Dr. Himanshu Sharma
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AFTER YOUR OPERATION

# After Robotic Radical Prostatectomy

You have had a robotic radical prostatectomy — removal of the whole prostate and seminal vesicles, and sometimes nearby lymph nodes, to treat prostate cancer. The bladder has been reconnected to the urethra, and a catheter protects this join while it heals. This sheet explains your recovery at home, what to expect with bladder control and erections, warning signs, and your cancer follow-up plan.

## YOUR RECOVERY AT A GLANCE

| Days 1–2 | Days 7–10 | Weeks 2–6 | 3 months | 1–2 years |
|---|---|---|---|---|
| **In hospital** | **Catheter out** | **Healing** | **Improving** | **Full recovery** |
| Walking, eating and drinking. Most men go home with the catheter. | Removed in clinic. Some leakage is expected at first. | Pelvic floor exercises daily. No heavy lifting. | Most men need fewer pads. First PSA results reviewed. | Continence and erections can keep improving for up to 2 years. |

*Everyone heals at a different pace. These are typical timings, not strict rules.*

## THE THREE MOST IMPORTANT THINGS

- **Protect your catheter.** It supports the new join between bladder and urethra. Never pull on it, and if it falls out, **do not try to reinsert it** — contact us straight away.
- **Keep moving and complete any blood-thinning injections** to prevent clots.
- **Keep every PSA test.** Your PSA is the main way we check that the cancer has gone.

## YOUR UROLOGIST



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AT HOME

# Looking after yourself

## Your catheter

- Keep the bag below bladder level and the tube free of kinks. Use the leg bag by day and the larger night bag at night.
- Clean where the catheter enters the penis gently with soap and water twice a day.
- Some blood or urine leaking around the catheter, and **bladder spasms** (sudden cramps with leakage), are common and not harmful.
- Do not use enemas or suppositories, or have anything inserted into the back passage, for 6 weeks unless your surgeon agrees.

## Fluids and bowels

- Drink enough to keep your urine pale — usually about 2–2.5 litres a day. Limit tea, coffee, colas and alcohol, which irritate the bladder.
- Avoid straining. Eat fibre, drink well and take the laxative or stool softener prescribed for you.
- Mild bloating or shoulder-tip pain from the gas used in keyhole surgery is common for a few days.

**IMPORTANT — HEART OR KIDNEY DISEASE**

If you have **heart disease** or **chronic kidney disease (CKD)**, follow the fluid amount your doctor has advised for that condition. Do not aim for more than 3 litres a day unless told to.

## Wounds and preventing clots

- Your operation was done through several small keyhole cuts. Stitches are usually dissolvable, and any skin glue peels off by itself.
- You may shower after 48 hours. Let water run over the wounds and pat them dry. Avoid baths and swimming for 2 weeks.
- Some bruising and a little clear or blood-stained fluid from a wound are common. Redness, spreading pain or pus are not — contact us.
- Walk several times a day from the day after surgery. This helps prevent blood clots, chest infections and constipation.
- If you have been given **blood-thinning injections** or tablets to prevent clots, complete the full course — often 4 weeks after cancer surgery in the pelvis or abdomen.
- Wear your compression stockings if advised.

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## Getting back to activities

| ACTIVITY | WHEN YOU CAN USUALLY RESTART |
|---|---|
| **Walking** | Straight away — several short walks a day, building up gradually. |
| **Driving** | About 1–2 weeks after the catheter is removed, once you can brake suddenly without pain. |
| **Desk / office work** | Usually after 2–4 weeks. |
| **Lifting > 5 kg, gym** | Avoid for about 6 weeks. |
| **Two-wheeler, cycling** | Avoid for about 6 weeks. |
| **Sexual activity** | When you feel comfortable, usually from about 4–6 weeks. |
| **Manual work, sport** | Usually after 6–8 weeks. |
| **Flights, long journeys** | Please discuss with us first, especially in the first 4 weeks. |

WHAT TO EXPECT

# Bladder control and sexual function

## Bladder control (continence)

Leakage after the catheter is removed is expected, because the muscles that control urine need time to adapt. Most men regain good control over weeks to months, and the large majority are dry or need at most one safety pad by one year.

