



Living Fully After Prostate Cancer Surgery

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Hi, My name is Jennifer LeVine and I am so happy you chose to invest in **YOURSELF** in the next step of your healing journey. I have been a physician assistant in the field of Urology for 20 years, and I know that having the right tools while recuperating from surgery are vital in order to have a successful post operative course. This simple, easy to digest guide will facilitate that process as well as give you important information as you move forward after surgery.

JENNMED is built on three pillars---education, support and community. The internet and the online space has allowed us to connect with others dealing with similar things ALL over the world. Let me and our community guide you through this time in your life!

Jennifer LeVine

Founder of Jenmed.com

Living Fully After Prostate Cancer Surgery: A guide to support and educate you moving forward

A Message to You:

Hello! **Thank you for investing in yourself and your future.** I am here to successfully help you navigate through your prostate cancer diagnosis, prostate surgery, and most importantly learn how to **LIVE FULLY** after surgery.. YOU are a prostate cancer survivor, and **survivorship is most likely the most important part of the journey!**

Surgical removal, or prostatectomy, is a common treatment option for prostate cancer and it can be curative, but it does come with its side effects. I believe education, support, and community after surgery can positively impact one's experience when dealing with these challenges that can occur after surgery. A positive mindset and having realistic expectations when recovering from your surgery can directly affect your overall outcome. I am so grateful to be on this path with you and please know it is POSSIBLE to live a fulfilled and rewarding life after prostate cancer surgery.

MODULE 1: Understanding Surgery and what to expect a few days post op

The term prostatectomy means removal of the prostate gland. The surgical approach can be open or robotic in nature. Most surgeries these days are done using a robotic approach. A robotic assisted laparoscopic prostatectomy is a minimally invasive surgery for prostate cancer in which small incisions are made on the patient's abdomen to give access to robotically controlled surgical instruments. This advanced technology gives the surgeon a magnified view of the prostate and surrounding structures. It provides the surgeon with more flexibility and precision while performing surgery. If interested, you can go on YouTube and type in robotic prostatectomy and you can check out what the surgeon sees when he looks in the console during your surgery. Some of these images contain blood and what the inside of the body looks like if you are interested. Google: laparoscopic robotic prostatectomy or put that in the search bar on YouTube. It is not for the faint of heart so only watch it if you can handle seeing what the inside of your body may look like.

Benefits of Robotic Surgery

1. Less Blood Loss
2. Less pain
3. Shorter hospital visit
4. Shorter recovery period

What is actually removed during a surgery for prostate cancer?

The prostate gland, two seminal vesicles on each side of the prostate gland, and possibly some nearby lymph nodes on each side of the prostate could also be removed based on the surgeon's discretion. All of this is removed from the body via one of the port hole incisions made on the abdomen and sent to pathology for final review. The true extent of disease is finalized by the pathologist and will determine the treatment plan moving forward. This is usually discussed with your provider when the pathology comes back.

The role of the prostate gland is that it helps with the production of fluid that together with sperm cells from the testicles make up semen. The seminal vesicles which are each located on each side of the prostate gland also aids in this fluid protection. If you do not desire to have any more children, then a prostatectomy can be a good treatment option for you. Lymph nodes are part of our blood and circulatory system and cancer can spread to the pelvic lymph nodes with more aggressive types of prostate cancer. These are removed based on your overall risk of disease progression and this decision is usually made before surgery based on imaging and staging the cancer. **CANCER CONTROL** is the primary concern of your surgeon, and if the lymph nodes are suspicious for cancer then they will be removed.

Possible Complications of a prostatectomy:

1. Bleeding
2. Urinary leaks
3. Blood clots
4. Infection
5. Poor wound healing
6. Hernias
7. Narrowing of the urethra

Common Things I can hear from my patients the first few days after a prostatectomy:

“I have shoulder pain”:

Explanation: This can last up to 72 hours after surgery. The gas used during a robotic surgery causes irritation to the phrenic nerve causing referred pain to the shoulder. Hot packs and movement help. This is usually self limiting, but if it continues it should be further evaluated.

“ I feel like I have the urge to urinate.”

Explanation: This is usually irritation from the foley catheter. It is just plain irritating having a tube in the penis for the amount of time it was in place! If you look down at your foley bag and it is full and your urine is draining--then usually it is just the sensation from your foley catheter and nothing else. You do not have to worry about “urinating” because you have a tube (the foley catheter) continuously draining urine from your bladder and this does not require any assistance on your part. **Your only task is to make sure it is draining properly and empty the leg bag adequately enough.**

“ I have gas pains.”

Explanation: This is common after laparoscopic surgery. It takes your bowels some time to get back to normal after surgery in general. Walking around is the best recommendation to help with this and also will help get your bowels to start moving. I do not suggest any medication to prevent gas!! You usually get discharged with a stool softener so this should prevent constipation. Gas pains are usually the precursor for gas to come as a fart. So let things move through!

“I have abdominal pain/my belly is sore.”

