Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Prostate Surgery

This guide will help you get ready for your prostate surgery at MSK. It will also help you know what to expect as you recover.

Use this guide as a source of information in the days leading up to your surgery. Bring it with you on the day of your surgery. You and your care team will use it as you learn more about your recovery.

Your care team

Doctor: _____

Nurse: _____

Phone number: _____

Fax number: _____

Emergency information

At night (from 5 p.m. to 9 a.m.), on weekends, and on holidays, call 212-639-2000. Ask for the urology surgeon on call.

MSK's Urgent Care Center is located at:

425 East 67th Street (between First and York Avenues)
New York, NY 10065



Visit www.msk.org/pe/prostate-surgery to view this guide online.

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About your prostate surgery

About your prostate

Your **prostate** is a walnut-shaped gland located below your bladder and lies above your rectum (see Figure 1). It surrounds your urethra, which is the tube that carries urine out of your body). Your prostate works with other glands in your body to make semen.

Seminal vesicles are the small glands near your prostate that make the fluid in semen (see Figure 1).

Lymph nodes are small bean-shaped structures found throughout the body. They make and store cells that fight infection.

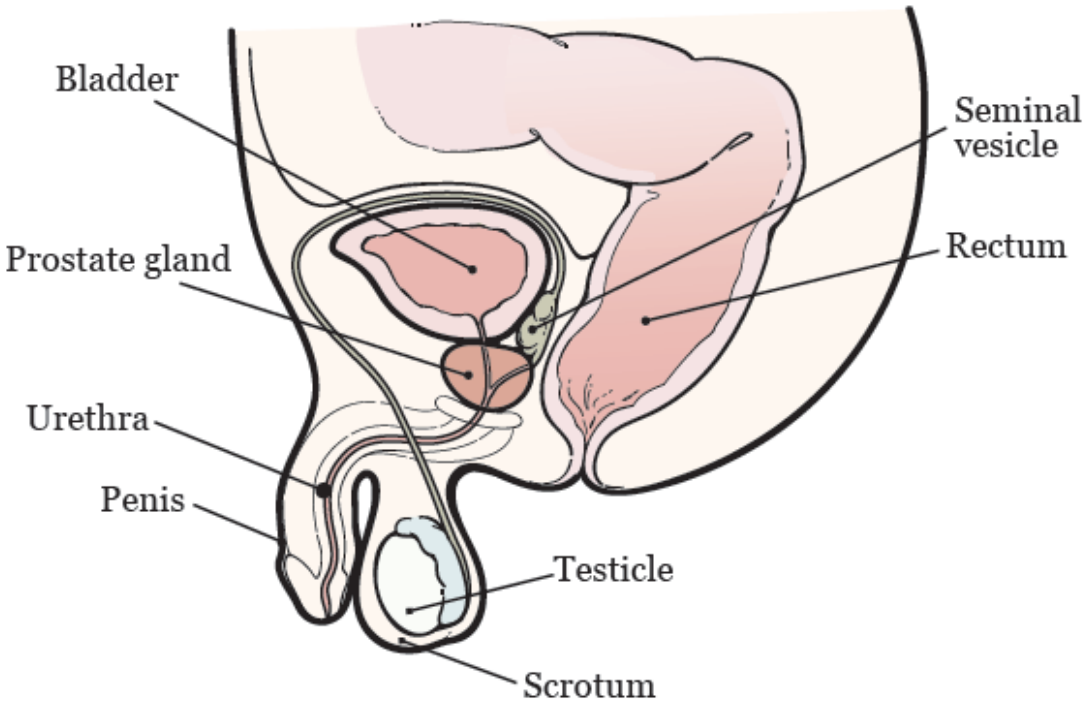


Figure 1. Male reproductive system

About your prostate surgery

Surgery to remove your prostate is called a prostatectomy (PROS-tuh-TEK-toh-mee). This surgery can be done using different techniques. Your surgeon will talk with you about which one is right for you. Depending on the type of surgery you have, your surgeon will make several small incisions (surgical cuts).

Laparoscopic or robotic-assisted radical prostatectomy

A radical prostatectomy is a surgery to remove your entire prostate gland and seminal vesicles. This is the most common technique used to remove the prostate. Your surgeon may also remove some of the lymph nodes in your pelvis. This is done to check if cancer cells have spread from your prostate to other parts of your body.

During a laparoscopic or robotic-assisted radical prostatectomy, your surgeon will make several small incisions in your abdomen (belly) (see Figure 2). They will insert a laparoscope into 1 of the incisions and use gas to expand your abdomen. A laparoscope is a tube-like instrument with a camera.

Your surgeon will insert surgical tools into the other incisions to remove your prostate. They may use a robot to help them use the surgical tools. This is called robotic-assisted laparoscopic prostatectomy. Your surgeon will talk with you about the best surgery option for you.

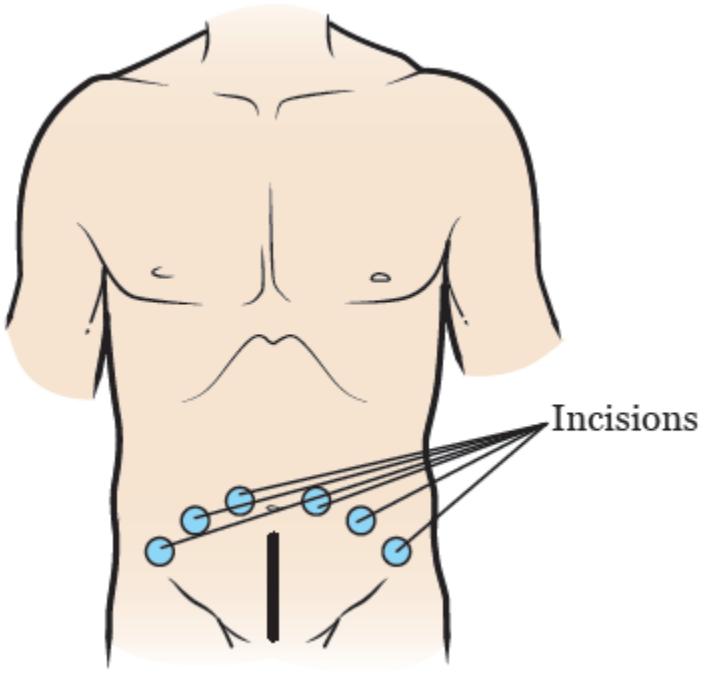


Figure 2. Laparoscopic or robotic-assisted prostatectomy incisions

Before your prostate surgery

This section will help you get ready for your surgery. Read it when your surgery is scheduled. Refer to it as your surgery gets closer. It has important information about what to do to get ready.



As you read this section, write down questions to ask your healthcare provider. You can use the space below.

Notes _____

Getting ready for surgery

You and your care team will work together to get ready for your surgery. Help us keep you safe by telling us if any of these things apply to you, even if you're not sure.

- I take any prescription medicines. A prescription medicine is one you can only get with a prescription from a healthcare provider. Examples include:
    - Medicines you swallow.
    - Medicines you take as an injection (shot).
    - Medicines you inhale (breathe in).
    - Medicines you put on your skin as a patch or cream.
- I take any over-the-counter medicines, including patches and creams. An over-the-counter medicine is one you can buy without a prescription.
- I take any dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have had a problem with anesthesia (A-nes-THEE-zhuh) in the past. Anesthesia is medicine to make you sleep during a surgery or procedure.
- I'm allergic to certain medicines or materials, including latex.
- I'm not willing to receive a blood transfusion.
- I use recreational drugs, such as marijuana.

Always be sure your healthcare providers know all the medicines and supplements you're taking.

You may need to follow special instructions before surgery based on the medicines and supplements you take. If you do not follow those instructions, your surgery may be delayed or canceled.

GLP-1 medicines for weight loss

It's important to tell your healthcare provider if you take a GLP-1 medicine. You will need to follow special eating and drinking instructions before your surgery or procedure. **It is very important to follow these instructions. If you do not follow them, your surgery may be delayed or canceled.**

- **Follow a clear liquid diet the day before your surgery.** Do not eat any solid food. Read *Clear Liquid Diet* to learn more. You can find it at www.msk.org/pe/clear-liquid-diet or ask for a printed copy.
- **Stop drinking 8 hours before your arrival time.** Do not eat or drink anything after this time, including clear liquids. You can have small sips of water with your medicines.

Read *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* to learn more. You can ask for a printed copy or find it at www.msk.org/pe/eat-drink-glp1.

Here are some examples of GLP-1 medicines. There are others, so be sure your care team knows all the medicines you take. Sometimes, these are prescribed to help manage diabetes or other conditions. Other times, they are prescribed for weight loss.

- Semaglutide (Wegovy®, Ozempic®, Rybelsus®)
- Dulaglutide (Trulicity®)
- Tirzepatide (Zepbound®, Mounjaro®)
- Liraglutide (Saxenda®, Victoza®)

About drinking alcohol

It's important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

If you drink alcohol regularly, you may be at risk for problems during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

If you drink alcohol regularly and stop suddenly, it can cause seizures, delirium, and death. If we know you're at risk for these problems, we can prescribe medicine to help prevent them.

Here are things you can do before surgery to keep from having problems.

- Be honest with us about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. Tell us right away if you:
    - Get a headache.
    - Feel nauseous (like you're going to throw up).
    - Feel more anxious (nervous or worried) than usual.
    - Cannot sleep.

  These are early signs of alcohol withdrawal and can be treated.
- Tell us if you cannot stop drinking.
- Ask us questions about drinking and surgery. We will keep all your medical information private, as always.

About smoking

If you smoke or use an electronic smoking device, you can have breathing problems when you have surgery. Vapes and e-cigarettes are examples of electronic smoking devices. Stopping for even a few days before surgery can help prevent breathing problems during and after surgery.

We will refer you to our Tobacco Treatment Program if you smoke. You can also reach the program by calling 212-610-0507. To learn more, visit www.msk.org/tobacco

About sleep apnea

Sleep apnea is a common breathing problem. If you have sleep apnea, you stop breathing for short lengths of time while you're asleep. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes fully blocked during sleep.

OSA can cause serious problems during and after surgery. Tell us if you have or think you might have sleep apnea. If you use a breathing device, such as a CPAP machine, bring it on the day of your surgery.

Using MSK MyChart

MSK MyChart (mskmychart.mskcc.org) is MSK's patient portal. You can use it to send and read messages from your care team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to make their own account so they can see information about your care.

If you do not have an MSK MyChart account, you can sign up at mskmychart.mskcc.org. You can also ask a member of your care team to send you an invitation.

If you need help with your account, call the MSK MyChart Help Desk at 646-227-2593. They are available Monday through Friday between 9 a.m. and 5 p.m. (Eastern time).

Ask about medicines

We recommend taking medicine to help you get an erection. This is to promote blood flow to your penis to keep these tissues healthy.

Most insurance companies, including Medicare, do not cover sildenafil citrate (Viagra®) or tadalafil (Cialis®) prescriptions. Check with your insurance provider before surgery to see what your policy covers. If these medicines are not covered, affordable options may be available. Work with your doctor and nurse to get this process started before your surgery.