- **Start pelvic floor exercises the day after the catheter is removed** (not while it is in). Tighten the muscles you use to stop passing wind or urine, hold for up to 10 seconds, relax, and repeat 10 times, three times a day.
- Leakage is often worse when standing, coughing, lifting or late in the day. Use pads while you recover.
- Limit caffeine and alcohol, keep a healthy weight, and avoid constipation.
- If leakage is still troublesome after 6–12 months, effective treatments are available, including a male sling or artificial sphincter.

## Sexual function

Every man's recovery is different, and it depends on your erections before surgery, whether the nerves could be preserved, and your general health.

- **You will no longer ejaculate** ("dry orgasm") and cannot father children naturally. The feeling of orgasm usually remains.
- **Erections** may take many months, and up to 2 years, to recover. We may start **penile rehabilitation** — tablets such as tadalafil, a vacuum device or injections — to support recovery.
- Some men notice a small leak of urine at orgasm, or a slight change in penile length. Please tell us — these can be helped.

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## Normal healing — or time to call?

| NORMAL — EXPECT THIS | CONTACT US OR GO TO EMERGENCY |
|---|---|
| • Blood-stained urine or leakage around the catheter<br>• Bladder spasms<br>• Swelling or bruising of the scrotum or penis<br>• Urine leakage after catheter removal<br>• Tiredness for several weeks<br>• Mild wound discomfort | • **Catheter stops draining** or falls out<br>• **Fever** of 38°C or above, chills or shivering<br>• Heavy bleeding or large clots<br>• Worsening tummy pain or swelling, vomiting, or unable to pass wind<br>• New swelling in the lower tummy, groin or leg<br>• Calf pain, chest pain or breathlessness<br>• Unable to pass urine after catheter removal<br>• Red, hot or discharging wounds |

**IN AN EMERGENCY:** call **+91 97465 52559** or go to the nearest hospital emergency department. Tell them about your recent operation.

FOLLOW-UP

# Your cancer follow-up plan

Your final tissue (histopathology) report tells us the cancer's **Grade Group**, its **stage**, whether the **margins** are clear and whether any **lymph nodes** were involved. We will explain what it means and whether any further treatment is recommended.

## PSA schedule

| WHEN | WHAT HAPPENS | MY DATE |
|---|---|---|
| **About 2 weeks** | Catheter removal (if not already done) and histopathology report review. | _____ |
| **6–12 weeks** | First PSA test. It should fall to an **undetectable** level. Continence and erection review. | _____ |
| **3, 6 and 12 months** | PSA test with clinic review of recovery. | _____ |
| **Years 2–3** | PSA every 6 months. | _____ |
| **Year 3 onwards** | PSA once a year, long term. | _____ |

*Timings follow EAU and NCCN guidance and may be adjusted to your risk level.*

**UNDERSTANDING YOUR PSA AFTER SURGERY**

- After the prostate is removed, PSA should become **undetectable** (usually below 0.1 ng/mL).
- A PSA that rises and is confirmed above **0.2 ng/mL** is called **biochemical recurrence**. It does not mean you are unwell — it often allows early, effective treatment such as radiotherapy.
- Please have your PSA tested at the **same laboratory** each time, and never skip a test because you feel well.

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**MY PERSONAL PLAN** (to be filled in at discharge)

**Date of operation** _____

**Catheter removal date** _____

**Grade Group / stage / margins** _____

**Clot-prevention injections until** _____

**Next PSA due** _____

KEEP LEARNING

## More patient guides

Short, reliable videos and posts on urological cancers, prostate health, kidney stones and more.

SCAN TO FOLLOW

Instagram

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*This leaflet provides general information for patients and families. It does not replace individual medical advice. Your recovery and follow-up may differ depending on your operation, final tissue report and overall health — please follow the advice given to you personally. Content based on current EAU (European Association of Urology) and NCCN (National Comprehensive Cancer Network) guidelines on prostate cancer.*