

# Radical Prostatectomy

Urologist: \_\_\_\_\_

Clinic phone: \_\_\_\_\_

# Radical Prostatectomy

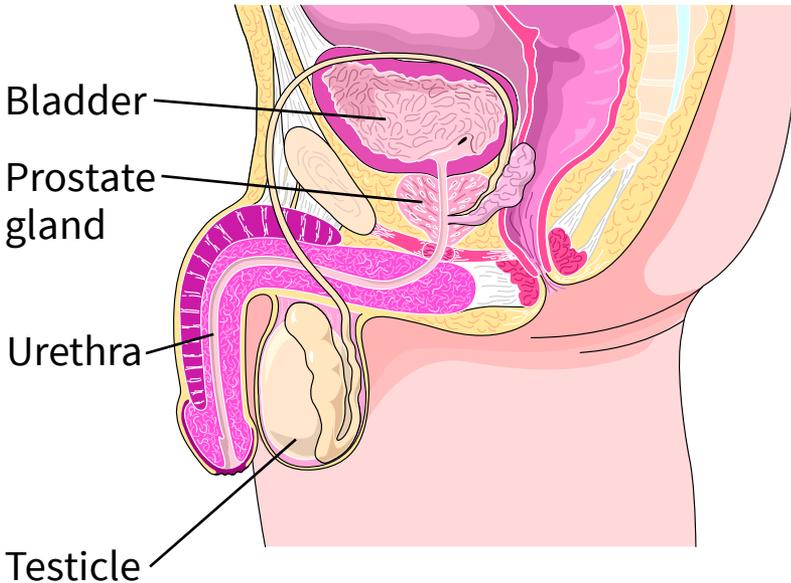
## What is a radical prostatectomy?

- A radical prostatectomy is a surgery to remove the:
  - › **Prostate gland:** This is a walnut-sized gland under the bladder. It makes a fluid that feeds sperm and helps them move.
  - › **Part of the urethra that the prostate gland surrounds:** The urethra carries urine (pee) from the bladder out of the body.
  - › **Seminal vesicles:** These are the glands that make semen.
- You may need a radical prostatectomy if you have prostate cancer or if your urologist (urinary tract and reproductive organ specialist) thinks you may have prostate cancer.
- Your urologist will send the tissue to a lab for testing. They will talk with you about the results a few weeks after your surgery.

## How is a radical prostatectomy done?

- **Robotic radical prostatectomy:** It is done using a surgical robot. This surgery is more precise, uses smaller incisions (cuts), and has a faster recovery than open surgery.
  - › This is the most common type of prostatectomy.
- **Open surgery:** If a robotic radical prostatectomy is not right for you, you may need open surgery.

Your urologist will talk with you about what type of surgery is right for you.



## Before your surgery

- You will have a catheter (thin, hollow tube to drain urine) in your urethra for up to 3 weeks before your surgery. We will teach you how to care for your catheter.
- We will help you learn:
  - › Deep breathing, leg, and pelvic floor (Kegel) exercises (see page 12)
  - › How to use an incentive spirometer (a tool used after surgery to help prevent breathing problems)
  - › What stool softeners to use for 7 to 14 days (1 to 2 weeks) before your surgery and for 6 weeks (1 ½ months) after your surgery
- **At least 7 days before your surgery**, tell your urologist or nurse if you are taking:
  - › Aspirin® (ASA, acetylsalicylic acid)
  - › Anti-inflammatory medication (medication usually used for arthritis)
  - › Warfarin or another prescribed blood thinner
  - › Any other medication that may be a blood thinner
  - › Vitamin E
  - › Garlic extract

- **Do not eat or drink anything after midnight the night before your surgery, unless told otherwise by the anesthesia group. Your stomach must be empty before your surgery.**



- Bring incontinence pads (like Depend® or Tena® pads) with you for when you leave the hospital. Please ask a member of your health care team for pamphlet 1395, *Planning for Your Hospital Stay After Surgery - Halifax Infirmary (HI), Victoria General (VG), Dartmouth General Hospital (DGH)*, scan the QR code below, or visit:
  - › [www.nshealth.ca/patient-education-resources/1395](http://www.nshealth.ca/patient-education-resources/1395)