Explanation: These are where your surgical incisions are. Most incisional pain on the abdomen will occur with any type of movement or intra-abdominal pressure (or pushing). Pain medication after surgery is given to help with this pain and to allow you to be able to move around better. MOVING is very important in so many ways after surgery so controlling incisional pain in the hospital is required.

“I see some blood and or urine coming around the foley catheter.”

Explanation: Any intra-abdominal pressure like pushing for a bowel movement or bending over can cause some blood and or urine to come out from around the foley catheter. It is the path of least resistance and it most likely will happen at some point. Occasionally, the bladder might squeeze involuntarily called a bladder spasm. Bladder spasms can occur with a foley catheter in place and it is another reason that urine might come out from around the foley catheter. Again, the majority of your urine should be draining into the foley bag and if a little comes out around, no big deal. Excessive bleeding in the urine could be a cause of concern, and your provider should know if it seems excessive.

What a typical day in the hospital looks like after prostate cancer surgery:

Most patients are discharged the day after surgery! [That is the beauty of robotic surgery!](#)

This is what I look for when I examine on my patients post operative DAY 1 in the hospital

1. I examine the abdominal incisions. These incisions are small but are tender because they are fresh cuts on the skin. These are usually minimally tender, but I am looking for any signs of infection which usually are red, extra tender, or any discharge from the wounds. You usually get antibiotics through your IV during your surgery to minimize any potential infection during the surgery. Potential infection of a wound on the skin is something I look for.
2. I examine your abdomen. I see if it is soft or distended (inflated). We like soft abdomens after surgery but it isn't common to have one immediately after surgery. Your entire abdomen was just pumped up with air and the bowels are affected. It is somewhat firm at first, but it should soften up by the time you are discharged. I come to see my patient every day after surgery and your abdomen is always something I look at first. [WALKING](#) helps promote colonic activity and passing of gas! Passing gas is a pre-requisite for most surgical patients to walk out of the hospital doors. So get moving!
3. I make sure your foley catheter is in a good position. [This is important!!!](#) It is not wise or comfortable to have the catheter tugging at the penis. There are stickers, or catheter secures, that most providers and or hospitals will place on your thigh and the foley catheter tube can be placed in this apparatus to prevent pulling or sliding of the catheter down the leg. Try to keep the foley catheter above the knee if possible. I look and make sure that the urine is draining well and catheter positioning can help with this. I look at the color of the urine also. Clear color urine is preferable than red colored urine.
4. I look at your legs to look for swelling. When you are laying in bed your nurse will usually put compression stockings on your legs. These compression stockings squeeze intermittently to promote good blood flow in the legs. This is important for the prevention of blood clots. **Walking is the best way to prevent blood clots after surgery!** Surgery and cancer are both risk factors for deep vein thrombosis so it is important to wear the compression stockings while laying in bed. I have a very low threshold to evaluate for a deep vein thrombosis in a patient if I suspect one because these can be deadly.

5. I look at your urine output and bloodwork. Usually if the bloodwork looks normal the morning after surgery, I do not need to repeat it prior to leaving the hospital.

Things I ask my patients when I visit them in the hospital the day after surgery:

How is your pain?

This is different for everybody. **Pain is a subjective or personal thing.** Your nurse most likely will have your rate it on a scale so an overall assessment can be made after surgery. Most pain occurs with movement. Also, intra-abdominal pressure like coughing, laughing, or sneezing can cause some discomfort. Oral Pain medication will be given based on your pain level. There are stronger pain medications available in intravenous forms for various indications. Overall, the goal is to control your pain sufficiently enough to move around comfortably to walk the halls and get in a chair to sit pretty well. The goal of stopping the narcotic pain medications should be the primary goal. Pain medication should be used short term due to potential side effects and physiological dependence. Anti-inflammatories, like Aleve and Advil, also can help with pain and can

I have found that patients who are on or have taken narcotic pain medication prior to surgery tend to have an abnormal amount of pain after surgery. Some pain medications need to be adjusted in the post op setting if this is the case so these patients can have optimal pain control while recuperating. If needed, a pain consult can be acquired in the hospital to assist with this if needed.

TIP: If you anticipate coughing (if you have enough time:-) grab a pillow and place it close to your abdomen to prevent your abdomen from moving up and down too much. It will help with the discomfort when your abdomen is moving

Are you passing gas?

Are you passing gas? In medical terms, flatus! In layman's terms, farting. During surgery, you are not moving around as much as well as narcotic pain medication can all contribute to constipation! **It is one of the most common things we see in the post operative setting and one of the most uncomfortable. This is preventable so it is wise to be on a stool softener from the very beginning!** I am able to listen to your abdomen with my stethoscope to see if I hear bowel sounds, or rumbling. If I hear any sound at all, it means that your digestive tract is waking up. This is also a pre-requisite to being able to leave the hospital—PASSING GAS!!! Most providers do not require a

bowel movement before you leave, but gas yes. Keep up with the stool softeners at home also especially if you are using narcotic pain medication!!! Having solid foods going down well is usually needed before you get sent home.