Within 30 days of your surgery

Presurgical testing (PST)

You'll have a PST appointment before your surgery. You'll get a reminder from your surgeon's office with the appointment date, time, and location.

You can eat and take your usual medicine(s) the day of your appointment.

It's helpful to bring these things to your appointment:

- A list of all the medicines you're taking, including prescription and over-the-counter medicines, patches, and creams.
- Results of any medical tests done outside of MSK in the past year, if you have them. Examples include results from a cardiac stress test, echocardiogram, or carotid doppler study.
- The names and telephone numbers of your healthcare providers.

You'll meet with an advance practice provider (APP) during your PST appointment. They work closely with MSK's anesthesiology (A-nes-THEE-zee-AH-loh-jee) staff. These are doctors with special training in using anesthesia during a surgery or procedure.

Your APP will review your medical and surgical history with you. You may have tests to plan your care, such as:

- An electrocardiogram (EKG) to check your heart rhythm.
- A chest X-ray.
- Blood tests.

Your APP may recommend you see other healthcare providers. They'll also talk with you about which medicine(s) to take the morning of your surgery.

You may also have urine tests to help plan your care.

Identify your caregiver

Your caregiver has an important role in your care. Before your surgery, you and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver will take you home when you're discharged. They'll also help you care for yourself at home.



For caregivers

Caring for a person going through cancer treatment comes with many responsibilities. We offer resources and support to help you manage them.

Visit www.msk.org/caregivers or read *A Guide for Caregivers* to learn more. You can ask for a printed copy or find it at www.msk.org/pe/guide-caregivers

Fill out a Health Care Proxy form

If you have not already filled out a Health Care Proxy form, we recommend you do now. If you already filled one out or have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document. It says who will speak for you if you can't communicate for yourself. This person is called your health care agent.

- To learn about health care proxies and other advance directives, read *Advance Care Planning for Cancer Patients and Their Loved Ones*. You can find it at www.msk.org/pe/advance-care-planning or ask for a printed copy.
- To learn about being a health care agent, read *How to Be a Health Care Agent*. You can find it at www.msk.org/pe/health-care-agent or ask for a printed copy.

Talk with a member of your care team if you have questions about filling out a Health Care Proxy form.

Sperm banking

This surgery will make you infertile. While you will still be able to have an orgasm, you will not be able to have biological children. You should consider sperm banking before your surgery. Ask your nurse to tell you more about this process.

To learn more, read *Building Your Family After Cancer Treatment: For People Born With Testicles* (www.msk.org/pe/building-family-born-testicles) and *Sperm Banking* (www.msk.org/pe/sperm-banking). You can find them online or ask for printed copies.

Male Sexual and Reproductive Medicine Program

Most people will have difficulty achieving an erection right after surgery. Consider making an appointment with an expert to discuss the effects of this surgery on your sexual health. You can reach MSK's Male Sexual and Reproductive Medicine Program by calling 646-888-6024.

Do breathing and coughing exercises

Practice taking deep breaths and coughing before your surgery. We will give you an incentive spirometer to help expand your lungs. To learn more, read *How to Use Your Incentive Spirometer*. You can find it in the "Educational resources" section of this guide.

Do physical activity

Doing physical activity will help your body get into its best condition for your surgery. It will also make your recovery faster and easier.

Try to do physical activity every day. Any activity that makes your heart beat faster, such as walking, swimming, or biking, is a good choice. If it's cold outside, use stairs in your home or go to a mall or shopping center.

Follow a healthy diet

Follow a well-balanced, healthy diet before your surgery. If you need help with your diet, talk with your healthcare provider about meeting with a clinical dietitian nutritionist.

Do pelvic floor muscle (Kegel) exercises

These exercises will strengthen the muscles that will be weakened from the surgery. Practice Kegel exercises before your surgery, so that you'll know how it should feel. To learn more, read *Pelvic Floor Muscle (Kegel) Exercises for Males*. You can find it in the "Educational Resources" section of this guide.



Do not do pelvic floor muscle (Kegel) exercises while you have a Foley catheter in place.

Buy a 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser, such as Hibiclens®

4% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. You can buy a 4% CHG solution antiseptic skin cleanser at your local pharmacy without a prescription.

Buy a saline enema, such as a Fleet® saline enema

You also need to buy a saline enema for your bowel preparation. You can buy this at your local pharmacy without a prescription.

7 days before your surgery

Follow your healthcare provider's instructions for taking aspirin

Aspirin can cause bleeding. If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless they tell you to.**

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the "Educational resources" section of this guide.

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements

Vitamin E, multivitamins, herbal remedies, and other dietary supplements can cause bleeding. Stop taking them 7 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *Herbal Remedies and Cancer Treatment*. You can find it in the "Educational resources" section of this guide.

2 days before your surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), can cause bleeding. Stop taking them 2 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the "Educational resources" section of this guide.

1 day before your surgery

Follow a light diet

Follow a light diet the day before your surgery. A light diet includes things such as a small sandwich, eggs, toast, crackers, or soup. Limit the amount of dairy products you eat and drink. Avoid fried foods and foods with a lot of seasoning.

Do your bowel preparation

The night before your surgery, give yourself a saline enema. Follow the instructions on the box.

Note the time of your surgery

A staff member will call you after 2 p.m. the day before your surgery. If your surgery is scheduled for a Monday, they'll call you the Friday before. If you do not get a call by 7 p.m., call 212-639-5014.

The staff member will tell you what time to get to the hospital for your surgery. They'll also remind you where to go. This will be one of these locations:

- ☐ The Josie Robertson Surgery Center (JRSC)
  1133 York Ave. (between East 61st and East 62nd streets)
- ☐ The Presurgical Center (PSC) at Memorial Hospital on the 6th floor
  1275 York Ave. (between East 67th and East 68th streets)

Visit www.msk.org/parking for parking information and directions to all MSK locations.

Shower with a 4% CHG solution antiseptic skin cleanser, such as Hibiclens

Shower with a 4% CHG solution antiseptic skin cleanser before you go to bed the night before your surgery.

1. Wash your hair with your usual shampoo and conditioner. Rinse your head well.
2. Wash your face and genital (groin) area with your usual soap. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Do not put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel.

Do not put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Instructions for eating

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.msk.org/pe/eat-drink-glp1) instead.



Stop eating at midnight (12 a.m.) the night before your surgery. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery.

The day of your surgery

Instructions for drinking

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.msk.org/pe/eat-drink-glp1) instead.

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
  - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
  - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It will be easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgery, so drink if you are thirsty. Do not drink more than you need. You will get intravenous (IV) fluids during your surgery.



Stop drinking 2 hours before your arrival time. This includes water.

Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.

Take your medicines as instructed

A member of your care team will tell you which medicines to take the morning of your surgery. Take only those medicines with a sip of water. Depending on what you usually take, this may be all, some, or none of your usual morning medicines.

Shower with a 4% CHG solution antiseptic skin cleanser, such as Hibiclens

Shower with a 4% CHG solution antiseptic skin cleanser before you leave for the hospital. Use it the same way you did the night before. Do not put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Things to remember

- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Do not wear any metal objects. Take off all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.
- Leave valuable items at home.

What to bring

- A pair of loose-fitting pants, such as sweatpants.
- Brief-style underwear that is 1 to 2 sizes bigger than you usually wear.
- Sneakers that lace up. You may have some swelling in your feet after surgery.
- Your breathing device for sleep apnea (such as your CPAP machine), if you have one.
- Your incentive spirometer, if you have one.
- Your Health Care Proxy form and other advance directives, if you filled them out.
- Your cell phone and charger.
- Only the money you may want for small purchases, such as a newspaper.
- A case for your personal items, if you have any. Eyeglasses, hearing aids, dentures, prosthetic devices, wigs, and religious articles are examples of personal items.
- This guide. You'll use it to learn how to care for yourself after surgery.

Once you're in the hospital

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or a similar name may be having surgery on the same day.

We'll give you a hospital gown, robe, and nonskid socks to wear when it's time to change for surgery.

Meet with a nurse

You'll meet with a nurse before surgery. Tell them the dose of any medicines you took after midnight (12 a.m.) and the time you took them. Make sure to include prescription and over-the-counter medicines, patches, and creams.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse does not place the IV, your anesthesiologist (A-nes-THEE-zee-AH-loh-jist) will do it in the operating room.

Meet with an anesthesiologist

You'll also meet with an anesthesiologist before surgery. They will:

- Review your medical history with you.
- Ask if you've had any problems with anesthesia in the past, such as nausea or pain.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you'll get.
- Answer your questions about your anesthesia.

Get ready for surgery

When it's time for your surgery, you'll take off your eyeglasses, hearing aids, dentures, prosthetic devices, wig, and religious articles.

You'll either walk into the operating room or a staff member will bring you there on a stretcher. A member of the operating room team will help you onto the operating bed. They'll put compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

Once you're comfortable, your anesthesiologist will give you anesthesia through your IV line and you'll fall asleep. You'll also get fluids through your IV line during and after your surgery.

During your surgery

After you're fully asleep, your care team will place a breathing tube through your mouth into your airway. It will help you breathe. They'll also place a urinary (Foley) catheter in your bladder. It will drain your urine (pee) during your surgery.

Your surgeon will close your incisions with sutures (stitches) once they finish your surgery. They may also place Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. They'll cover your incisions with a bandage.

Your care team will usually take out your breathing tube while you're still in the operating room.

After your prostate surgery

This section will help you know what to expect after your surgery. You'll learn how to safely recover from your surgery both in the hospital and at home.



As you read this section, write down questions to ask your healthcare provider. You can use the space below.

Notes _____

In the hospital

When you wake up after your surgery, you'll be in the Post Anesthesia Care Unit (PACU) or recovery room. A nurse will be keeping track of your temperature, pulse, blood pressure, and oxygen levels. You may get oxygen through a tube resting below your nose or a mask over your nose and mouth. You'll also have compression boots on your lower legs.

If you are in a hospital room, you'll meet one of the nurses who will care for you during your stay. A nurse will help you out of bed and into your chair soon after you get there.

Your care team will teach you how to care for yourself while you're healing from your surgery.

You will have a urinary catheter in your bladder (see Figure 3). This is to keep track of how much urine you're making. You may also have a Jackson Pratt (JP) drain to draw out fluid that collects under your incisions.

