



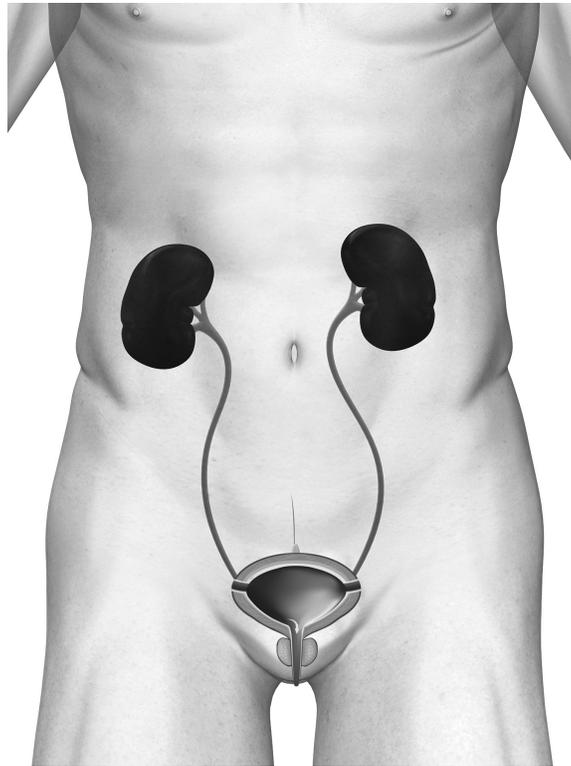
Interior Health

# Enhanced Recovery After Surgery (ERAS) For Radical Prostatectomy

## Patient and Family Information

For more information on Enhanced Recovery please visit

[www.interiorhealth.ca/YourCare/HospitalCare/Surgery/PreparingforSurgery/Pages/ERAS.aspx](http://www.interiorhealth.ca/YourCare/HospitalCare/Surgery/PreparingforSurgery/Pages/ERAS.aspx)



## Purpose

Our doctors and health care team are focused on ensuring that you have the best possible care during your stay. This handout provides you and your family with an outline of what to expect during your stay.

## Enhanced Recovery after Surgery (ERAS) Program

The program aims to speed up your recovery by using methods before, during and after your surgery. Some of these methods include:

- having a pre-operative drink before surgery
- early activity and eating after surgery
- making sure your pain is controlled

**You are an important member of your care team** and you will benefit by actively preparing for your surgery and recovery.

## Getting yourself ready

It is important for you to be at your best for your surgery. This will help you recover faster and lower the chance of problems. Below are things you can do to help prepare yourself for surgery.

**Nutrition:** Your body will need extra energy and calories to heal. You may wish to increase your calories intake by drinking Boost or another protein supplement. This supplement can be used pre-surgery or post-surgery. You can contact a dietician for advice by dialing 8-1-1 (Healthlink BC) and let them know you are going for surgery.

**Exercise:** helps you be in the best shape before your surgery and helps with your recovery. Try to go for a 30 minute walk daily. Talk to your doctor before starting an exercise plan.

**Smoking and Tobacco use:** People who stop smoking before surgery have fewer issues after surgery. For assistance call 8-1-1 and register for the BC Smoking Cessation Program or visit the QuitNow website for more help [www.quitnow.ca](http://www.quitnow.ca).

## About your Radical Prostatectomy Surgery

Radical prostatectomy surgery is done to remove the prostate gland when it contains cancer.

The prostate is a gland that surrounds the urethra, the tube that carries urine from the bladder through the penis and outside the body. It has two lobes that are covered by an outer layer of tissue called the capsule.

The surgeon has three main goals when removing a prostate that contains cancer:

- To remove the prostate without leaving any cancer behind.
- To conserve the urethral sphincter to help avoid leaking of urine (urinary incontinence) after surgery.
- To try to save the nerves that are needed to have erections.

Radical prostatectomy is the removal of the entire prostate gland and often small amounts of pelvic lymph nodes are removed. This will occur if the surgery is done laparoscopically. The surgeon will make tiny incisions in the mid- lower part of your abdomen. He/she will insert a tiny camera and small instruments through these incisions to assist in removing your prostate. In some situations, the surgeon may make only one larger incision to remove the prostate. This is called an open procedure. The prostate is removed from the area between the bladder and the external urethral sphincter (the area that allows you to stop and start your urine flow). After the prostate is removed, the bladder and external urethral sphincter are attached together with dissolvable stitches. A urethral catheter will be put in place for 10-14 days to allow these reattached tissues to heal.