If you feel nauseous and you are not passing gas in the hospital then let your nurse or provider know. At this point, it might be suggested to not advance the diet as fast and possibly anti-nausea medication might be beneficial.

Is your breathing comfortable?

Always important to assess post op. There are many reasons in the post op setting that can result in your not taking a deep breath. If your breathing seems uncomfortable then your oxygen saturation can be checked. I always tell my patients that your heart and lungs are the most important organs in your body and they need to function properly to LIVE.

Things that are Encouraged on Post operative day # 1:

1. **Walk! Walk! Walk!** As soon as you are able, with assistance of course, **GET UP!!!!** It is suggested to be up in the chair and not in bed if you are in your room. Walking helps promote bowel function, prevent clots, and has a bunch of benefits in the acute post op setting!
2. Diet: Your diet will be advanced by your provider based on your report if you have passed gas etc. I usually suggest to proceed with small portions first while your bowel function comes back to normal. It is important to tolerate a normal diet before discharge.
3. Foley catheter care: your nursing staff will review how to care for your foley catheter. This is usually in place 7-10 days post operative based on your surgeon's recommendations.
4. Incentive spirometer: This is a small apparatus that helps you expand your lungs fully after surgery. We tend to not take deep breaths due to pain, but it is important to intentionally expand your lungs. Low grade fevers in the post op setting can be caused by the lungs not fully expanding well.

Things that prevent discharge after a prostatectomy

1. Your bloodwork is abnormal and your MD might need to order subsequent bloodwork for continued monitoring. One night stay in the hospital is routine, but a second night can be needed if the provider has reason to monitor you.

2. You still have not passed gas. We spoke before that the bowels can be slow to wake up and this is the common thing that can delay going home. Everybody is different and it takes some people longer for their bowels to begin to return to normal. This is one of the most common causes I can think of that may prevent someone from being discharged post op day #1.
3. Any consultations and or imaging that needs to be done prior to going home.

Most patients are discharged with oral pain medication, a stool softener, and possibly an antibiotic. This of course is dependent on your individual surgeon. You should follow the discharge instructions that were provided to you, and if there are any questions you should contact your provider.

Things to do at home while recovering from your prostate surgery:

1. Ambulation: Walking again is strongly encouraged. **THEME HERE!!!**
2. Eat smaller portions. While your bowel function returns to normal-go slow with the food. You can work your way up to larger portions as tolerated. It is wise to start slow here.
3. If you are taking pain medication it is important to make sure you are on a stool softener also. A common side effect of pain medication and general anesthesia is not being able to move your bowels well!!!! I usually suggest over the counter Colace. You can take it three times a day as needed. Of course whatever may work for you---high fiber diet, prune juice etc. If you are on some type of bowel regimen at home and you still are having issues, call your provider as there are prescription laxatives that can be prescribed. Constipation will certainly affect bladder emptying since the bladder is in close proximity so keep that in mind also.
4. Make sure you are getting up at night to empty your foley bag. You will be very surprised how much urine you make! You never had the opportunity to see this until now when you look down at your foley catheter bag!! You don't want your bag getting too full at night to the point it won't drain properly. You might need to set an alarm to empty it to prevent any issues with it getting too full at night.
5. Invest in loose fitting pants or draw string pants while you need to wear a foley catheter. This kind of clothing is more accommodating when wearing a Foley catheter and comfort as much as possible is recommended. Investigate and purchase these types of clothes even before surgery so they are easily available when you get home from the hospital. If you feel comfortable
6. I usually tell my patients to buy men's briefs (protective garments for urinary incontinence). These can be bought at Target or other types of pharmacies. It is

suggested sometimes to use a pad or diaper even with a catheter in. You will need these at your post op visit and beyond, so it makes sense to buy them early and make sure they are comfortable and the right size so invest in the time to do this **BEFORE** your surgery.

7. Your individual surgeon will notify you when you are able to start all of your pre-operative medications that you may have stopped before surgery. These most likely consist of blood thinning medications that you were instructed to stop before surgery. The common anti-inflammatory medications like Aleve, Aspirin and Ibuprofen help with discomfort and usually can be used in the post operative setting after approximately 48 hours. I would suggest this over narcotics if your pain level is not severe.
8. With regards to showering, activity level, submerging into pools or larger bodies of water will most likely be surgeon specific so make sure you **ask about this at your post op visit.**

Things that may occur that require attention in the acute post op phase from prostate cancer surgery:

-Your foley catheter is not draining well. This usually requires a quick glance at your leg bag to make that assessment. If the foley catheter is not draining well, sometimes it may require irrigation to remove a possible blood clot. This is usually done by the ER or a provider with supplies that are needed for this. If it isn't draining properly, you will feel the need to urinate because your bladder is filling up with no outlet.

-Fever: every provider will have their own threshold to contact the office if the temperature is above a certain point. There are a variety of reasons for fevers post operatively. I **WOULD NOT** suggest routine temperature checks, but if you don't feel well after surgery— then that is a time to check your temperature. **YOU** know your body the best—listen to it if something feels off!!! There is a threshold for a temperature that is concerning and not in the post op setting so ask your provider.