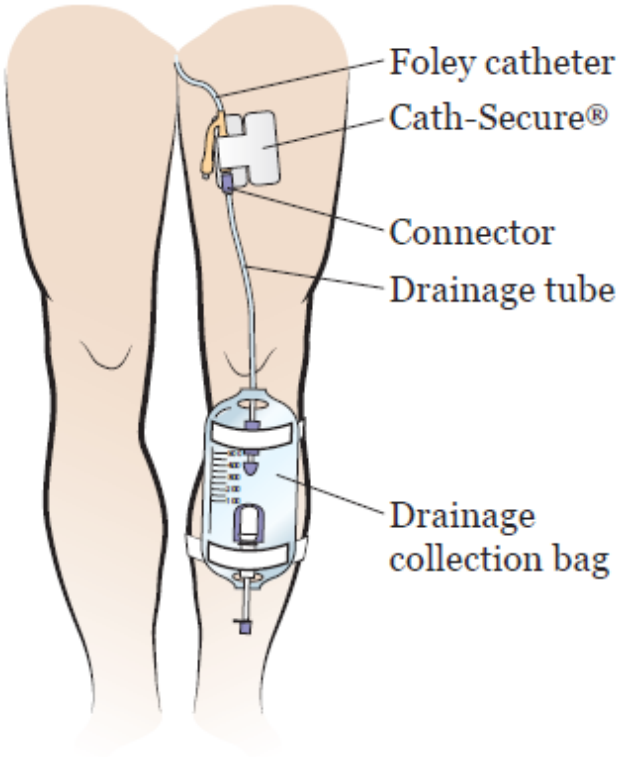


Figure 3. Urinary (Foley) catheter

You'll still have the urinary catheter when you go home. Your nurse will teach you how to care for it and will give you supplies to take home. Your healthcare provider will usually remove the catheter 7 to 14 days after your surgery.

You may have blood, stringy pieces of tissue, and blood clots in your urine while you have your catheter in. This is normal. It happens because the incisions inside your body are healing and the scabs are coming off. Drink 1 (8-ounce) cup of water every hour while you're awake to help pass the blood.

You may also have blood or urine leaking from the tip of your penis around the catheter when you're walking or having a bowel movement (poop). As long as you're seeing urine draining into your drainage bag, this is normal. If you don't see urine in your drainage bag, call your healthcare provider.

Taking care of your catheter is a big part of taking care of yourself after surgery. Keep the tip of your penis clean and dry. Apply the lubricating gel your nurse gave you around the tip of your penis. This will prevent irritation.

To learn more, read *About Your Urinary (Foley) Catheter: How To Clean and Care for It.* You can find it in the "Educational resources" section of this guide.

Pain medicine

If you're getting IV pain medicine, it will be put into your bloodstream through your IV line.

Your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

- You will be encouraged to walk with the help of your nurse or physical therapist. We will give you medicine to relieve pain. Walking helps reduce the risk for blood clots and pneumonia. It also helps to stimulate your bowels so they start working again.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. To learn more, read *How to Use Your Incentive Spirometer*. You can find it in the "Educational Resources" section of this guide.

Managing your pain

You'll have some pain after your surgery. Common pain after prostate surgery includes:

- Pain in your abdomen around your incisions.
- Gas pains.
- Pain in another part of your body, such as your back and shoulders.
- Pressure in your rectum, as if you need to have a bowel movement. The prostate gland lies just above the rectum, so this feeling is common. This will go away with time.

We will ask you about your pain often and give you medicine as needed. Tell one of your healthcare providers if your pain is not relieved. It's important to control your pain so you can use your incentive spirometer and move around. Controlling your pain can help you recover faster.

Gas pain

If you had laparoscopic or robotic-assisted laparoscopic surgery, you may have pain in your shoulder. This is called referred pain and is common. It's caused by the gas that was put into your abdomen during your surgery. This will go away after a few days.

If you have pain in your shoulder, tell one of your healthcare providers. They'll bring you a hot pack to put on your shoulder to help with the pain. Walking around will help your body absorb the gas faster and reduce your pain.

You'll get a prescription for pain medicine before you leave the hospital. Talk with your healthcare provider about possible side effects. Ask them when to start switching to over-the-counter pain medicine.

Bladder spasms

You may have bladder spasms after surgery. These can feel like sudden and intense cramping pains in your lower abdomen and penis. You may also feel an urgent need to urinate (pee). These spasms get better with time.

Bruising
You will have some bruising on your abdomen, upper thighs, penis, and scrotum. This will go away within 1 to 2 weeks after your surgery.

Bloating
You may have bloating in your abdomen for several days. Walking can help relieve gas and bloating. Avoid carbonated (fizzy) drinks until you start to pass gas.

Moving around and walking
Moving around and walking will help lower your risk for blood clots and pneumonia (lung infection). It will also help you start passing gas and having bowel movements (pooping) again. Your nurse, physical therapist, or occupational therapist will help you move around, if needed.

To learn more about how walking can help you recover, read *Frequently Asked Questions About Walking After Your Surgery*. You can find it at www.msk.org/pe/walking-after-surgery or ask for a printed copy.

To learn what you can do to stay safe and keep from falling while you're in the hospital, read *Call! Don't Fall!* You can ask for a printed copy or find it at www.msk.org/pe/call-dont-fall

Exercising your lungs
It's important to exercise your lungs so they expand fully. This helps prevent pneumonia.

- Use your incentive spirometer 10 times every hour you're awake. Read *How to Use Your Incentive Spirometer* to learn more. You can find it in the "Educational resources" section of this guide.
- Do coughing and deep breathing exercises. A member of your care team will teach you how.

Eating and drinking
There are no dietary restrictions after surgery. You can eat or drink whatever you like, but your appetite may not be very good. This may last a few days. It may be helpful to snack rather than have a full meal.

Do not force yourself to eat or drink if you're not hungry or thirsty. Eat only if you're hungry. Do not eat if you're not hungry.

If you have questions about your diet, ask to see a clinical dietitian nutritionist.

Caring for your tubes and drains
You will go home with a urinary (Foley) catheter). Taking care of your catheter is a big part of taking care of yourself after surgery. Keep the tip of your penis clean and dry. Apply the lubricating gel your nurse gave you around the tip of your penis. This will prevent irritation.

To learn more, read *About Your Urinary (Foley) Catheter: How To Clean and Care for It*. You can find it in the "Educational resources" section of this guide.

It's helpful if your caregiver also learns how to care for your catheter. This will make it easier for them to help you care for yourself at home.

Showering

You can shower 24 hours after your surgery. Taking a warm shower is relaxing and can help decrease muscle aches. Do not take tub baths until you talk with your doctor at the first appointment after your surgery.

Use soap when you shower and gently wash your incision. Pat the areas dry with a towel after showering, and leave your incision uncovered (unless there is drainage). Call your doctor if you see any redness or drainage from your incision.

Leaving the hospital

Before you leave, look at your incision with one of your healthcare providers. Knowing what it looks like will help you notice any changes later.

On the day of your discharge, plan to leave the hospital around 11 a.m. Your healthcare provider will write your discharge order and prescriptions before you leave. You'll also get written discharge instructions. One of your healthcare providers will review them with you before you leave.

If your ride isn't at the hospital when you're ready to leave, you may be able to wait in the Patient Transition Lounge. A member of your care team will give you more information.

Getting your pathology results

Your surgeon will receive your results 10 to 14 business days after your surgery. If you don't receive a phone call after 14 business days, call your surgeon's office. Talk to your doctor about:

- Your final pathology report.
- Your PSA results.
- Any problems with your recovery.
- Any other treatment that you may need.

At home

Read *What You Can Do to Avoid Falling* to learn what you can do to keep from falling at home and during your appointments at MSK. You can find it at www.msk.org/pe/avoid-falling or ask for a printed copy.

Filling out your Recovery Tracker

We want to know how you're feeling after you leave the hospital. To help us care for you, we'll send questions to your MSK MyChart account. We'll send them every day for 10 days after you're discharged. These questions are known as your Recovery Tracker.

Fill out your Recovery Tracker every day before midnight (12 a.m.). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you're feeling and what you need.

Based on your answers, we may reach out to you for more information. Sometimes, we may ask you to call your surgeon's office. You can always contact your surgeon's office if you have any questions.

To learn more, read *Common Questions About MSK's Recovery Tracker.* You can find it at www.msk.org/pe/recovery-tracker or ask for a printed copy.

Managing your pain

People have pain or discomfort for different lengths of time. You may still have some pain when you go home and will probably be taking pain medicine. Some people have soreness, tightness, or muscle aches around their incision for 6 months or longer. This doesn't mean something is wrong.

Follow these guidelines to help manage your pain at home.

- Take your medicines as directed and as needed.
- Call your healthcare provider if the medicine prescribed for you does not help your pain.
- Do not drive or drink alcohol while you're taking prescription pain medicine. Some prescription pain medicines can make you drowsy (very sleepy). Alcohol can make the drowsiness worse.
- You'll have less pain and need less pain medicine as your incision heals. An over-the-counter pain reliever will help with aches and discomfort. Acetaminophen (Tylenol®) and ibuprofen (Advil or Motrin) are examples of over-the-counter pain relievers.
    - Follow your healthcare provider's instructions for stopping your prescription pain medicine.
    - Do not take too much of any medicine. Follow the instructions on the label or from your healthcare provider.
    - Read the labels on all the medicines you're taking. This is very important if you're taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medicines. Taking too much can harm your liver. Do not take more than one medicine that has acetaminophen without talking with a member of your care team.
- Pain medicine should help you get back to your usual activities. Take enough to do your activities and exercises comfortably. You may have a little more pain as you start to be more active.
- Keep track of when you take your pain medicine. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medicines, such as opioids, may cause constipation. Constipation is when you poop less often than usual, have a harder time pooping, or both.

Preventing and managing constipation

Talk with your healthcare provider about how to prevent and manage constipation. You can also follow these guidelines.

- Go to the bathroom at the same time every day. Your body will get used to going at that time. But if you feel like you need to go, don't put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That's when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is a great type of exercise that can help prevent and manage constipation.
- Drink 8 to 10 (8-ounce) cups (2 liters) of liquids daily, if you can. Choose water, juices (such as prune juice), soups, and milkshakes. Limit liquids with caffeine, such as coffee and soda. Caffeine can pull fluid out of your body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Unpeeled fruits and vegetables, whole grains, and cereals contain fiber. Both over-the-counter and prescription medicines can treat constipation. Ask your healthcare provider before taking any medicine for constipation. Follow the instructions on the label or from your healthcare provider. Examples of over-the-counter medicines for constipation are:
    - Docusate sodium (Colace®). This is a stool softener (medicine that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Do not take it with mineral oil.
    - Polyethylene glycol (MiraLAX®). This is a laxative (medicine that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of a liquid. Only take it if you're already constipated.
    - Senna (Senokot®). This is a stimulant laxative, which can cause cramping. It's best to take it at bedtime. Only take it if you're already constipated.

  If any of these medicines cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if you need to.

You may not have a bowel movement for up to 5 days after your surgery. This is normal. If you're passing gas and haven't had a bowel movement by the second evening you're home from the hospital, take MiraLAX. Do this until your bowel movements are back to normal. Call your healthcare provider if you haven't had gas in 2 days, or a bowel movement in 4 days.

Do not use an enema or a suppository for at least 6 weeks after your surgery.

Caring for your incision

The location of your incision will depend on the type of surgery you had.

It's normal for the skin below your incision to feel numb. This happens because some of your nerves were cut during your surgery. The numbness will go away over time.

Look at your incision with your nurse before you leave the hospital, so you know what it looks like. By the time you're ready to leave the hospital, your incision will have started to heal. If any liquid is draining from your incision, write down the amount and color. Call your doctor's office and talk with the nurse about any drainage from your incision.