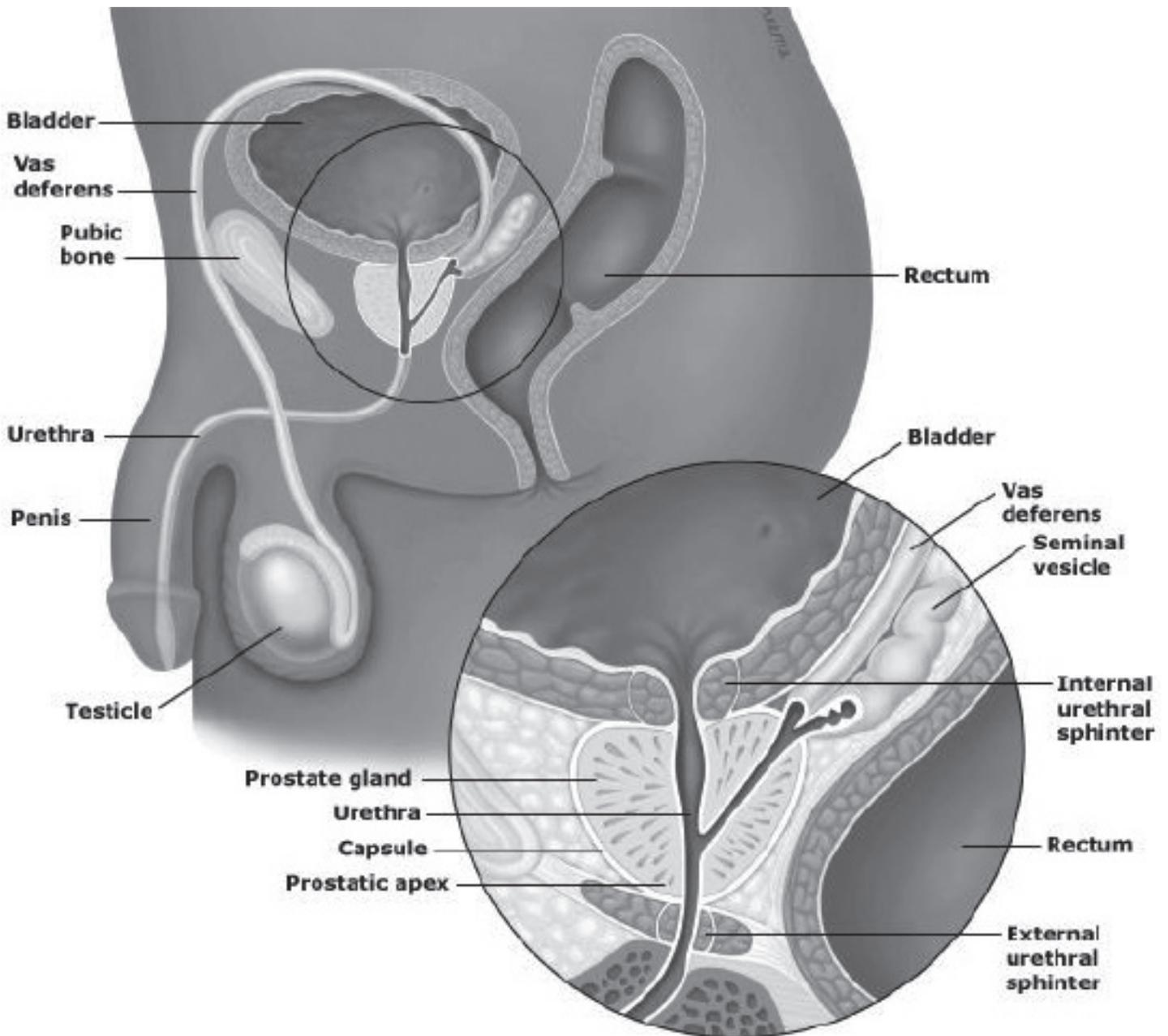


In addition, there will be a small drain around the incision that exists through the skin, to help prevent too much fluid from collecting. It drains fluid that collects in the space around where the bladder and the urethra are stitched together. The drain is usually removed in 2-4 days but sometimes the drain is left in longer. See the discharge sheet on abdominal drain for more information.

## Preparing for Surgery

After your meeting with the Urologist, s/he will notify the Surgical Booking Office.

**Important: Please make sure you give your surgeon's office a correct contact number (home, work, cell phone).** A clerk will call you with your Pre- Surgical Screening (PSS) appointment date and time.



## What to bring to the PSS appointment

Your PSS appointment may take place over the phone or in person. Have ready:

- All the medicines, supplements and herbal products you are taking in their original containers.
- Bring this booklet and a list of any questions you have.
- **We encourage you to bring a family member or friend**

At the PSS appointment:

A nurse will meet with you to:

- review your health history
- answer your questions
- give instructions for you to follow at home before surgery
- discuss discharge plans (e.g. who will pick you up from the hospital and who will help you at home)
- provide information about a urethral catheter and abdominal drain

Pre-operative tests (e.g. blood work and ECG) may be required

An anesthesiologist will discuss your past medical and surgical history either during your pre-admission appointment or the day of surgery.