-Leg swelling: If you notice at any point your legs or leg appears swollen or painful particularly in the calf region--**YOU NEED TO BE EVALUATED IMMEDIATELY!** This could indicate a serious condition called a deep vein thrombosis and an ultrasound will be ordered if suspected. This condition could be deadly and a post operative cancer patient like yourself who is not ambulating as much as normal— is at risk for developing clots. You should have little hesitation to seek evaluation if you suspect a blood clot could be present in the legs. Some other symptoms of a deep vein thrombosis include heart palpitations and shortness of breath. These clots can travel from the veins in the leg and end up in the lungs which could be a deadly situation!!!!!!

-Your abdominal incisions appear red, tender or have drainage coming from them. This indicates possible infection.

-Persistent, irritative urination after foley catheter removal: When your foley catheter is removed, you might have some residual burning when urinating. If it persists you should tell your provider and a sample of urine will be taken to test for infection. Any time you have a foley catheter in place is a risk factor for infection.

-You noticed that your urinary stream is not as strong as before and you aren't sure if you are fully emptying your bladder. This is AFTER your foley catheter has already been removed. There are machines in the office that can see any residual of urine in your bladder after you feel like you empty.

-Excessive bleeding in your urine: Remember you can see small, old coagulated pieces of blood. The path of least resistance for the old blood that might be sitting in the pelvis is down and expelled in the urine. If this is "old" blood it usually resembles a more rusty looking color. If it is bright red and appears like fresh blood and plentiful, then that is reportable. The biggest thing with the foley catheter post op is it is draining well and there is no back up of your urine for any reason.

-Atypical symptoms: Anything that you feel is new and was not there before surgery is worth mentioning. Remember, there are NO stupid questions and NO stupid reasons to be evaluated if you feel like something is off. Don't be discreet—be forthcoming about everything. It will only benefit YOU!

What you can expect at your first post operative visit:

Your first post operative visit usually occurs 7-10 days after your surgery. It is based on how long your surgeon chooses to keep the foley catheter in place because the foley catheter is removed at that first visit after the surgery. Sometimes your doctor requires you to get an x-ray prior to removing the foley catheter, and some do not. This will be based on your surgeon.

During a voiding trial, usually a small amount of fluid is put into your bladder through your foley catheter and it is removed. Most men will have some degree of urinary incontinence (leaking of urine) when the foley catheter is removed. I usually like the patient to have a urinal available to them because the fluid that was just placed in your bladder will most likely come out right away because of the weak pelvic floor as a result of surgery. KEGEL exercises will help you with this and there is a whole section on kegel exercises at the end of the guide.

Things that you can Experience with your urinary patterns following foley catheter removal after a prostatectomy:

1. Your urethra can be irritated. The tip of the penis can be sore. A tube was just in your penis for a good amount of time and that is the reason. It is normal for you to experience mild burning initially, but it should improve quickly. If it doesn't improve within a few days, please let your provider know so a specimen can be obtained to rule out infection. Any time a foley catheter is in place in the body it can lead to a urinary tract infection.
2. The type of urinary incontinence you experience after a prostatectomy is called stress urinary incontinence. This occurs with any intra-abdominal pressure that can occur with things like laughing, coughing, and sneezing. Changing position also can lead to leakage of urine. If you anticipate doing one of these things like getting up from a chair, try doing a kegel exercise prior to see if you are able to prevent any urine from coming out .
3. Don't allow your bladder to get too full. I usually tell my post op patients to go try to urinate every few hours even though you might not have the urge to urinate. Your bladder has to adjust to a new environment. Always empty prior to bedtime. I do not suggest setting alarms at night to urinate, but always empty your bladder before bed and avoid a lot of fluids three hours before bed time.
4. Avoid excessive alcohol or caffeine. These both can make your urinary incontinence worse so consume less if your urinary incontinence is not progressing and you are consuming a large amount of caffeine or alcohol.
5. I suggest wearing step- in diapers immediately after surgery. With time one's urinary leakage will improve, and at that point you can then begin to wear pads. It is better to have more protection at first so you are more comfortable.

Module 2: Understanding your Pathology Report

If back, your surgical pathology is usually discussed at your post operative visit with your surgeon. The pathologists have the opportunity to cross section and look at the following things:

- the prostate
- two seminal vesicles
- Lymph nodes if the surgeon removed them

95% of prostate cancers are called adenocarcinoma of the prostate. Was it another kind of cancer that makes up the 5%? **ASK THESE QUESTIONS!!!!** A lot of times, patients lose their train of thought during a doctor's visit (especially if they are nervous)!

I suggest you write down a list of questions to cover during your visit so you can assure that you are collecting valuable information that can help you understand the extent of your prostate cancer. My company is built on education, and I am a firm believer that the more we know about our health—the better.