Call your healthcare provider's office if:

- The skin around your incision is very red or getting more red.
- The skin around your incision is warmer than usual.
- The area around your incision is starting to swell or getting more swollen.
- You see drainage that looks like pus (thick and milky).

Change your bandages at least once a day and more often if they get wet with drainage. When there is no longer any drainage coming from your incision, you can leave them uncovered.

If you go home with Steri-Strips on your incision, they will loosen and fall off by themselves. You can take them off if they haven't fallen off within 10 days.

If you go home with glue over your sutures, it will loosen and peel off on its own. Do not pick at the glue or try to peel it off.

Reducing swelling in your penis and scrotum

You will have swelling and bruising of your penis and scrotum. Your scrotum may get as big as a grapefruit. This is normal and will gradually go away. You can help reduce the swelling by raising your scrotum on a rolled towel while you're sitting or lying down. It also helps to wear brief style underwear instead of boxer shorts.

Caring for your uncircumcised penis

After your surgery, you might pull your foreskin (the loose skin that covers the head of your penis) back to clean or lubricate the tip of your penis. **Always put your foreskin back over the head of your penis after cleaning or lubricating.**

If you leave your foreskin pulled back, it can get stuck behind the head of your penis and keep blood from flowing through your penis. Putting it back over the head of your penis will prevent serious problems.

Controlling your urine

You may have trouble controlling your urine after your catheter is removed. This is because the muscles that hold urine in your bladder will be weak.

Other reasons you may have urinary leakage include:

- Your bladder is full.
- You're tired.
- You drink alcohol or drinks that have caffeine.

It may take several months to get back full control of your bladder.

Once your catheter is removed, you can do exercises to strengthen your muscles. These are the pelvic floor muscle (Kegel) exercises you practiced before your surgery.

You may have some leakage when you strain, cough, or lift things. This is called stress incontinence.

At first, you may notice that your bladder control is better at night. This is because there is less pressure on your bladder when you're lying down. For the first few months after your surgery, you may feel the urge to urinate often. Your bladder will take time to expand after your catheter has kept it empty.

For most people, urinary control will not be a problem. Your muscle strength will continue to improve for up to 12 months after surgery. Talk with your surgeon if you're having problems controlling your urine after 12 months. Surgical procedures such as a urethral sling or an artificial urinary sphincter may help. Visit the National Association for Continence website www.nafc.org to learn more.



Call your doctor right away if:

- **You have severe (very bad) pain in your lower abdomen when you urinate.**
- **You cannot urinate.**

They may need to have the catheter put back in.

Eating and drinking

The first few days after your surgery, you should have light foods, such as a sandwich, yogurt, soup, and liquids. Avoid foods that can cause gas, such as beans, broccoli, onions, cabbage, and cauliflower. Do this until you have your first bowel movement. Once you have your first bowel movement, you can go back to your regular diet, as tolerated.

Drink plenty of liquids while your catheter is in place after your surgery. Soups and broth are good choices until you your appetite comes back.

Physical activity and exercise

Your incision may look like it's healed on the outside when you leave the hospital. It will not be healed on the inside. For 1 month after your surgery:

- Do not lift anything heavier than 10 pounds (4.5 kilograms).
- Do not do any high-energy activities, such as jogging and tennis.
- Do not play any contact sports, such as football.

Doing physical activity, such as walking and stair climbing, will help you gain strength and feel better. Try to get 20 to 30 minutes of physical activity at least 2 to 3 times a day. For example, you can walk outside or indoors at your local mall or shopping center.

It's common to have less energy than usual after surgery. Recovery time is different for everyone. Do more activity each day as much as you can. Always balance activity periods with rest periods. Rest is an important part of your recovery.

Sexual activity

You may resume sexual activity after your urinary catheter is removed.

Driving

Ask your healthcare provider when you can drive. Most people can start driving again once their catheter is removed. Do not drive while you're taking pain medicine that may make you drowsy.

You can ride in a car as a passenger at any time after you leave the hospital.

Do not ride on a bicycle or motorcycle for at least one month after your surgery.

Going back to work

Talk with your healthcare provider about your job. They'll tell you when it may be safe for you to start working again based on what you do.

Most people can go back to work about 2 to 4 weeks after surgery. If you move around a lot or lift heavy objects, you may need to stay out a little longer. You may be comfortable with desk or office work once your catheter is taken out.

Traveling

You can travel as you normally would after surgery.

You are at higher risk for a blood clot for about 3 months after surgery. Remember to stay active. Flex your ankles and knees if you need to sit for a while during travel.

Managing your feelings

You may have new and upsetting feelings after a surgery for a serious illness. Many people say they felt weepy, sad, worried, nervous, irritable, or angry at one time or another. You may find that you cannot control some of these feelings. If this happens, it's a good idea to seek emotional support. Your healthcare provider can refer you to MSK's Counseling Center. You can also reach them by calling 646-888-0200.

The first step in coping is to talk about how you feel. Family and friends can help. We can also reassure, support, and guide you. It's always a good idea to let us know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family. We're here to help you and your family and friends handle the emotional aspects of your illness. We can help no matter if you're in the hospital or at home.

Drink less liquid

After your catheter is removed, drink less liquid than you would normally drink each day. You should drink 4 to 6 (8-ounce) cups of liquid every day.

- Limit the amount of liquids you drink after 7 p.m. and empty your bladder before you go to bed. This might prevent your having to get up at night.
- Limit how much alcohol and caffeinated liquids you drink if you're having a lot of urine leakage.
- Speak with your healthcare provider before you resume your Kegel exercises.

Getting an erection

Erectile dysfunction, usually called ED, means not being able to get an erection. It will take time for your erectile function to recover after your prostate surgery. This can take weeks to months.

In the first few weeks after having your catheter removed, you may not be able to get erections hard enough for sex. This can happen even if you take medicine, such as sildenafil citrate (Viagra). Your healthcare team will talk with you about your options to try to improve your ability to get an erection.

Options for treating ED

We recommend taking medicine for ED every day. This is to promote blood flow to your penis to keep these tissues healthy.

Many insurance companies do not cover sildenafil citrate (Viagra) prescriptions. Check with your insurance provider before surgery to see what your policy covers.

Your doctor or nurse will give you information about your medicine plan. Keep following this plan until your see your surgeon during your post-operative (post-op) visit.

Your plan may be one of the following:

Medicine	Normal dose	Challenge dose
Sildenafil citrate (Viagra) 100 mg pills	Take 1 (25 mg) pill 6 nights a week. To make the 25 mg dose, split a 100 mg pill into 4 pieces. Use a pill cutter from your local drug store.	Take 1 (100 mg) pill 1 night per week. This is a total of 100 mg.
Sildenafil citrate (generic) 20 mg pills	Take 1 (20 mg) pill 6 nights a week.	Take 5 (20 mg) pills 1 night a week. This is a total of 100 mg.
Sildenafil citrate (generic) 25 mg pills	Take 1 (25 mg) pill 6 nights a week.	Take 4 (25mg) pills 1 night a week. This is a total of 100mg.
Tadalafil (Cialis) 20 mg pills	Take 1 (20 mg) pill every other day.	Do not take a challenge dose. A 20 mg dose is the highest dose you should take.
Tadalafil (Cialis) 5 mg pills	Take 1 (5mg) pill 6 nights a week.	Take 4 (5 mg) pills 1 night a week. This is a total of 20 mg.

About the challenge dose

- When you take the challenge dose, take the medicine on an empty stomach. Take it about 2 hours before your evening meal.
- The medicine takes 30 to 60 minutes to start working. It will last in your system for up to 8 hours. At any time during these 8 hours, try to become sexually aroused through contact with a partner or yourself. Write down what happened and tell your doctor during your next visit.
- If you haven't had any response after trying the challenge dose for 4 weeks, call your doctor's office. Your doctor may refer you to our Sexual Medicine team.

What to do if the pills aren't working

You may not be able to get erections hard enough for sex right away, even with pills like Viagra. This will take time. Taking prescribed medicine can help improve your ability to get an erection, but this may not work for everyone.

If the medicine isn't working for you, there are other things you can do to get an erection.

To learn more about other treatment options for erectile dysfunction, talk with our Male Sexual and Reproductive Medicine Program. Call 646-888-6024 to make an appointment.

Follow-up care

You will need to have prostate-specific antigen (PSA) blood tests done after your surgery. PSA is a normal protein made by your prostate gland. PSA levels typically increase when cancer is present. If the cancer has been completely removed, the PSA level should not be detectable.

- Have a PSA blood test done at the following times:
    - 6 to 8 weeks after surgery Date: _____
    - 3 to 6 months after surgery Date: _____
    - 12 months after surgery Date: _____
- Starting 12 months after your surgery, have a PSA blood test done every 6 months. Do this until 5 years following your surgery.
- Starting 5 years after your surgery, have a PSA blood test done every 12 months. Do this for life.
- Your doctor may ask you to have PSA blood tests done more often. If they do, your nurse will give you more information.

If possible, have your PSA blood test done at a MSK location. If you can't have it done at a MSK location, you can go to a medical office closer to where you live. Have the results faxed to your MSK doctor's office.

MSK doctor: _____

Fax number: _____

Continuing follow-up care at MSK

Our Survivorship Program offers comprehensive follow-up care for people who were treated for prostate cancer at MSK. Your doctor will help you decide when you're ready for this step. The program will help support you as you recover from the physical and emotional effects of prostate cancer. It will also watch for any signs of the cancer coming back.

An APP will work closely with your doctor and will be responsible for your care. The APP is a member of the prostate cancer treatment team at MSK. They are an expert in the care of cancer survivors. They will:

- Look for signs of the cancer coming back.
- Manage any effects of treatment, such as pain and fatigue (feeling more tired or weak than usual).
- Recommend screening tests for other cancers.
- Provide counseling about living a healthy lifestyle, such as diet, exercise, and quitting smoking.

During visits with your APP, you will:

- Talk with you about your medical history.
- Do a physical exam.
- Order tests, such as x-rays, scans, and blood tests.
- Make referrals to other healthcare providers, if needed.
- Prescribe medicine, if needed.

Talk with your doctor or nurse or visit our Survivorship Center online at www.msk.org/survivorship to learn more about our Survivorship program.

When to call your healthcare provider



Call your healthcare provider right away if:

- You have a fever of 101° F (38.3° C) or higher.
- You have severe pain in your lower abdomen (belly) when you're urinating.
- You cannot urinate.
- You have swelling or tenderness in your calves or thighs, especially if 1 leg is more swollen than the other.
- You become short of breath or are coughing up blood.

Contact information

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call.

If you're not sure how to reach your healthcare provider, call 212-639-2000.

Support services

This section has a list of support services. They may help you as you get ready for your surgery and recover after your surgery.



As you read this section, write down questions to ask your healthcare provider. You can use the space below.

Notes _____

MSK support services

Admitting Office
212-639-7606
Call if you have questions about your hospital admission, such as asking for a private room.

Anesthesia
212-639-6840
Call if you have questions about anesthesia.

