Getting Home After Prostate Cancer Surgery

(The following information is based on the general experiences of many prostate cancer patients. Your experience may be different.)
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What Will I Learn By Reading This?

It is important for you to learn about what to expect after your prostate cancer surgery and how best to take care of yourself. In this booklet, you will learn about the following:

- What you can expect when you first get home after surgery
- What you will need to do to take care of yourself after surgery
- What you can do if you have pain
- What side effects you may have from prostate cancer surgery
- When you can start doing the things you usually did before surgery

It is important to think about and plan how you will take care of yourself when you get home from the hospital.

Words that appear in **bold** (dark text) can be found in the “Key Words” section at the end of this booklet.
What Can I Expect When I First Get Home?

Now that you have successfully completed your surgery, you will continue your path to healing at home.

After your surgery:

- You may get tired more easily. You will need to rest. Remember, you just had surgery. It will take some time before you are back to yourself.

- You may have some soreness in the area where your stitches or staples are. You will have medicine to help you take away your pain. It is important for you to take the medicine as directed.

- Your scrotum (the muscular sac, which contains your testicles) this area may be uncomfortable and swollen. Your scrotum and penis may also be bruised. We will tell you later on in this booklet how you can help lower the swelling.

- If you have not had a bowel movement before leaving the hospital. There are things that you can do to help you have a bowel movement. We will talk about these things later in this booklet.

- Your catheter will still be draining urine from your bladder. You will be given drainage bags for your catheter before you leave the hospital. You will
be given directions on how to take care of your catheter before you leave the hospital.

If you have any questions as you heal from your surgery, ask your doctor or nurse case manager.
Will I Need Someone to Help Me After My Surgery?

You will not need a nurse to take care of you after you are home, but it is a good idea to have someone who can help you for a week or two. It can be your wife or partner, a brother or sister, a friend, or a grown-up child. You will be able to use the toilet for bowel movements, wash yourself and brush your teeth. You will need help for a week or two with things like buying groceries, cooking, driving and going to your doctor’s office. You will not be able to drive a car while you have a catheter. You may find taking a bus or train to get around hard to do when you have a catheter.

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<th>Things You May Need Help With After Surgery</th>
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When You Get Home. Use the space below to make a plan.

• What will you need help with when you get home?
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• What things can you do before your surgery to get ready for when you come home from the hospital? What are they? List them here.
  ____________________________________________
  ____________________________________________
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• Who is going to help you when you get home after your surgery? Write down their name(s) and contact number(s):
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Are There Things I Should Remember When I Get Home?

There are some things that you should remember to do when you get home from your surgery that will help with your recovery.

1. If you have stairs, it is best not to go up and down stairs more than 1 or 2 times a day while you have a catheter. Before you come downstairs in the morning, think about what you will need during the day and bring it with you. Try to plan your day so that you use the stairs as little as possible. You will only need to do this for about 2 weeks.

2. You will not be able to lift anything heavier than 5 pounds, which is about the weight of a big telephone book for 2 to 3 weeks.

3. Remember, you will also get tired easier. Give yourself time to rest. Take naps or rest periods.
What Can I Do To Take Care Of Myself?

Having to take care of yourself when you go home from the hospital can be scary. But, most people feel better when they get home. When you get home you will need to take care of the following things: your surgical wound or incision, your catheter, your bowels, and your comfort. You may get directions on how to take care of yourself before you leave the hospital. Your doctor and nurse case manager can help answer any questions that you have.

Your Surgical Wound

It is important that the area around your surgical wound stays clean. You should follow the directions you get from your doctor or nurse on how to care for your surgical wound before you leave the hospital. Make sure to check with your doctor or nurse case manager to find out if you can get your incision wet when you take a bath or shower.
Your Catheter

Your catheter is important to help your bladder heal. When you leave the hospital, you may be given a leg strap for your catheter tube. Using this strap will help hold the tube so that it does not pull on your penis. Remember to keep the drainage bag lower than your bladder. Some men find that the tip of their penis may get sore from the catheter rubbing against it. If this happens try putting a water-based lubricant like K-Y Jelly, on the tip of your penis. Use your leg strap if you have one or talk to your nurse case manager about other ways you can keep the catheter from rubbing your penis. If this does not help, speak to your doctor. There are other creams that you can use. Do not put anything on your penis without checking with your doctor or nurse case manager. You will also need to keep your catheter clean. Please see the IMPACT booklet, “Catheter Care,” for more information about taking care of your catheter. Call your doctor if
you have any questions or problems. After you get home, your nurse case manager can answer your questions about your catheter.
Your Bowel Movements

If you have not had a bowel movement before leaving the hospital, you will need to have a bowel movement within a day or 2 after you get home. Constipation or being unable to have a bowel movement can make you feel very uncomfortable. If you are constipated there are some simple things that may help.

