



PATIENT & CAREGIVER EDUCATION

# About Your Prostate Surgery

This guide will help you get ready for your prostate surgery at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Read through this guide at least once before your surgery and use it as a reference in the days leading up to your surgery.

Bring this guide with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

## Your Healthcare Team

Doctor: \_\_\_\_\_

Nurse: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

## Emergency Information

At night (from 5 PM to 9 AM), on weekends, and on holidays, call 212-639-2000 and ask for the urology surgeon on call.

MSK's Urgent Care Center is located at:  
425 East 67<sup>th</sup> Street (between First and York Avenues)  
New York, NY 10065

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# About Your Prostate Surgery

## About Your Prostate

Your **prostate** is a walnut-shaped gland that is 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.

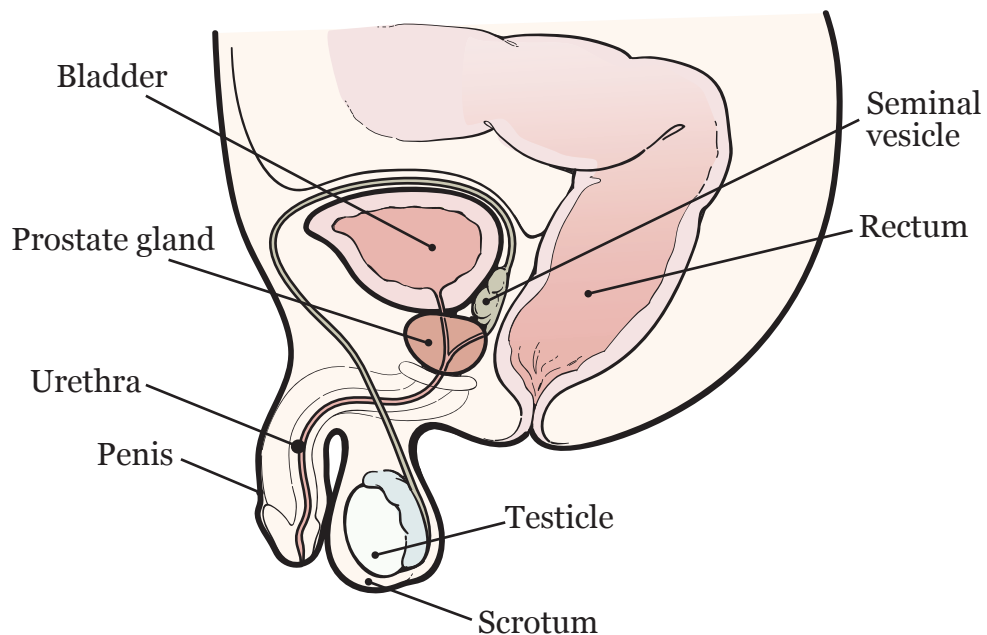


Figure 1. Male reproductive system

## About Your Prostate Surgery

A radical prostatectomy is a surgery to remove your entire prostate gland and seminal vesicles. Some of the lymph nodes in your pelvis are removed as well. This is done to prevent cancer from spreading from your prostate to other parts of your body.

A radical prostatectomy can be done in 1 of 2 ways. One way is through an open incision (surgical cut), which is called an open prostatectomy. Another way is to use a laparoscope, which is a tube-like instrument with a camera. Your surgeon will talk with you about the best surgery option for you.

### Open prostatectomy

In an open prostatectomy, your surgeon will make an incision that goes from your pubic bone towards your belly button (see Figure 2). They will remove the pelvic lymph nodes first, followed by the prostate gland, and then the structures next to it.

### Laparoscopic or robotic-assisted prostatectomy

During a laparoscopic or robotic-assisted prostatectomy, your surgeon will make several small incisions in your abdomen (belly) (see Figure 3). They will insert a laparoscope into 1 of the incisions and use gas to expand your abdomen. Surgical instruments will be inserted into the other incisions to remove the prostate. Some surgeons at MSK are specially trained to use a robotic device to assist with this procedure.