Scan the QR code on your device (open the camera on your device, point the camera at the code, and tap the banner or border that appears)



## What will happen during the surgery?

- We will shave the hair on your lower abdomen (stomach area) in the operating room (O.R.). This hair will grow back in a few months.
- **If you are having a robotic radical prostatectomy:**
  - › The urologist will make 5 small incisions in your lower abdomen. The incision above your belly button will be longer. This is where your prostate will be taken out.
- **If you are having open surgery:**
  - › The urologist will make 1 incision in your lower abdomen.
- The urologist will use robotic instruments to remove your prostate gland. They may also remove some of the lymph nodes around your prostate gland.
- Then they will reconnect your bladder to your urethra.
- They will put a catheter in your bladder (called a **Foley catheter**) to let your bladder heal.

## After your surgery

- You will likely stay in the hospital overnight. If you have any problems, you may need to stay longer.
- Before you leave the hospital, we will tell you when your staples or stitches and catheter should be removed.

## Discomfort and/or pain

- You will have pain or soreness. This is normal.
- Your health care team will give you pain medication regularly. They can also give you stronger medication, if needed.
  - › Ask your nurse for pain medication before the pain gets severe (too much to handle).
  - › Your nurse will encourage you to get out of bed and walk each day, even on the day of your surgery. **This is very important to help you heal faster and prevent complications.**

## Eating and drinking

- You will have an intravenous (I.V.) to give you extra fluids. It will be removed when you are drinking well.
- Most people can eat and drink as usual on the day of surgery.

## Incisions (cuts)

- You will have bandages over your incisions. Your health care team will change the bandages as needed.
- You may have a drain beside the incisions for a few days. The urologist or nurse will take it out in 24 to 48 hours (1 to 2 days). You may go home with the drain in, if needed.
- You may have stitches that dissolve (go away) on their own. This means that they do not need to be removed.
- If you have staples or stitches that do not dissolve, they will need to be removed in 7 to 10 days.
  - › If you do not have a follow-up appointment with your urologist within this time, please make an appointment with your primary health care provider (family doctor or nurse practitioner) to have the staples or stitches removed.
- You may shower when you feel stronger. **Do not** let the water spray directly on your incisions.
- **Do not** soak in a bath for about 7 days after your surgery, or until your staples or stitches are removed.



- You may have swelling and bruising around your incisions or on your penis and scrotum. This is normal. It will go away over the next few weeks.

## Catheter

- Your catheter will be connected to a drainage bag. The bag can hang on the side of your bed or you can carry it when you walk.
- You will get a smaller drainage bag (called a **leg bag**) to use when you walk. This bag can be strapped to your leg and fits under pants.
- You will go home with your catheter in place. It will be connected to a leg bag.
  - › Your nurse will give you a bigger drainage bag to use at night.
- Your nurse will teach you how to care for your catheter and drainage bags.
- Ask a member of your health care team for pamphlet 0297, *Care of Your Urinary Catheter at Home*, scan the QR code, or visit:
  - › [www.nshealth.ca/patient-education-resources/0297](http://www.nshealth.ca/patient-education-resources/0297)
- It is OK if you see blood in your urine.
- It is OK if you see urine, blood, or discharge (like pus) coming from between the catheter and your urethra. This is a sign that the area is healing.



- You may also have bladder spasms (your bladder muscle gets tight and does not relax) with squirts of urine coming out through the same area. This is your bladder reacting to the catheter.
- Rarely, the catheter may get blocked by a blood clot. **If your catheter tube stops draining because of blood clots, go to the nearest Emergency Department right away.** They will flush the catheter.
- **If you go to the Emergency Department** and your health care team has any questions, they should call the urology resident on call before removing or replacing your catheter:
  - › **QE II:**
    - › Phone: 902-473-2220
  - › **Dartmouth General Hospital:**
    - › Phone: 902-465-8300

## Care at home

### Healthy eating

- Eating healthy meals will help you heal faster.
- It may take a while for your usual appetite (feeling hungry) to come back. During this time, it may help to eat smaller meals more often.