Blood Donor Room
212-639-7643
Call for information if you're interested in donating blood or platelets.

Bobst International Center
www.msk.org/international
888-675-7722
We welcome patients from around the world and offer many services to help. If you're an international patient, call for help arranging your care.

Counseling Center
www.msk.org/counseling
646-888-0200
Many people find that counseling helps them. Our Counseling Center offers counseling for individuals, couples, families, and groups. We can also prescribe medicine to help if you feel anxious or depressed. Ask a member of your care team for a referral or call the number above to make an appointment.

Food Pantry Program
646-888-8055
We give food to people in need during their cancer treatment. Talk with a member of your care team or call the number above to learn more.

Integrative Medicine and Wellness Service
www.msk.org/integrativemedicine
Our Integrative Medicine and Wellness Service offers many services to complement (go along with) traditional medical care. For example, we offer music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy. Call 646-449-1010 to make an appointment for these services.

You can also schedule a consultation with a healthcare provider in the Integrative Medicine and Wellness Service. They'll work with you to make a plan for creating a healthy lifestyle and managing side effects. Call 646-608-8550 to make an appointment for a consultation.

MSK Library
library.mskcc.org
You can visit our library website or email asklibrarian@mskcc.org to talk with the library reference staff. They can help you find more information about a type of cancer. You can also visit libguides.mskcc.org/patienteducation to see the library's Patient Education Resource Guide.

Nutrition Services
www.msk.org/nutrition
212-639-7312
Our Nutrition Service offers nutritional counseling with one of our clinical dietitian nutritionists. Your clinical dietitian nutritionist will talk with you about your eating habits. They can also give advice on what to eat during and after treatment. Ask a member of your care team for a referral or call the number above to make an appointment.

Patient and Community Education
www.msk.org/pe
Visit our patient and community education website to search for educational resources, videos, and online programs.

Patient Billing
646-227-3378
Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office
212-639-7202
Call if you have questions about the Health Care Proxy form or concerns about your care.

Perioperative Nurse Liaison
212-639-5935
Call if you have questions about MSK releasing any information while you're having surgery.

Private Duty Nurses and Companions
646-357-9272
You can request private nurses or companions to care for you in the hospital and at home. Call to learn more.

Rehabilitation Services
www.msk.org/rehabilitation
Cancers and cancer treatments can make your body feel weak, stiff, or tight. Some can cause lymphedema (swelling). Our physiatrists (rehabilitation medicine doctors), occupational therapists (OTs), and physical therapists (PTs) can help you get back to your usual activities.

- **Rehabilitation medicine doctors** diagnose and treat problems that affect how you move and do activities. They can design and help coordinate your rehabilitation therapy program, either at MSK or somewhere closer to home. Call Rehabilitation Medicine (Physiatry) at 646-888-1929 to learn more.
- An **OT** can help if you're having trouble doing usual daily activities. For example, they can recommend tools to help make daily tasks easier. A **PT** can teach you exercises to help build strength and flexibility. Call Rehabilitation Therapy at 646-888-1900 to learn more.

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care does not end after your treatment. The RLAC Program is for patients and their families who have finished treatment.

This program has many services. We offer seminars, workshops, support groups, and counseling on life after treatment. We can also help with insurance and employment issues.

Sexual Health Programs
Cancer and cancer treatments can affect your sexual health, fertility, or both. MSK's sexual health programs can help you before, during, or after your treatment.

- Our **Female Sexual Medicine and Women's Health Program** can help with sexual health problems such as premature menopause or fertility issues. Ask a member of your MSK care team for a referral or call 646-888-5076 to learn more.
- Our **Male Sexual and Reproductive Medicine Program** can help with sexual health problems such as erectile dysfunction (ED). Ask a member of your care team for a referral or call 646-888-6024 to learn more.

Social Work
www.msk.org/socialwork
212-639-7020
Social workers help patients, families, and friends deal with common issues for people who have cancer. They provide individual counseling and support groups throughout your treatment. They can help you communicate with children and other family members.

Our social workers can also help refer you to community agencies and programs. If you're having trouble paying your bills, they also have information about financial resources. Call the number above to learn more.

Spiritual Care
212-639-5982
Our chaplains (spiritual counselors) are available to listen, help support family members, and pray. They can contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can ask for spiritual support. You do not have to have a religious affiliation (connection to a religion).

MSK's interfaith chapel is located near Memorial Hospital's main lobby. It's open 24 hours a day. If you have an emergency, call 212-639-2000. Ask for the chaplain on call.

Tobacco Treatment Program
www.msk.org/tobacco
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call to learn more.

Virtual Programs
www.msk.org/vp
We offer online education and support for patients and caregivers. These are live sessions where you can talk or just listen. You can learn about your diagnosis, what to expect during treatment, and how to prepare for your cancer care.

Sessions are private, free, and led by experts. Visit our website to learn more about Virtual Programs or to register.

External support services

There are many other services available to help you before, during, and after your cancer treatment. Some offer support groups and information. Others can help with transportation, lodging, and treatment costs.

Visit www.msk.org/pe/external-support-services for a list of these support services. You can also call 212-639-7020 to talk with an MSK social worker.

Prostate cancer support services

The American Urologic Association Foundation
www.auafoundation.org
866-746-4282
Offers free information about prostate diseases.

MSK Incontinence Specialist
646-497-9068
If you think you'd benefit from a consultation with a urologic surgeon specializing in incontinence, talk with your surgeon for a referral.

MSK Prostate Cancer Support Group
646-888-8106
This is a monthly meeting for men who have been treated for prostate cancer. Call for more information or to register.

National Association for Continence
www.nafc.org
Provides information and support for people dealing with incontinence.

National Comprehensive Cancer Network (NCCN)
www.nccn.org
215-690-0300
Has information and resources for people living with cancer and their caregivers, including support groups and education.

Prostate Cancer Foundation
www.pcf.org
800-757-CURE (800-757-2873)
Provides prostate cancer education and support programs.

US TOO
www.ustoo.org
800-808-7866
Provides prostate cancer education and support programs. Meetings are open to people living with cancer and their caregivers. US TOO has a monthly newsletter called Hotsheet.

Notes _____

Educational resources

This section lists the educational resources mentioned in this guide. It also has copies of the resources that are most important for you to read. They will help you get ready for your surgery and recover after your surgery.



As you read these resources, write down questions to ask your healthcare provider. You can use the space below.

Notes _____

These are the educational resources mentioned in this guide. You can find them online or ask a member of your care team for a printed copy.

- ***A Guide for Caregivers*** (www.msk.org/pe/guide-caregivers)
- ***About Your Urinary (Foley) Catheter: How To Clean and Care for It*** (www.msk.org/pe/caring-foley-catheter)
- ***Advance Care Planning for People With Cancer and Their Loved Ones*** (www.msk.org/pe/advance-care-planning)
- ***Building Your Family After Cancer Treatment: For People Born With Testicles*** (www.msk.org/pe/building-family-born-testicles)
- ***Call! Don't Fall!*** (www.msk.org/pe/call-dont-fall)
- ***Common Questions About MSK's Recovery Tracker*** (www.msk.org/pe/recovery-tracker)
- ***Frequently Asked Questions About Walking After Your Surgery*** (www.msk.org/pe/walking-after-surgery)
- ***Herbal Remedies and Cancer Treatment*** (www.msk.org/pe/herbal-remedies)
- ***How to Be a Health Care Agent*** (www.msk.org/pe/health-care-agent)
- ***How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*** (www.msk.org/pe/check-med-supplement)
- ***How To Use Your Incentive Spirometer*** (www.msk.org/pe/incentive-spirometer)
- ***Patient-Controlled Analgesia (PCA)*** (www.msk.org/pe/pca)
- ***Pelvic Floor Muscle (Kegel) Exercises for Males*** (www.msk.org/pe/kegels-males)
- ***Sperm Banking*** (www.msk.org/pe/sperm-banking)
- ***What You Can Do to Avoid Falling*** (www.msk.org/pe/avoid-falling)

Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Urinary (Foley) Catheter: How To Clean and Care for It

This information will help you care for your urinary (Foley) catheter.

About your urinary (Foley) catheter

Your Foley catheter is a thin, flexible tube placed through your urethra (the small tube that carries urine from your bladder to outside your body) and into your bladder. Your Foley catheter drains your urine (pee). It’s held inside your bladder by a balloon filled with water.

How your Foley catheter works

Your urine goes from your bladder and through a drainage tube into a drainage collection bag. The drainage bag stays on your leg with a special tape called Cath-Secure®.

You will have 2 types of drainage bags:

- **A leg bag.** This is the bag that you wear during the day. It holds half a liter of urine.
- **A night bag.** This is the bag you will put on at night before you go to bed. It holds 2 liters of urine.

The parts of the catheter that are outside your body are shown in Figure 1.

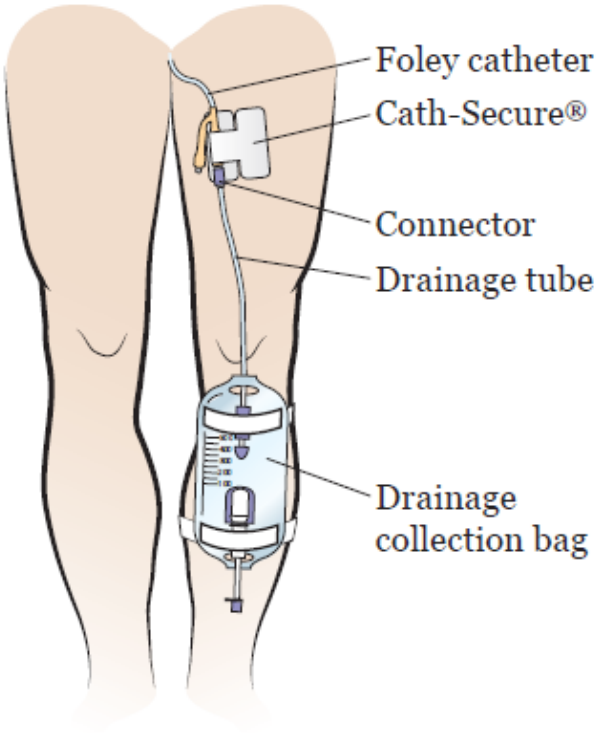


Figure 1. The parts of your Foley catheter and drainage bag

How to take care of your Foley catheter

To take care of your Foley catheter, you will need to:

- Clean your catheter every day.
- Change your drainage bags. You will change your drainage bag 2 times a day:
  - In the morning, change the night bag to the leg bag.
  - At night before you go to bed, change the leg bag to the night bag.
- Replace your drainage bags with new bags once a week. You should also change your drainage bag if it gets clogged or blocked.
- Wash your drainage bags every day.
- Drink 1 to 2 glasses of liquids every 2 hours while you're awake to keep you hydrated.