Your Gleason score tells us how aggressive the cancer is. The Gleason score is the sum of two Gleason grades that are assigned by the pathologists once they have the opportunity to examine it under the microscope. A Gleason score was assigned to you at the time of biopsy also, but sometimes after total removal the Gleason score can differ from the original biopsy report once they are able to evaluate the true extent of disease with total removal.

The Gleason system is a system which is a scale that is 1-5. 1 is being the most well differentiated (least aggressive) and 5 is most aggressive. We add the two numbers on the pathology report to get the Gleason score. Most of the cancers we see are Gleason 6-10. Gleason 6 prostate cancer is lower grade, Gleason 7 is intermediary in nature, and Gleason 8, 9, and 10 are considered high grade. Low grade cancer is less likely to spread and higher grade cancers are more likely to spread outside the gland.

It is important to assess how much of the prostate contains cancer. Was it on one side of your prostate or did both sides contain it? Did the tumor start to come outside of the capsule that surrounds the prostate? If so, this is called extracapsular extension and it is something important to know if it is the case.

Were the seminal vesicles involved with cancer?

Were the lymph nodes removed and were they involved with cancer?

Your report will also mention if there is a positive or negative surgical margin. This is the area at the edge of the prostate specimen that was submitted from your surgery. A positive margin is reported if the edge (or margin) of tissue contains cancer. This is important because there is a higher likelihood of possible recurrence of cancer with positive margins and subsequent treatment might be needed. This is mentioned in the pathology report, and is an important factor to know.

Your provider will refer you to the appropriate specialists if they feel you need subsequent treatment after your prostate surgery. Subsequent treatment, if needed, usually consists of radiation. Regardless of your pathology, the way that we can monitor for prostate cancer recurrence is through a **PSA blood test**. This is the same blood test that was taken that led to your original prostate cancer diagnosis. The goal

after surgery is for the PSA to be undetectable in the blood. An undetectable PSA level is <0.1 . This is the level you should see on your bloodwork after a prostatectomy for prostate cancer. I have seen recommendations to get blood work anywhere from 6 weeks to 3 months post operatively. You do not need to be fasting or do anything specific for a PSA blood test but it is imperative that this is being monitored moving forward at varying intervals based on your surgeon's recommendations.

A radical prostatectomy cures the vast majority of patients with cancers confined to the prostate.

Things that you can expect moving on after your post operative visit:

1. You will be scheduled for a PSA blood test. The goal is for the PSA to be undetectable. It will usually say <0.1 on most lab reports. This is an undetectable level.
2. Urinary incontinence: the severity of incontinence varies from individual to individual. I suggest men come to their post op visit with a step in diaper because as I mentioned earlier I believe it is better to be overprepared in the beginning. It is important to assess improvement with your urinary control at your follow up visits after surgery so your provider can evaluate how you are recuperating from a urinary control standpoint. I usually ask my patients how many pads they are using per 24 hour period. Are they soaked? The biggest thing here is to track improvement overall as time from surgery passes. There are pelvic floor specialists that can assist in exercises to help you with urinary control. Most men do just fine on their own doing level exercises though, but being consistent with them and to do them correctly is important also!
3. Erectile dysfunction: this also varies from person to person. The important questions to ask yourself are:
 - how well were my erections before surgery? Did I need to use any medication to help me with this? Many other medical issues like diabetes and hypertension contribute to erectile function. If your erections were inadequate before surgery, then they WILL NOT be any better after.
 - was my surgery a nerve sparing surgery: this needs to be discussed with your surgeon. The primary intent of every surgeon is cancer control. If your cancer was thought to be close to the nerves then they will be removed. MRI imaging can be used pre operatively to evaluate the extent of cancer, and a decision to do a nerve sparing surgery can usually be decided before surgery. A discussion with your surgeon with regards to a nerve sparing surgery can be discussed based on imaging that is usually obtained before surgery.

Occasionally, the surgeon makes the decision during the surgery itself based on findings during the case.

Dealing with erectile dysfunction after surgery is a process that men need to undergo on a physical and emotional level, and it is something I have been counseling the men the most about during my career as a physician assistant in this field.

4. Lethargy: many people feel just plain tired after surgery. Give yourself some freedom to relax and take a nap if you need it. If one's energy is low after surgery and not improving, then ask your provider if bloodwork might be needed to evaluate for any abnormalities.

MODULE 3: Managing Urinary Control Post Prostatectomy

There is some degree of muscle incompetence in the pelvic floor after surgery and this is the cause of urinary incontinence.

The severity of urinary incontinence will vary from person to person. The most important thing to stress is that urinary control is weak at first, but improves with **TIME!!** Each and every day you should see improvement with your urinary control. **This is a time game, and please be IN IT TO WIN IT!** You can keep track of how many pads you are using, and less pads mean you are improving. The amount of pads is a good indicator of your overall improvement with your urinary control, and I ask my patients each visit after surgery how many pads they are using until they are dry.