- Drink more fluids, at least eight, 8-ounce glasses of water a day. A glass of warm liquid when you first get up in the morning may start your bowels moving.

- Add more fiber to your diet. Fibers is found in whole grains, such as bran muffins and cereals, wheat germ, and whole wheat bread, fresh fruits and vegetables, and prunes or prune juice.

- Eat fewer fatty foods (like fried fish, fried chicken, french fries or high fat milk products).

- Increase your daily exercise. Even a daily walk can help relieve constipation. See the part in this booklet called “When Can I Start Doing the Things I Usually Do?” for more information on when you can start exercising.

- Try not to push hard during bowel movements. By not pushing hard, you will lower your chance of getting hemorrhoids. Hemorrhoids
are swollen or inflamed veins around your anus or lower rectum that can hurt and bleed.

- Talk to your doctor about taking an over-the-counter medication or fiber **laxative**, such as Metamucil, to help you have a bowel movement.

- Talk to your doctor and nurse case manager about medicines you can take to help you have a bowel movement. Do not put anything in your rectum like a **suppository** or **enema** without checking with your doctor.
What Can I Do If I Hurt?

Take pain medicines when you first start feeling pain. If you have pain, be sure to ask for help from your doctor or nurse case manager. Don't ignore it. Controlling your pain allows you to rest when you need to, and to sleep well at night. It also helps your body heal. If you are having a hard time sleeping, or if you are having pain that is a bother to you, be sure to tell your doctor or nurse case manager.

Where You May Hurt

You will probably have some soreness where the operation was and in your scrotum. Your perineum (the area between your scrotum and rectum) may also be tender.

See where your perineum is located in your body.
**Pain Medicine**

Your doctor will write you a prescription for pain medicine.

You can get your pain medicine at a pharmacy (drug store).

Take your pain medicine when you start to hurt. The pain medicine will work better if you take it right away instead of waiting until you have a lot of pain. Each day you should hurt less and less. If you are very active and find that you are feeling more pain than you have been, you need to slow down and rest more.
When You Have Pain.

- How will you pick-up your pain medication from the store?
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- What medicine do you have for pain?
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- How often should you take pain medicine?
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- When should you take your pain medication?
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Your Comfort

During your first few days home, it may be hard for you to find a position that makes it easy for you to sit or sleep. You may have to try many positions to see which one works the best for you. A lot of men find that sitting or sleeping in a reclining chair is best for them. If you use a reclining chair, you need to make sure that your catheter is placed in such a way that it will not get pulled. Remember, your catheter drainage bag should be kept lower than your bladder so that your urine can drain into the bag.
How To Help the Swelling

If your scrotum is swollen it is helpful for you to place a small towel roll under your scrotum while you are lying in bed or sitting. The rolled towel acts like a sling for your scrotum. It can lessen the swelling in your scrotum. You may have done this when you were in the hospital. To make a towel roll:

- Get a small, clean dish towel or pillow case
- Place the towel in front of you so that it lies flat.
- Roll it up the long way (the direction of the arrow).
- Put the towel roll under your scrotum and loop the ends of the towel roll over your legs so that it supports your scrotum.

The swelling should be less each day. If the swelling does not get better in 7 days or gets worse call your doctor or nurse case manager.
Helping yourself after prostate cancer surgery:

- What can you eat or drink to help you if you have bowel problems?

- What can you do if your scrotum is swollen or larger than it was before the surgery?
Are There Side Effects with Prostate Cancer Surgery?

Yes, there can be side effects or unwanted changes in your body after your prostate cancer surgery. Side effects are different from person to person. Some men have side effects that may last for a short period of time. Others may have side effects that last for a longer period of time or forever. The good news is that there are ways to deal with most of the side effects.
What Side Effects May I Have?

There are two common side effects of prostate cancer surgery. They are incontinence and impotence.

- **Incontinence** is when you leak or pass urine when you do not want to. Not being able to control your urine after your catheter is taken out is normal. You may not be able to control your urine for several days, weeks or months. Your control of your urine will probably get better as time goes on. We will talk about incontinence and what you can do to control the urine leakage in the next section.

- **Impotence** is when your penis will not get hard enough to have sex. Impotence can last up to a year or longer for some men. Some men are never able to have erections after surgery and some men have no impotence. We will talk about impotence later in this booklet.
What Happens When the Catheter Is Taken Out?

The day your catheter is taken out is a big step forward in your recovery. Taking out the catheter will only take a couple of seconds and is not painful. You may feel a slight tug or a pulling feeling as it comes out, but it does not hurt. You will probably feel very relieved to no longer have the catheter.

When the catheter is removed, you will probably leak or pass urine when you don’t want. This is called incontinence. Remember to bring an incontinence pad, like Depends, with you to the doctor’s office or clinic. IMPACT will send you incontinence pads in the mail. Being unable to control your urine after your surgery is normal. You may leak urine for several days, weeks or months. It will probably get better as time goes on. Talk to your doctor or nurse case manager about ways to manage the incontinence. There are different types of incontinence pads and other devices that you can use to help with the urine leakage. There are also exercises, called Kegel Exercises, which you can do to make the muscles that control your urine flow stronger. Your nurse case manager can give your information on how to do these exercises.
When Will My Sex Life Return?