In addition, you will be provided information about which of your regular medications you should or should not take prior to surgery.

Typically, arthritis medications (advil, voltaren, diclofen) and blood thinners should be stopped prior to surgery. Ask your surgeon which medications you should hold. In addition, some herbal medications such as saw palmetto may need to be held so discuss any herbal products you take with your surgeon.

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## Coming to the Hospital

Things to bring (please limit belongings to one small bag):

- housecoat
- nonslip slippers
- toothpaste, toothbrush
- sugar-free chewing gum
- Health CareCard or BC Services Card
- Extended benefits card
- Plastic hospital ID card if you have one

Do not bring any valuables or more than \$20 cash. If you wish to rent a TV / telephone, you can do so with a credit card or cheque. **Interior Health will NOT assume responsibility for any items that are lost or stolen.**

On the day of your surgery:

- arrive on time
- report to the admitting desk
- you will then be given instructions on where to go

Surgeries can **sometimes** be postponed due to emergencies, bed availability and your current health.

If your health changes (for example, flu, cold, diarrhea, etc) you must notify Pre-Surgical Screening immediately (Monday – Friday, 8 am – 4 pm). Leave a message and your call will be returned.

We know that each person recovers at their own pace. Your progress will be assessed daily. This will help to determine your care plan and discharge date. If you or your family have any questions please ask your health care team.

You should expect to stay in the hospital for 1 to 3 days. The following is what you and your family can expect in the first day after surgery.



What I can expect	Day 0 (Day of Surgery)	Day 1 (Discharge Day)
<b>Oxygen</b>	<p>In the recovery room, you will receive 1 hour of oxygen by a mask. →</p> <p>On the surgical ward, oxygen will be given as needed.</p>	→
<b>Vital signs</b>	<p>Your vital signs will be taken often (Blood pressure, pulse, temperature, breathing and pain rates).</p>	→
<b>Intravenous (IV)</b>	<p>An intravenous line (IV) will be started in your arm just before surgery. →</p> <p>It will keep you hydrated and allow medications to be given to you.</p> <p>It will be capped when you are drinking 4 or more glasses of fluid a day.</p>	Then as needed
<b>Blood tests</b>	<p>Blood test at 20:00 (if the surgeon feels it is required)</p>	Blood tests in the morning.
<b>Eating and drinking</b>	<p>Chewing gum (Sugar Free) at least 30 minutes 3 times a day.</p> <p>Diet as tolerated</p> <p>If ordered by your surgeon a drink (like Boost® or Ensure®) 2 times a day.</p> <p>A dietitian will be available to see you if needed.</p>	<p>→</p> <p>A drink (like Boost® or Ensure®) 2 times a day, if ordered. →</p>
<b>Washing</b>	<p>Wash your hands often.</p>	Wash (with help) in the bathroom. →
<b>Bandages and care of your incision</b>	<p>Your bandages will be checked regularly to see if they are leaking.</p>	→

What I can expect	Day 0 (Day of Surgery)	Day 1 (Discharge Day)
<b>Activity</b>	<p>Walk from stretcher to bed when you arrive to your room.</p> <p>Do deep breathing and coughing exercises 5 times each hour.</p> <p>Do leg exercises 5 times each hour in addition to walking.</p> <p>Get in and out of bed by log-rolling with instruction and help.</p> <p>Sit at bedside or in chair</p>	<p>↑</p> <p>↑</p> <p>Sit in the chair for all meals if able.</p> <p>↑</p> <p>Walk around the ward on your own (at least 4 + laps) 3 times per day plus.</p> <p>Total activity time: 1 to 3 hours out of bed.</p>
<b>Rest and Sleep</b>	<p>Sleeping medication may be ordered by the anesthesiologist. ↑</p> <p>Use ear plugs to cut down the hospital noise. These may be provided. ↑</p>	<p>Then as needed</p>
<b>Where You Will Stay</b>	<p>After surgery, you will be in the Recovery Room until you are fully awake and your pain is under control.</p> <p>You will then be taken to the surgical unit.</p>	
<b>Visitors</b>	<p>Brief visits from immediate family only.</p>	<p>Visitors, even if they are your loved ones, can make you tired, as can people visiting a roommate. There should be no more than 2 people at your bedside at a time. NO visitors during “Rest Period” between 1:00 to 3:00 pm. This rest period is highly recommended.</p>
<b>Discharge Planning</b>		<p>Go over your discharge plans with your nurse and other team members as needed.</p> <p>Review discharge booklet:</p> <ul style="list-style-type: none"> <li>• on urinary catheter and leg bag and how to care for it at home.</li> <li>• on abdominal drain and how to care for it at home</li> </ul>
<b>Community Referral</b>		<p>A community care referral will be made if needed (e.g. wound or catheter or drain care). They will call you to arrange an appointment.</p>