As I mentioned before, **stress urinary incontinence** is the most common form of urinary incontinence post surgery. Sneezing, laughing, coughing and bending over are all things that can cause intra-abdominal pressure and can cause urine to leak when you don't expect it. Kegel exercises are the recommended exercises. GET familiar with these before surgery! Please refer to the end of e. Book for recommended schedule for kegel exercises. It is suggested to print out the sheet with the recommended kegel exercise schedule so you can mark off when you do them in real time. It can be rewarding to review and see progress made. I always suggest the more you can be involved with rewarding yourself for progress made, and it will amplify positive momentum forward! Celebrate the small wins because over time there will be many small wins that will eventually lead to a BIG win.

Another type of urinary incontinence that can occur after surgery is **urge incontinence**. This is more common after radiation treatment for prostate cancer, but can still occur after surgery. Avoiding bladder irritants after surgery is suggested to minimize any degree of urge incontinence. What are bladder irritants??

1. Alcohol

2. Caffeine
3. Spicy Foods
4. Acidic foods/beverages

In my experience, most men after prostatectomy are dry by the six month mark.

There are a variety of factors that contribute to this statistic and time frame which include body habitus, age, pre-existing urinary issues, and surgeon skill level. **BE PATIENT AND HOPEFUL!!!!** I do believe that if you are among the company of others who have been where you are and are now on the other side of things and thriving, it could only benefit you during this potentially challenging time in your life. Please consider communicating with others in our community who have been where you are, and are now doing well!

WHAT CAN HELP WITH URINARY LEAKAGE AFTER PROSTATE REMOVAL?

KEGEL EXERCISES

These exercises strengthen the pelvic floor muscles.

Finding the pelvic muscles:

1. Tighten your rectum as if you are preventing yourself from passing gas.
2. If you tighten this muscle properly, you will be able to stop the flow of urine. You can actually test this while you are urinating to see if you are able to stop the flow.
3. The penis usually flips up a bit if this muscle is contracted properly.
4. Avoid contracting your abdominal muscles to do this pelvic contraction.
5. Breathe normally when doing a kegel exercise. Do not hold your breath.

I suggest that you become familiar with these exercises before surgery. You can practice them. Most men improve fully in terms of urinary incontinence just with these exercises alone.

HOW OFTEN SHOULD YOU PERFORM KEGEL EXERCISES?

There is nothing set in stone as to how many to perform and how often. I am going to include a suggested amount of times, how long to contract, and how often to do a kegel exercise towards the end of the e. Book so you can follow a schedule if you so wish. I often say the good thing is that you do not need any exercise equipment to do this— so the more you can do them the better!!!! You can do this anywhere and NO ONE even has to know that you are doing it!

I give my patients the opportunity to improve their urinary control first with kegel exercises and time. If at a certain point, he does not feel confident he is doing the pelvic muscular contraction correctly or urinary control is not improving in a timely fashion, I would suggest they be evaluated by a **pelvic floor specialist**. Physical therapists are trained to help people strengthen their pelvic floor as a result of pelvic surgery like prostate removal. Don't be ashamed to ask for more assistance if you do not feel like you are improving despite your best efforts. These therapists are here to assist you and will often give recommendations and updates to the provider during the therapy so there is a team approach.

If after a reasonable amount of time and urinary incontinence is severe and interfering with your quality of life, then I would suggest you be evaluated for surgical options that can be done for urinary incontinence after prostate surgery.

Other Recommendations to help with Urinary Incontinence Post Prostatectomy:

-Medications: Sometimes medications for overactive bladder are used after surgery to help with incontinence. A common class of medication used for this is anticholinergic drugs.

-Bladder training: gradually increase the time to urinate. In general, I recommend you to empty your bladder more frequently than not in the beginning.

-Artificial Urinary Sphincter: if urinary incontinence is persistent beyond the normal mark, it is necessary for your provider to do a cystoscopy (a camera through the penis channel) in order to look at anatomy and bladder anatomy. Further treatment recommendations will be made after a full assessment of your anatomy is evaluated post surgery. A urinary artificial sphincter can be suggested if your urinary control is severe beyond a certain point post surgery. This is a device that opens and closes and acts as a urinary sphincter.

-Bulking agents injected into the bladder

-Urethral sling procedure

MODULE 4: Erectile Dysfunction

I mentioned in Module 2 the important questions you need to ask yourself when addressing your erectile function post operatively. **I really believe it is about expectations and one should have the expectation to have some degree of erectile dysfunction post surgery.** It does not matter how old you are or if your nerves were spared during surgery, **erectile dysfunction most likely will exist post op and should expect it.**

Within one year, 40-50% of men will regain their erectile function with intact nerves.

Most men are prescribed medication like Cialis or Viagra after prostate cancer surgery. These medications dilate the arteries in the penis to allow blood flow in. It is important to note that these medications cannot be taken if you are taking a certain class of medications called nitroglycerins which is for chest pain. If these medications do not give full effect, there are penile injectables, mechanical devices like vacuums and pumps, and or surgical options as the last resort. At first, things might look dismal, but with time you should see improvement. If you don't, PLEASE do not be afraid to be vocal about it!

