or herbal teas are okay (green tea has a high caffeine content).
- Natural water is the best.

Pelvic floor exercises

- Please remember to book in with your physiotherapist after your catheter has been removed.
- Do not do your pelvic floor exercises while the catheter is in place.
- You can book an appointment with your Pelvic Health Physiotherapist any time after 6 weeks.

Rest

- Take a rest in the middle of the day. Remember your muscles and your body needs rest and sleep to help recover.

If you have any questions about returning to activities please contact our Pelvic Health Physiotherapist

Email: outpatientphysio@materprivate.ie

Phone: 01 885 8157

Who to contact if you have any questions

Mater Private Network

Reception

01 885 8888 or 1800 123 456

St. Camillus's Ward

01 885 8302 or 8448

Prostate Cancer Liaison Nurse

working hours Monday-Friday
08:00-13:30
(except Bank Holidays)

087 359 0073
prostatenurse@materprivate.ie

Physiotherapy Department

01 885 8157
outpatientphysio@materprivate.ie

Clinical Site Manager

087 968 9987

Your Consultant's Secretary

Other useful contacts

Advice to help you quit smoking

www.quit.ie

Stop Smoking Advisor

stopsmoking@materprivate.ie

Arc House Cancer Support

www.arccancersupport.ie

Daffodil Centre Mater Hospital

01 854 5278

Irish Cancer Society

www.cancer.ie

Prostate Cancer UK

www.prostatecanceruk.org

For information about the Mater
Hospitals and UCD Cancer Centre,
please scan the QR code



The Mater Hospitals and
UCD Cancer Centre

Mater Private Network Dublin
Eccles Street Dublin 7 D07 WKW8



www.materprivate.ie