You may see some blood or urine around where the catheter enters your

body. This may happen when you're walking or having a bowel movement (pooping). This is normal if there's urine draining into the drainage bag. **If you do not have urine draining into the drainage bag, call your healthcare provider.**

How to comfortably wear your Foley catheter and leg bag

- The tubing from your leg bag should fit down to your calf with your leg slightly bent. If you have extra tubing, you may need to cut it. Your healthcare provider will show you how to do this.
- Always wear the leg bag below your knee. This will help it drain.
- Place the leg bag on your calf using the Velcro® straps your healthcare provider gave you. Use a leg strap to secure the tubing to your thigh.
- If the straps leave a mark on your leg, they are too tight. Loosen them. Leaving the straps too tight can lower your blood flow and cause blood clots.
- Use a water-based lubricant (such as Astroglide® or K-Y®) to keep your penis or vagina opening from getting sore.
- Keep your penis or vagina opening clean by taking a shower every day. This will help prevent infections when your Foley catheter is in place.

How to shower with your Foley catheter

- You can shower while you have your catheter in place.
- Do not take a bath until your catheter is removed. Taking a bath while you have your catheter in place puts you at risk for infections.
- Make sure you always shower with your night bag. Your night bag is waterproof. Do not shower with your leg bag. Your leg bag has cloth on the side and will not dry as fast.
    - You may find it easier to shower in the morning before you change your night bag to your leg bag.

How to clean your Foley catheter

You can clean your catheter while you're in the shower. Follow these instructions.

1. Gather your supplies. You will need:
    - Mild soap, such as Dove®.
    - 1 Cath-Secure®.
2. Clean your hands with soap and water or an alcohol-based hand sanitizer.
    - If you're washing your hands with soap and water, wet your hands and apply soap. Rub your hands together well for at least 20 seconds, then rinse. Dry your hands with a paper towel. Use that same towel to turn off the faucet.
    - If you're using an alcohol-based hand sanitizer, cover your hands with it. Rub them together until they're dry.
3. Using mild soap and water, clean your penis or vagina.
    - If you have a penis, pull back your foreskin (the skin around the tip of your penis), if needed. Clean the area, including your penis.
    - If you have a vagina, separate your labia (the smaller folds of skin around your vaginal opening). Clean the area from front to back.
4. Clean the area where the catheter enters your body. This is called your urethra.
5. Clean the catheter from where it enters your body and then down, away from your body. Hold the catheter at the point it enters your body so that you do not put tension on it.
6. Rinse the area well and dry it gently.
7. If you removed your old Cath-Secure, attach the catheter to your leg with a new Cath-Secure. This will keep the catheter from moving.

When to change your drainage bags

You will change your drainage bag 2 times a day. Change it:

- In the morning after you shower, change the night bag to the leg bag.
- At night before you go to bed, change the leg bag to the night bag.

Replace your drainage bags with new bags once a week. You should also change your drainage bag if it gets clogged or blocked.

How to change your drainage bag

Please visit **www.mskcc.org/cancer-care/patient-education/video/how-change-your-foley-catheter-drainage-bag** to watch this video.

1. Gather your supplies. You will need:
   - A clean cloth (not one you're using for bathing) or a 4 x 4 piece of gauze.
   - Your night or leg bag (whichever one you are switching to).
   - 2 alcohol pads.
2. Clean your hands with soap and water or an alcohol-based hand sanitizer.
   - If you're washing your hands with soap and water, wet your hands and apply soap. Rub your hands together well for at least 20 seconds, then rinse. Dry your hands with a paper towel. Use that same towel to turn off the faucet.
   - If you're using an alcohol-based hand sanitizer, cover your hands with it. Rub them together until they're dry.
3. Empty the urine from the drainage bag into the toilet. Make sure the spout of the drainage bag never touches the side of the toilet or any emptying container. If it does, wipe it with an alcohol pad for 15 seconds.

4. Place the clean cloth or gauze under the connector to catch any leakage.
5. Pinch the catheter with your fingers and disconnect the used bag.
6. Wipe the end of the catheter with an alcohol pad.
7. Wipe the connector on the new bag with the second alcohol pad.
8. Connect the clean bag to the catheter and release your finger pinch. Make sure the catheter is tightly connected to the bag to keep it from opening or leaking.
9. Check all connections. Straighten any kinks or twists in the tubing.

How to take care of your drainage bags

Caring for your leg drainage bag

- Empty the leg bag into the toilet every 2 to 4 hours, as needed. You can do this through the spout at the bottom of the bag. Do not let the bag get completely full.
- Do not lie down for longer than 2 hours while you're wearing the leg bag. This can keep your urine from draining the way it should.

Caring for your night drainage bag

- Always keep the night bag below the level of your bladder.
- When you go to sleep, hang your night bag off the bed. You can do this by using a small trash can. Place a clean plastic bag inside the trash can. Hang your night bag inside of the trash can.

Cleaning your drainage bags

Clean your leg bag and night bag every day. Follow these instructions.

1. Gather your supplies. You will need:
    - White vinegar.
    - Cool water.
2. Clean your hands with soap and water or an alcohol-based hand

sanitizer.

   - If you’re washing your hands with soap and water, wet your hands and apply soap. Rub your hands together well for at least 20 seconds, then rinse. Dry your hands with a paper towel. Use that same towel to turn off the faucet.
   - If you’re using an alcohol-based hand sanitizer, cover your hands with it. Rub them together until they’re dry.

3. Rinse the bag with cool water. Do not use hot water because it can damage the plastic.
4. To help get rid of the smell, fill the bag halfway with a mixture of 1part white vinegar and 3 parts water. Shake the bag and let it sit for 15 minutes.
   - If you cannot get the mixture into the bag, try putting the vinegar and water into a measuring cup with a pour spout. Then use the spout to help pour the mixture into the bag.
5. Rinse the bag with cool water. Hang it up to dry.

How to prevent Foley catheter infections

Follow these guidelines to prevent getting infections while you have your catheter in place:

- Keep the drainage bag below the level of your bladder.
- Always keep your drainage bag off the floor.
- Keep the catheter secured to your thigh to keep it from moving.
- Do not lie on your catheter or block the flow of urine in the tubing.
- Take a shower every day to keep the catheter clean.
- Wash your hands before and after touching the catheter or bag.

Common questions about caring for your Foley catheter

Can I place a Foley catheter myself?

No. Your catheter is placed by your healthcare provider.

How long can I wear my Foley catheter before it needs to be changed?

Your catheter should be replaced about once a month, if it stops working, or if you have an infection.

Can I poop when I have a Foley catheter?

Yes. Your catheter will not affect your pooping.

Can I get an erection with a Foley catheter?

Yes. You can get an erection with a catheter in place.

Can I drive with a Foley catheter?

You can drive with a catheter unless your healthcare provider gives you other instructions.

Can I exercise with a Foley catheter?

Ask your healthcare provider if you can exercise while you have a Foley catheter in place.

Can I swim with a Foley catheter?

No. You cannot swim with a catheter in place.

Can I fly on an airplane with a Foley catheter?

Yes. You can fly on an airplane with a catheter.

When to call your healthcare provider

Call your healthcare provider right away if:

- Your catheter comes out. Do not try to put it back in yourself.
- You have a fever of 101°F (38.3 °C) or higher.
- You’re making less urine than usual.
- You do not have urine draining into your drainage bag.
- Your urine smells bad.
- You have bright red blood or large blood clots in your urine.
- You have abdominal (belly) pain and no urine in your catheter bag.

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

About Your Urinary (Foley) Catheter: How To Clean and Care for It - Last updated on June 12, 2023
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Herbal Remedies and Cancer Treatment

This information explains herbal remedies and how they can affect your treatment.

About Herbal Remedies

Herbal remedies are any herbs, botanical (plant-based) supplements, or dietary supplements you take for their health benefits. These may come as tablets, capsules, powders, teas, liquid extracts, and fresh or dried plants.

Some herbal remedies can help prevent or manage side effects of cancer or your treatment. The herbal remedies that can help you depend on what symptoms you have and what treatment you're getting.

Even though herbal remedies can feel safe, they may not all be safe. Herbal remedies do not go through the same testing as prescription medications to make sure they work and are safe.

Some herbal remedies may be harmful. This is because they can:

- Affect how your other medications work.
- Raise or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Keep radiation therapy from working as well as it should.
- Change how your body reacts to sedation (medication to make you calmer) or general anesthesia (medication to make you sleepy).

Talk with your healthcare provider about any herbal remedies or other

supplements you are taking. They can provide an open and safe space to talk about these products.

For more information about herbs and supplements, visit www.aboutherbs.com or call MSK's Integrative Medicine Service at 646-608-8550.

Stop taking herbal remedies before your treatment

Stop taking herbal remedies and other dietary supplements 7 days (1 week) before you:

- Have surgery.
- Start chemotherapy.
- Start radiation therapy.
- Have certain procedures. Your healthcare provider will let you know if you need to stop taking herbal remedies before your procedure.

Herbal remedies and other dietary supplements can cause bleeding and affect your treatment. Follow your healthcare provider's instructions for when to restart taking herbal remedies.

You can still use some herbs in your food and drinks, such as using spices in cooking and drinking tea. Herbal remedies are stronger than the herbs you cook with.

Common Herbal Remedies and Their Effects

These are some commonly used herbs and their side effects on cancer treatments.

Echinacea (EH-kih-NAY-shuh)

- Can cause rare but serious allergic reactions, such as a rash or trouble breathing.
- Can keep medications that weaken your immune system from working as well as they should.

Garlic

- Can lower your blood pressure and cholesterol levels.
- Can increase your risk of bleeding.

Gingko (also known as Gingko biloba)

- Can increase your risk of bleeding.

Ginseng (JIN-seng)

- Can keep sedation or general anesthesia from working as well as they should.
- Can increase your blood pressure.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

Turmeric (TER-mayr-ik)

- Can keep chemotherapy from working as well as it should.

St. John's Wort

- Can keep some medications from working as well as they should.
- Can make your skin more sensitive to radiation or laser treatment.

Valerian (vuh-LEER-ee-un)

- Can make sedation or general anesthesia affect you more than they should.

Herbal formulas

- Herbal formulas contain many different herbs and dosages.
- Stop taking these products 7 days (1 week) before treatment. Do not start taking herbal formulas again until your healthcare provider tells you it is safe.

This information does not cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

Contact Information

- To schedule a consultation with a healthcare provider in Integrative Medicine, call 646-608-8550.
- To make an appointment for Integrative Medicine Service's therapies, classes, and workshops, call 646-449-1010.

For more information, visit www.mskcc.org/IntegrativeMedicine or read *Integrative Medicine Therapies and Your Cancer Treatment* (www.mskcc.org/pe/integrative_therapies).

For more resources, visit www.mskcc.org/pe to search our virtual library.

Herbal Remedies and Cancer Treatment - Last updated on May 5, 2022
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil

This information will help you check if your medicines or dietary supplements have aspirin, other NSAIDs, vitamin E, or fish oil as an active ingredient. NSAID stands for nonsteroidal anti-inflammatory drug.

It's important to stop taking these medicines and supplements before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can raise your risk of bleeding.

Other dietary supplements, such as vitamins and herbal remedies, can also affect your cancer treatment. Read *Herbal Remedies and Cancer Treatment* (www.mskcc.org/pe/herbal_remedies) to learn more.