You will probably not be able to have an erection for 8 to 12 weeks after your surgery. This means your penis will not get hard enough to have sex. When you are able to get an erection, it is okay to have sex. When you have sex, you will not have fluid (ejaculate) come from your penis like you did before your surgery. This is called dry ejaculation and is normal. You will not have sperm to make children after your surgery. If you had problems having erections before surgery, this will not be better after your surgery. If you are not able to have an erection after a few months talk to your doctor or nurse case manager. For some men it may take a bit longer for the nerves to heal that allow you to have an erection. Not being able to have an erection can last up to a year or longer. Some men are never able to have erections again after surgery. Be sure to talk to your partner about what you are feeling.

When you first get home from the hospital, you may be more concerned with the catheter, how you feel, and getting stronger. When the catheter is taken out, you may be concerned with managing incontinence. As your incontinence gets better, you may then become concerned with impotence. If this becomes a worry for you, please talk to your doctor and your nurse case manager. There are medicines and medical aids that may help you. There are also IMPACT health education
brochures that can help you and your partner deal with impotence. Ask your nurse case manager for a copy of the IMPACT booklet, “Dealing with Erectile Dysfunction After Prostate Cancer Treatment.”

Dealing with Side Effects:

- **When will you talk to your partner about having sex after your surgery?**
  
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- **Who can you speak to if you need help dealing with your incontinence or impotence?**
  
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When Should I Call My Doctor?

Call your doctor if:

1. Your pain gets worse or does not get better with pain medication.
2. You have questions or concerns about your catheter.
3. Your incision starts to have yellowish fluid coming from it, gets redder, and/or hurts more
4. You start to have a fever (temperature 100 F or more)
5. You are not able to pass your urine after your catheter is taken out.

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<tr>
<td>Doctor’s office phone number</td>
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<tr>
<td>Doctor’s pager</td>
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<tr>
<td>Nurse Case Manager’s Name</td>
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</tr>
<tr>
<td>Nurse Case Manager’s phone number</td>
<td>1-800-409-8252</td>
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When Can I Start Doing the Things I Usually Do?

Depending on your job, it will be 5 to 6 weeks before you can go back to work. It will also be 5 to 6 weeks before you are able to do anything that requires hard physical work or heavy lifting. During this time, it is important for you to get some exercise. When you get home from the hospital start walking. This will help you get better faster. Walk short distances first. For example, walk from one room to another in your home. Add a little more distance each day. Walk a short distance from your home, maybe half a block. Keep adding distance until you can walk a full block. If you feel tired or sore, stop and rest. Do not do more than feels right for your body. Check with your doctor before you start doing the things you did before your surgery.
What Have I Learned By Reading This?

In this booklet, you learned what you need to do when you get home from your prostate cancer surgery. You learned:

- What you will need to do to take care of yourself after surgery
- What type of side effects you may have
- When you can start doing the things you did before your surgery

If you have any questions, please talk to your doctor or nurse case manager. It is important that you understand what is going on with your treatment. This knowledge will help you take better care of yourself and feel more in control so that you can get the most from your treatment.
Key Words

Acetaminophen (ah-see-ta-min-o-fen): a type of pain medicine like Tylenol

Bladder: the organ in your body, which holds your urine.

Bladder spasms: very painful cramps or pains in the area above your pubic hair.

Catheter: the rubber tube placed in your body to drain urine from your bladder out through your penis.

Constipation: being unable to have a bowel movement.

Dry ejaculation: when no fluid comes out of your penis when you climax during sex.

Ejaculate: the fluid that comes out of your penis when you climax during sex.

Enema: an easy way to clean out your bowel by squeezing a small container of fluid into your bowels through your anus.

Erection: when your penis is hard enough to have intercourse (sex).

Hemorrhoids: swollen or inflamed veins around your anus or lower rectum that can hurt and bleed.

Ibuprofen (I-bu-pro-fen): a type of pain medicine like Motrin.
Impotence: when your penis will not get hard enough to have sex.

Incontinence: the unwanted leaking of urine.

Incontinence pads: items used to protect clothing from urine leakage.

Kegel exercises: ways to strengthen your pelvic floor muscles.


Laxative: a medicine that when taken as directed may help stop constipation.

Perineum: the area of the body between the scrotum and the anus.

Prevention: to keep something from happening

Rectum: part of your body’s digestive system that stores waste until it leaves your body.

Scrotum: the muscular sac, which contains the testicles (balls).

Side effects: unwanted changes in your body

Suppository: medicine that is taken by putting it in your rectum.

Swollen: when a part of your body is larger than normal.