There are specialists that are specifically labeled sexual medicine specialists. Your surgeon might refer you to a specialist who is an expert in managing this for you. In some instances, penile injection therapy is introduced at an early stage after surgery because it can be more effective than oral medications. These self injection techniques to the penis will be taught in the office by your doctor with the intent of doing it at home on your own with your partner. It is not natural to think about a needle going into that area of the body, but like with anything, if done correctly and effectively, it is a VERY GOOD treatment option to obtain erections post prostatectomy! Also, practice makes perfect so the more you do anything the better you become at it.

Most common PDE-5 inhibitors and their potential side effects:

Viagra: (Sildenafil): nasal congestion, blue/green vision, nasal congestion

Cialis: back pain/bone pain

Levitra: headache, flushing.

The difference between these different medications is the **half life of the drug**. The half life of the drug means how long it takes for half of the drug to still be present in your bloodstream. Cialis usually lasts about 36 hours and Viagra is a shorter acting medication. So, if you plan to be more spontaneous with your love making then Cialis might be a better treatment option because a full dose of 20 mg of Cialis taken on Saturday evening will still be present in the blood come Monday morning. Another dosage of the medication is not needed at that point and usually if stimulated blood will start to flow there. Cialis, or Tadalafil (generic) also has a low dose of 5 mg which can be given daily as this is beneficial for constant blood circulation to that area, which in my opinion is not a bad thing to do post surgery.

A lot of these medications used for erectile dysfunction work well in some and not in others. These medications are often TRIAL AND ERROR. One might give a firm

erection but cause a side effect and vice versa. You have to TRY them to decide which are more effective for you. Have a discussion with your provider which medication you should start with. **It is important to note that even though you are unable to get a rigid, firm erection or penetrate your partner well at first, you are still able to have an orgasm. Remember, YOU WILL NOT SEE any fluid when you climax because of the absence of the prostate and seminal vesicles that were removed during your cancer surgery. This can seem abnormal at first, but I imagine with time it will become your “new normal”.**

Module 5: MINDSET AND POSITIVITY AFTER PROSTATE CANCER SURGERY

To me, this module has the capability to have the most impact in creating a successful post operative experience. It is one thing to learn information but it is another thing to implement the information in a positive way knowing that everything will be OK in the end. [I am combining my expertise of helping patients like you with prostate cancer and my passion of knowing that having a positive mindset with regards to your recovery will have a dramatic impact on how your experience will be.](#) My own personal development work has led me to fully believe that [you are the author of your story](#). We are powerful human beings and we have the capability of creating a bright future moving forward despite our current circumstances that may seem very BIG at the time. I believe education, support, and community with regards to prostate cancer is essential. I am looking to bring this for you on the online space so you can be intentional and LIVE FULLY after prostate cancer surgery. That is what my company is based on and I know with the internet there is potential for me to help people ALL OVER THE WORLD! How exciting! If this book has helped you in any way, please consider telling it to someone you may know that may benefit from it!

You have just undergone surgery with the intention of putting one of the harder parts of your prostate cancer experience behind you. Your work now is to be conscious of your thoughts, feelings and emotions around this time in your life and concentrate on your path forward. These are made up of the choices we are making minute to minute. These day to day choices will either create a post operative course which is challenging or one that is nurturing because you have the power to create your experience!!!! Mindset work is important in every aspect of our life and I would like to invite you to start thinking about recuperating from prostate cancer surgery in a way that positively serves you!!!!

1. The first step to a bright future is to be [AWARE](#) of your mindset. . A lot of people live on autopilot. 95% of our thoughts are pre-programmed and we don't even

realize how we are reacting to others and certain situations. Be aware of how you are BEING!!!!.

2. Start thinking of how you would like to see things unfold EVEN if it isn't happening in your physical reality yet. If we can connect our subconscious beliefs with our conscious desires that is how magic happens. What kind of health do you want to bring in? How would you FEEL when you are able to walk around dry and not wearing any undergarments anymore and being cancer free? You have the capability of getting there in your MIND before your BODY catches up. Practice visualization techniques that will CHANGE your future for the better. If your present is not exactly to your liking, then DON'T FOCUS ON IT. What you focus on grows, so start changing your thoughts to change your life.
3. There is a mind/body connection: by this point I am thoroughly convinced that everything that manifests in our physical reality, first begins in our mind! I can even go as far as saying negative, unconscious beliefs that we carry, can even cause cancer along with other diseases in our body. So, again be aware of what you are thinking. Also, MOVE your body as much as you can. Connect your breath with moving your body and it makes that connection more evident.
4. Do things with intention. Why do we do the things we do? There is motivation behind every action, and usually because it is because we think we will FEEL better in the having of that desire. **Intention setting is important.** Putting the time in daily or setting an alarm to do kegel exercises is important. As long as we have the desire and awareness that we have the power to CHOOSE—then we can consistently make choices that align with our future desires. Living Fully After Prostate Cancer Surgery is most likely one of those desires.
5. Communicating with others in a support group type fashion can help you through your journey. Hearing other's milestones will give you hope that what you are going through at the time is most likely a temporary situation. HOPE is very important during this time!!!!!!