Make sure your healthcare provider always knows all the prescription and over-the-counter medicines and supplements you're taking. This includes patches and creams.

A prescription medicine is one you can only get with a prescription from your healthcare provider. An over-the-counter medicine is one you can buy without a prescription.

What is an active ingredient?

An active ingredient is the part of a medicine or supplement that makes it work. Some medicines and supplements have just one active ingredient. Others have more. For example:

- Ibuprofen is the active ingredient in Advil® and Motrin®. Ibuprofen is an NSAID.
- Naproxen is the active ingredient in Aleve®. Naproxen is an NSAID.
- Acetaminophen is the active ingredient in Tylenol®.
- Aspirin, acetaminophen, and caffeine are the active ingredients in Excedrin®.

Generic medicines sometimes use their active ingredient as their name. But people often call medicines and supplements by a brand name, even if they're generic. This can make it hard to know their active ingredients.

How to find a medicine or supplement's active ingredients

You can always find the active ingredients by reading the label.

Over-the-counter medicines

Over-the-counter medicines list their active ingredients in the "Drug Facts" label (see Figure 1). Active ingredients are always the first thing on the Drug Facts label.

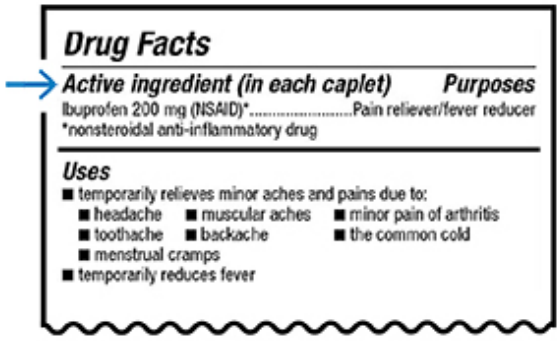


Figure 1. Active ingredients on an over-the-counter medicine label

Prescription medicines

Prescription medicines list their active ingredients on the label. Their active ingredients and their generic name are the same thing.

Labels often look different depending on which pharmacy you use. Here's an example of where to find a medicine's active ingredients (generic name) on a label from MSK's pharmacy (see Figure 2).

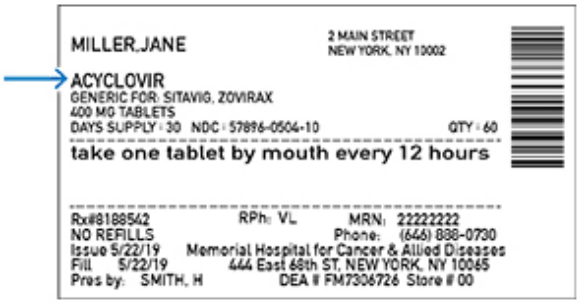
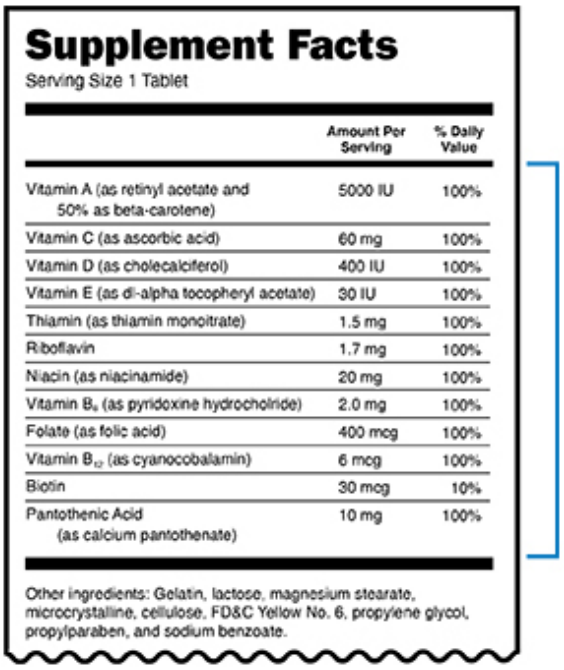


Figure 2. Active ingredients on a prescription medicine label

Dietary supplements

Dietary supplements list their active ingredients in the "Supplement Facts" label (see Figure 3). The active ingredients always have an amount per serving and % daily value included.



Supplement Facts

Serving Size 1 Tablet

	Amount Per Serving	% Daily Value
Vitamin A (as retinyl acetate and 50% as beta-carotene)	5000 IU	100%
Vitamin C (as ascorbic acid)	60 mg	100%
Vitamin D (as cholecalciferol)	400 IU	100%
Vitamin E (as dl-alpha tocopheryl acetate)	30 IU	100%
Thiamin (as thiamin mononitrate)	1.5 mg	100%
Riboflavin	1.7 mg	100%
Niacin (as niacinamide)	20 mg	100%
Vitamin B_6 (as pyridoxine hydrochloride)	2.0 mg	100%
Folate (as folic acid)	400 mcg	100%
Vitamin B_{12} (as cyanocobalamin)	6 mcg	100%
Biotin	30 mcg	10%
Pantothenic Acid (as calcium pantothenate)	10 mg	100%

Other ingredients: Gelatin, lactose, magnesium stearate, microcrystalline, cellulose, FD&C Yellow No. 6, propylene glycol, propylparaben, and sodium benzoate.

Figure 3. Active ingredients on a supplement label

Active ingredients to look for

If your medicine or supplement has any of these active ingredients, you may need to stop taking it before, during, or after your cancer treatment or surgery. Follow your care team's instructions.

Active ingredients to look for		
• Acetylsalicylic acid • Alpha-linolenic acid (ALA) • Aspirin • Acetaminophen* • Celecoxib • Diclofenac • Diflunisal • Docosahexaenoic acid (DHA) • Eicosapentaenoic acid (EPA)	• Etodolac • Fish oil • Fenoprofen Flurbiprofen • Ibuprofen • Indomethacin • Ketoprofen • Ketorolac • Meclofenamate • Mefenamic acid • Meloxicam	• Nabumetone • Naproxen • Omega-3 fatty acids • Omega-6 fatty acids • Oxaprozin • Piroxicam • Sulindac • Tolmetin • Vitamin E

* The full name acetaminophen isn't always written out. Look for the common abbreviations listed below, especially on prescription pain relievers.

Common abbreviations for acetaminophen		
• APAP • Acetamin	• AC • Acetam	• Acetaminop • Acetaminoph

About acetaminophen (Tylenol)

In general, acetaminophen is safe to take during cancer treatment. It doesn't affect platelets. That means it will not raise your chance of bleeding. If you're getting chemotherapy, talk with your healthcare provider before taking acetaminophen.

There is a limit to how much acetaminophen you can take in a day. Always follow the instructions from your care team or on the medicine's label.

Acetaminophen is in many different prescription and over-the-counter medicines. It’s possible to take too much without knowing. **Always read the label on the medicines you take.** Do not take more than 1 medicine that has acetaminophen at a time without talking with a member of your care team.

Instructions before your cancer treatment

Tell your healthcare provider if you take aspirin, other NSAIDs, vitamin E, or fish oil. They’ll tell you if you need to stop taking it. You’ll also find instructions in the information about your treatment.

Before your surgery

Follow these instructions if you’re having surgery or a surgical procedure. **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider’s instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take vitamin E, fish oil, or a supplement that has vitamin E or fish oil, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medicine that has an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

Before your radiology procedure

Follow these instructions if you're having a radiology procedure (including Interventional Radiology, Interventional Mammography, Breast Imaging, and General Radiology). **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medicine that has aspirin, you may need to stop taking it 5 days before your procedure. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take an NSAID or a medicine that has an NSAID, you may need to stop taking it 24 hours (1 day) before your procedure. Follow your healthcare provider's instructions.

Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. No matter if you're just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, vitamin E, or fish oil.

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil - Last updated on November 29, 2023
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PATIENT & CAREGIVER EDUCATION

How To Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer (in-SEN-tiv spy-rah-MEE-ter). It also answers some common questions about it.

About your incentive spirometer

After your surgery you may feel weak and sore, and it may be uncomfortable to take deep breaths. Your healthcare provider may recommend using a device called an incentive spirometer (see Figure 1). It helps you practice taking deep breaths.

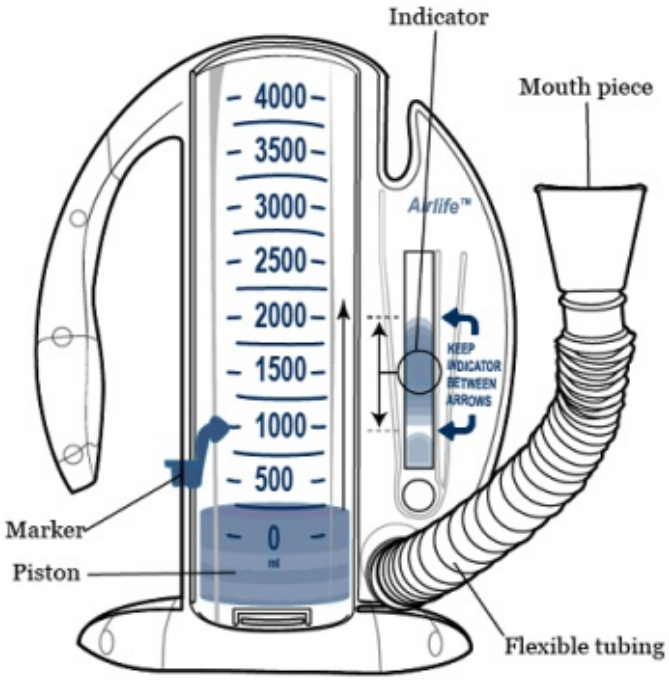


Figure 1. Parts of an incentive spirometer

It’s important to use your incentive spirometer after your surgery. Using an incentive spirometer:

- Helps your lungs expand so you can take deep, full breaths.
- Exercises your lungs and makes them stronger as you heal from surgery.

If you have a respiratory infection, do not use your incentive spirometer around other people. A respiratory infection is an infection in your nose, throat, or lungs, such as pneumonia (noo-MOH-nyuh) or COVID-19. This kind of infection can spread from person to person through the air.

How to use your incentive spirometer

Here is a video that shows how to use your incentive spirometer:

Please visit **www.mskcc.org/pe/incentive_spirometer_video** to watch this video.

Setting up your incentive spirometer

Before you use your incentive spirometer for the first time, you will need to set it up. First, take the flexible (bendable) tubing out of the bag and stretch it out. Then, connect the tubing to the outlet on the right side of the base (see Figure 1). The mouthpiece is attached to the other end of the tubing.

Knowing what number to aim for on your incentive spirometer

Your healthcare provider will teach you how to use your incentive spirometer before you leave the hospital. They will help you set a goal and tell you what number to aim for when using your spirometer. If a goal was not set for you, talk with your healthcare provider. Ask them what number you should aim for.

You can also check the package your incentive spirometer came in. It may have a chart to help you figure out what number to aim for. To learn more, read “What number I should aim for?” in the “Common questions about your

incentive spirometer" section.