## Bowel changes

- It is common to have constipation (not being able to poop) or bloating after surgery.
- **To help avoid constipation:**
  - › Eat light, low-fat foods at first. Then slowly go back to your usual eating habits over time. Include foods that are high in fibre.
  - › Drink plenty of fluids to stay hydrated (have enough fluids).
- **It is important not to strain (push) when you poop.** Use a stool softener, if needed.
  - › **Do not get an enema.** Remember, you do not need to have a bowel movement (poop) every day to be healthy.

## Activity

- Take it easy for the first few days after your surgery. **It is important to rest.**
  - › Over time, you can walk farther (like around your house, then around your street, then around your community).
- You may find that you get tired easily or need extra rest. You may feel tired for several weeks. Your energy will come back over time.

- **For the next 30 days (1 month):**
  - › **Do not** lift anything heavier than 10 pounds.
  - › Avoid physically hard activities (like sports, mowing the lawn, shovelling snow).
- **Do not** drive for 14 days after your surgery.
- When you can go back to work will depend on your general health and recovery, and what type of work you do. Talk about this with your urologist.

## Medication

- Take your medication as told by your urologist.
- **Do not drink alcohol while taking pain medication.**



## Incontinence (not being able to control your bladder and/or bowels)

- It is normal to have bladder incontinence after your catheter is removed. This may last for up to 6 months or longer. The length of time is different for everyone.
- Your urine may dribble out or leak.
  - › At first, it will leak while you are resting and with any movement.
  - › Then it may leak with movement, but not while you are resting or sleeping.

- › Then you will only have **stress (urinary) incontinence**. This is when the urethra is too weak to stay fully closed during activities that put pressure on the bladder (like coughing, sneezing, or laughing). This causes urine to leak during these activities.
- › Then you will have full bladder control.
- At first, you will need a big incontinence pad. Over the next few days to several weeks, you should be able to switch to smaller pads. Ask your nurse or pharmacist what type of pad is right for you.
- It may help to do pelvic floor (Kegel) exercises. These exercises strengthen the muscles that help you hold your urine. Doing these exercises will help you get your bladder control back more quickly.
- Ask a member of your health care team for pamphlet 2538, *Kegel Exercises for Bladder Control*, scan the QR code, or visit:
  - › [www.nshealth.ca/patient-education-resources/2538](http://www.nshealth.ca/patient-education-resources/2538)



## **Impotence or erectile dysfunction (ED)**

- Impotence or ED is when a person with a penis has trouble getting or keeping an erection. This is a common problem after this type of surgery.

- ED can get better on its own. If it does not, there are treatments available. Talk with your urologist or primary health care provider about this, if needed.

**Call your urologist or primary health care provider right away if:**

- › You have a fever (temperature above 38 °C or 100.4 °F) and/or chills
- › Around the incision you have redness, warmth, swelling, drainage or pus, more pain and tenderness, or the edges separate (come apart)
- › You have severe pain that does not get better with medication
- › There is no urine draining from the catheter
- › There are blood clots or a lot of blood in your urine
- › You are not able to urinate after your catheter is removed

**If you cannot reach your urologist or your primary health care provider, go to the nearest Emergency Department.**

**If you have signs of deep vein thrombosis (DVT), like pain, swelling, or redness in your leg, go to the nearest Emergency Department right away.**

For information about prostate cancer, treatments, or support, please talk with a health care provider, like your urologist.

**What are your questions?**

**Please ask a member of your health care team. We are here to help you.**

# Notes:

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This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:  
[www.nshealth.ca/patient-education-resources](http://www.nshealth.ca/patient-education-resources)

Connect with a registered nurse in Nova Scotia any time:  
Call 811 or visit: <https://811.novascotia.ca>

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