Here is An Acronym I want you to Keep in Mind During the Hard Days. Remember, there will be hard days but as long as you keep the HOPE then you will shine bright!

I IMAGINE THAT YOU ARE GOING TO SUCCEED

A AIM TO RESTORE MUSCLE STRENGTH IN THE PELVIS

M MOTIVATION IS YOUR SUPERPOWER

D DEVOTE TIME EACH DAY TO THESE EXERCISES. CONSISTENCY MATTERS!!!!

R REMEMBER, THIS TAKES TIME!!!

Y YOU ARE THE KEY TO YOUR SUCCESS

Kegel Exercises Post

Prostatectomy (Learn how to do it well before your surgery! Practice makes perfect!)

The importance of kegel exercises cannot be stressed enough! I usually tell my patients to learn this important muscular contraction even before surgery, so after surgery they are sure that they are doing it correctly. Perfecting this early can predict your chance of being dry long term after surgery. Depending on surgeon skill and a variety of other factors I spoke of-- doing these exercises will help you!

Your pelvic floor muscles are kind of like a hammock that supports the vital organs in the pelvis like the bladder and rectum. Whenever there is pelvic surgery, like prostate removal, these muscles become weak. These muscles are voluntary muscles, meaning we can control them if we use our brain to tell them to contract.

When I counsel a patient on doing a kegel exercise, I usually ask them to picture themselves urinating in the toilet and someone walks into the bathroom unexpectedly. One would react by squeezing their pelvic floor to stop the flow or urine out of surprise. You should see the penis move slightly upward if he is using these muscles properly. The anus is also contracted if doing this exercise correctly, as it would stop gas from passing. You should NOT use your abdominal muscles when doing a kegel exercise. Gently place your hand on your

abdomen to make sure these muscles are not contracting when doing a kegel exercise. I joke with my patients and tell them that they can do this at a red light, on the couch watching TV, or making eggs at the stove. You need your brain to tell those muscles to contract----THAT'S IT!!! No gym membership required!

At first after surgery, the muscles are weak, and if you need to let the contraction go at first it is OK. The length of time that you can contract will likely improve as the time from surgery passes and you gain pelvic floor strength. As time goes on, do these kegel exercises while you are active--for instance while walking, changing positions, or when lifting heavy objects. Leaking urine after surgery usually occurs with changing of positions and when laughing, coughing, sneezing (stress urinary incontinence), so perform a kegel exercise before doing something you may anticipate leaking urine.

If you feel like you are not improving in a timely fashion (I usually say the 6 month post surgery is that marker to assess how well you are doing from a urinary incontinence standpoint) then let your provider know that further evaluation should be made. Ask for other options to explore with your healthcare provider because other treatment options may be available for you!!!
ALWAYS BE AN ADVOCATE FOR YOURSELF!!!!

Keeping Track of Your Kegel Exercises: Suggested Schedule

Go out and buy yourself a sticker pack or you can simply draw a line for each session performed. You can also print a few copies of this recommended kegel schedule as you move forward. I suggest printing SIX copies as that is my magic number to really be consistent with these exercises each week after surgery.

Biggest take away— I want you to be an active participant with this and be able to look back and reflect on your progress!!!

WEEK 1: FIVE repetitions FIVE seconds THREE times per day

MON TUES WED THURS FRI SAT SUN

WEEK 2: TEN repetitions FIVE seconds THREE times per day

MON TUES WED THURS FRI SAT SUN

WEEK 3: TEN repetitions FIVE seconds for FOUR times per day

MON TUES WED THURS FRI SAT SUN

WEEK 4: FIFTEEN repetitions for FIVE seconds for FOUR times per day

MON TUES WED THURS FRI SAT SUN

WEEK 5: FIFTEEN repetitions for FIVE seconds FIVE times per day

MON TUES WED THURS FRI SAT SUN

WEEK 6: FIFTEEN repetitions for TEN seconds FIVE times per day

MON

TUES

WED T

THURS

FRI

SAT

SUN

Kegel exercises is a **LIFELONG** practice that you should acquire after prostate removal. These exercises can be done even after you regain urinary control and should be done at regular intervals also. It is a sure way to keep a strong pelvic floor! [This is a new way of life and this is a practice that should not be forgotten!](#)

A FINAL NOTE AND A BIG THANK YOU!!!!!!

I truly believe that you now have the TOOLS to have a successful post operative course after prostate removal. My biggest motto and I find myself saying it again and again is **“you do not know what you don’t know”** and I truly believe this e.book contains a lot of information that is now known by you and you can successfully move forward with that information in a positive way. I am also hoping that something you read here potentially saved a phone call to your doctor’s office or visit to the ER. It is also important to me to know that you are getting reliable information to help you move forward successfully also because the internet can be hard to navigate when dealing with medical information. **I am here if you need me and please join our community and subscribe to our newsletter!!!**

JOIN OUR COMMUNITY!!!!

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