Using your incentive spirometer

When using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, your spirometer will not work right.

Follow these steps to use your incentive spirometer. Repeat these steps every hour you're awake. Follow the instructions from your healthcare provider if they're different from the ones here.

1. Sit upright in a chair or in bed. Hold your incentive spirometer at eye level.
2. Put the mouthpiece in your mouth and close your lips tightly around it. Make sure you do not block the mouthpiece with your tongue.
3. With the mouthpiece in your mouth, breathe out (exhale) slowly and fully.
    - Some people may have trouble exhaling with the mouthpiece in their mouth. If you do, take the mouthpiece out of your mouth, and then exhale slowly and fully. After you exhale, put the mouthpiece back in your mouth and go on to step 4.
4. Breathe in (inhale) slowly through your mouth, as deeply as you can. You will see the piston slowly rise inside the spirometer. The deeper you breathe in, the higher the piston will rise.
5. As the piston rises, the coaching indicator on the right side of the spirometer should also rise. It should float between the 2 arrows (see Figure 1).
    - The coaching indicator measures the speed of your breath. If it does not stay between the 2 arrows, you're breathing in either too fast or too slow.
        - If the indicator rises above the higher arrow, you're breathing in too fast. Try to breathe in slower.
        - If the indicator stays below the lower arrow, you're breathing in too slow. Try to breathe in faster.

6. When you cannot breathe in any further, hold your breath for at least 3 to 5 seconds. Hold it for longer if you can. You will see the piston slowly fall to the bottom of the spirometer.
7. Once the piston reaches the bottom of the spirometer, breathe out slowly and fully through your mouth. If you want, you can take the mouthpiece out of your mouth first and then breathe out.
8. Rest for a few seconds. If you took the mouthpiece out of your mouth, put it back in when you're ready to start again.
9. Repeat steps 1 to 8 at least 10 times. Try to get the piston to the same level with each breath. After you have done the exercise 10 times, go on to step 10.
10. Use the marker on the left side of the spirometer to mark how high the piston rises (see Figure 1). **Look at the very top of the piston, not the bottom. The number you see at the top is the highest number the piston reached. Put the marker there.** This is how high you should try to get the piston the next time you use your spirometer.
    - Write down the highest number the piston reached. This can help you change your goals and track your progress over time.

Take 10 breaths with your incentive spirometer every hour you're awake.

Cover the mouthpiece of your incentive spirometer when you're not using it.

Tips for using your incentive spirometer

Follow these tips when using your incentive spirometer:

- If you had surgery on your chest or abdomen (belly), it may help to splint your incision (surgical cut). To do this, hold a pillow firmly against your incision. This will keep your muscles from moving as much while you're using your incentive spirometer. It will also help ease pain at your incision.
- If you need to clear your lungs, you can try to cough a few times. As

you’re coughing, hold a pillow against your incision, as needed.

- If you feel dizzy or lightheaded, take the mouthpiece out of your mouth. Then, take a few normal breaths. Stop and rest for a while, if needed. When you feel better, you can go back to using your incentive spirometer.
- You may find it hard to use your incentive spirometer at first. If you cannot make the piston rise to the number your healthcare provider set for you, it’s OK. Reaching your goal takes time and practice. It’s important to keep using your spirometer as you heal from surgery. The more you practice, the stronger your lungs will get.

Common questions about your incentive spirometer

How often should I use my incentive spirometer?

How often you will need to use your incentive spirometer is not the same for everyone. It depends on the type of surgery you had and your recovery process.

Most people can take 10 breaths with their spirometer every hour they’re awake.

Your healthcare provider will tell you how often to use your spirometer. Follow their instructions.

How long after my surgery will I need to use my incentive spirometer?

The length of time you will need to use your incentive spirometer is not the same for everyone. It depends on the type of surgery you had and your recovery process.

Your healthcare provider will tell you how long you need to use your spirometer. Follow their instructions.

How do I clean my incentive spirometer?

An incentive spirometer is a disposable device and only meant to be used for a short time. Because of this, you may not find cleaning instructions in the package your spirometer came in. If you have questions about cleaning your spirometer, talk with your healthcare provider.

What do the numbers on my incentive spirometer measure?

The large column of your incentive spirometer has numbers on it (see Figure 1). These numbers measure the volume of your breath in milliliters (mL) or cubic centimeters (cc). The volume of your breath is how much air you can breathe into your lungs (inhale).

For example, if the piston rises to 1500, it means you can inhale 1500 mL or cc of air. The higher the number, the more air you're able to inhale, and the better your lungs are working.

What number I should aim for?

The number you should aim for depends on your age, height, and sex. It also depends on the type of surgery you had and your recovery process. Your healthcare provider will look at these things when setting a goal for you. They will tell you what number to aim for.

Most people start with a goal of 500 mL or cc. Your healthcare provider may change your goal and have you aim for higher numbers as you heal from surgery.

The package your incentive spirometer came in may have a chart. You can use the chart to set your goal based on your age, height, and sex. If you cannot find this information, ask your healthcare provider what your goal should be.

What does the coaching indicator on my incentive spirometer measure?

The coaching indicator on your incentive spirometer measures the speed of your breath. As the speed of your breath changes, the indicator moves up and down.

Use the indicator to guide your breathing. If the indicator rises above the higher arrow, it means you're breathing in too fast. If the indicator stays below the lower arrow, it means you're breathing in too slow.

Aim to keep the indicator between the 2 arrows (see Figure 1). This means your breath is steady and controlled.

When to call your healthcare provider

Call your healthcare provider if you have any of these when using your incentive spirometer:

- Feel dizzy or lightheaded.
- Pain in your lungs or chest.
- Severe (very bad) pain when you take deep breaths.
- Trouble breathing.
- Coughing up blood.
- Fluid or blood coming from your incision site when you cough.
- Trouble using your spirometer for any reason.

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

How To Use Your Incentive Spirometer - Last updated on November 24, 2023
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Pelvic Floor Muscle (Kegel) Exercises for Males

This information explains how to do pelvic floor muscle (Kegel) exercises.

About Kegel Exercises

The goal of Kegel exercises is to help you strengthen your pelvic floor muscles. These muscles support your bladder and bowel.

Kegel exercises can help you:

- Manage or prevent incontinence. Incontinence is leakage of urine (pee) and stool (poop) that you cannot control.
- Improve your sexual health.

About Your Pelvic Floor Muscles

Your pelvic floor muscles make up the bottom of your pelvis and support your pelvic organs (see Figure 1). They're the muscles that relax when you're urinating (peeing), passing gas, or having a bowel movement (pooping). You also use these muscles to hold in your urine and prevent urine leakage.

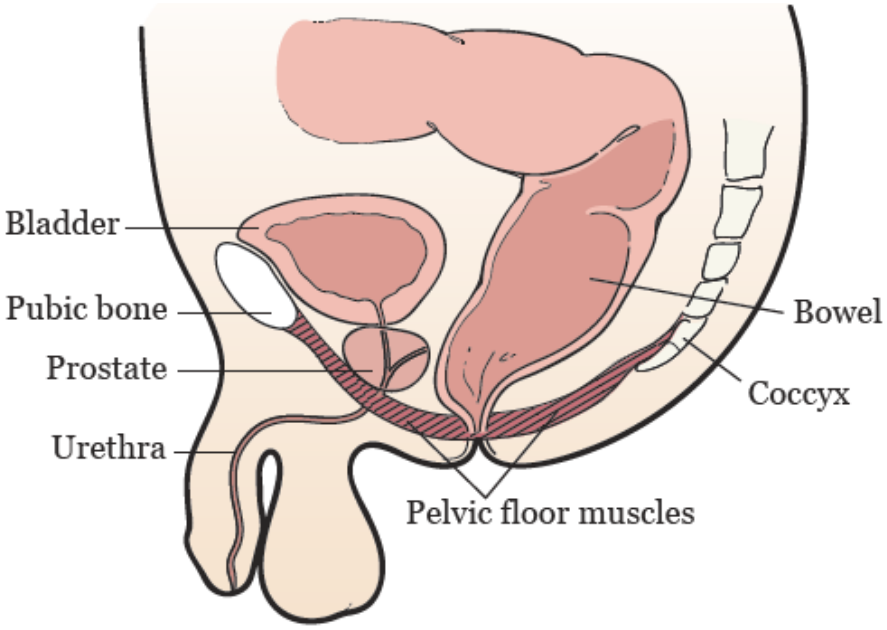


Figure 1. Your pelvic floor muscles

Identifying your pelvic floor muscles

The first step in doing Kegel exercises is to identify your pelvic floor muscles. Think of these muscles as the same ones you would use to stop your stream of urine when you're urinating. Do not do this often because starting and stopping your urine stream every time you urinate can be harmful.

How to Do Kegel Exercises

Before you start your Kegel exercises, make sure to urinate so your bladder is empty.

When you're ready, follow these steps:

1. Start by holding your pelvic floor muscles in for 5 seconds. To do this, think of pulling in and lifting up your genitals.
    - Do not hold your breath while you do this. Counting out loud can stop you from holding your breath.
2. After holding for 5 seconds, slowly and completely relax your muscles for 5 seconds.

3. Repeat this process 10 times, at least 3 times every day.

Your pelvic floor muscles may get tired during this exercise. If this happens, stop and do the exercise later.

Do not use your stomach, leg, or buttock muscles when doing this exercise. Exercising these muscles will not help you get back urinary control or improve your sexual health.

As you continue to practice these exercises, increase the time you hold and rest your pelvic floor muscles. Start with 5 seconds, and slowly build up the time each week. Do this until you're holding in and resting for 10 seconds.

When to Do Kegel Exercises

Most people prefer doing Kegel exercises while lying down on a bed or sitting in a chair. You can do them in any position you feel comfortable in. Doing Kegel exercises while standing can be very helpful because that's usually when urinary leakage happens.

To keep your urine from leaking, try to do a Kegel exercise before these activities:

- When standing up.
- Walking.
- Walking to the bathroom.
- Sneezing or coughing.
- Laughing.

Doing these exercises every day will help strengthen your pelvic floor muscles and reduce urinary leakage.



Don't do Kegel exercises while you have a Foley catheter (thin, flexible tube) in place.

Pain and Kegel Exercises

Kegel exercises should not hurt. Most people find them relaxing and easy. But if you use the wrong muscles during Kegel exercises, you may feel uncomfortable.

- If you get back or stomach pain after doing Kegel exercises, you may be using your stomach or back muscles instead of your pelvic floor muscles.
- If you get a headache after doing Kegel exercises, you may be making your chest muscles tight and holding your breath.

When to Call Your Healthcare Provider

Call your healthcare provider if you:

- Have concerns about your bowel, bladder, or sexual function.
- Are having trouble feeling your pelvic floor muscles.
- Have pain when you do Kegel exercises.
- Have trouble doing Kegel exercises.
- Have pelvic pain.
- Want a referral to a physical therapist who is a specialist in pelvic health.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 p.m., during the weekend, or on a holiday, call 212-639-2000.

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Pelvic Floor Muscle (Kegel) Exercises for Males - Last updated on June 15, 2022
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