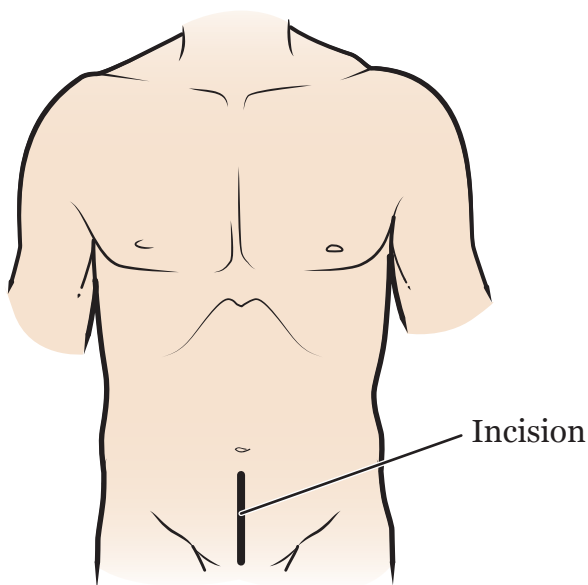


Figure 2. Open prostatectomy incisions

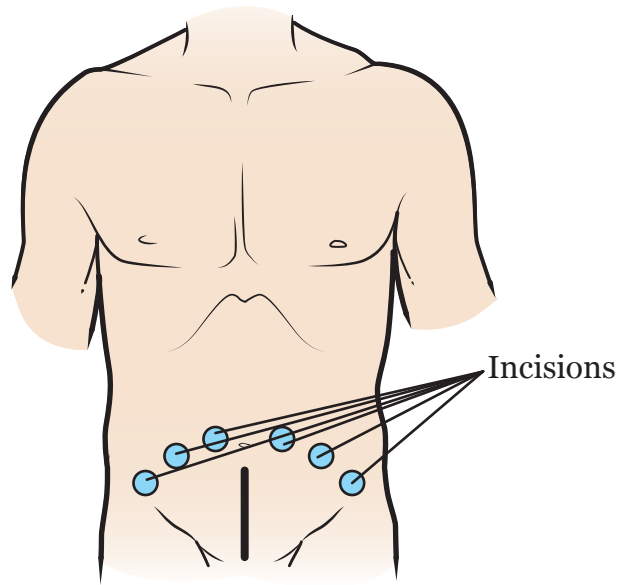


Figure 3. Laparoscopic or robotic-assisted prostatectomy incisions

The information in this section will help you get ready for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

Write down your questions and be sure to ask your healthcare provider.

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# Getting Ready for Your Surgery

You and your healthcare team will work together to get ready for your surgery.

## About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It's important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you're at risk for these complications, we can prescribe medications to help keep them from happening.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

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

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you're going to throw up), increased anxiety, or can't sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can't stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all of your medical information will be kept confidential.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren't sure.

- I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your healthcare provider knows all the medications you're taking.
- I take prescription medications (medications prescribed by a healthcare provider), including patches and creams.
- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.
- I take 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 sleep apnea.
- I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.
- I am allergic to certain medication(s) or materials, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.

## About Smoking

People who smoke can have breathing problems when they have surgery. Stopping even for a few days before surgery can help. If you smoke, your nurse will refer you to our Tobacco Treatment Program. You can also reach the program at 212-610-0507.

## About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, the airway becomes completely blocked during sleep. It can cause serious problems during and after surgery.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (CPAP) for sleep apnea, bring it with you the day of your surgery.

## Ask About Medications

We recommend taking medication to help you achieve an erection. This is to promote blood flow to your penis in order 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 medications 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)

Before your surgery, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon's office. You can eat and take your usual medications the day of your PST appointment.

During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to put you to sleep during your surgery). Your NP will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your NP may also recommend you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your surgery.

It's very helpful if you bring the following with you to your PST appointment:

- A list of all the medications you're taking, including prescription and over-the-counter medications, patches, and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your doctor(s).

## **Complete a Health Care Proxy Form**

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you're unable to communicate for yourself. The person you identify is called your health care agent.

If you're interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one already, or if you have any other advanced directive, bring it with you to your next appointment.

## **Sperm Banking**

This surgery will make you infertile. While you will still be able to have an orgasm, you will not be able to produce the sperm needed to have biological children. You should consider sperm banking before your surgery. Ask your nurse to tell you more about this process. For more information, read the resources *Building Your Family After Cancer Treatment: Information for Men and Sperm Banking*.

## **Male Sexual and Reproductive Medicine Program**

Most men will have difficulty achieving an erection immediately after surgery. Consider making an appointment with an expert to discuss the effects of this surgery on your sexual health by calling the Male Sexual and Reproductive Medicine Program at 646-888-6024.

## **Do Breathing and Coughing Exercises**

Practice taking deep breaths and coughing before your surgery. You will be given an incentive spirometer to help expand your lungs. For more information, read *How to Use Your Incentive Spirometer*, located in the "Educational Resources" section of this guide. If you have any questions, ask your nurse or respiratory therapist.

## **Exercise**

Try to do aerobic exercise every day, such as walking at least 1 mile (1.6 kilometers), swimming, or biking. If it's cold outside, use stairs in your home or go to a mall or shopping market. Exercising will help your body get into its best condition for your surgery and make your recovery faster and easier.

## **Eat a Healthy Diet**

You should eat a well-balanced, healthy diet before your surgery. If you need help with your diet, talk with your doctor or nurse about meeting with a dietitian.

## **Identify Your Caregiver**

Your caregiver plays 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 from the hospital. They'll also help you care for yourself at home.



## 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. For more information, read *Pelvic Floor Muscle (Kegel) Exercises for Men*, located in the “Educational Resources” section of this guide.



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

## Purchase Supplies

4% chlorhexidine gluconate (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 (such as Hibiclens®) at your local pharmacy without a prescription.

You also need to purchase a saline enema (such as Fleet®) 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

If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Aspirin can cause bleeding.

Follow your healthcare provider's instructions. **Don't stop taking aspirin unless they tell you to.** For more information, read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*, located in the “Educational Resources” section of this guide.

### Stop Taking Vitamin E, Multivitamins, Herbal Remedies, and Other Dietary Supplements

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements 7 days before your surgery. These things can cause bleeding. For more information, read *Herbal Remedies and Cancer Treatment*, located in the “Educational Resources” section of this guide.

## 2 Days Before Your Surgery

### Stop Taking Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

Stop taking NSAIDs, such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*, located in the “Educational Resources” section of this guide.

# 1 Day Before Your Surgery

## Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. The clerk will tell you what time you should arrive at the hospital for your surgery. If you're scheduled for surgery on a Monday, you will be called on the Friday before. If you don't receive a call by 7:00 PM the evening before your surgery, please call 212-639-5014.



Use this area to write in information when the clerk calls:

Date\_\_\_\_\_ Time\_\_\_\_\_

## Eat a Light Diet

Eat a light diet, 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 use a saline enema as instructed on the box.

## Shower With a 4% CHG Solution Antiseptic Skin Cleanser (Such as Hibiclens)

The night before your surgery, shower using a 4% CHG solution antiseptic skin cleanser.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. 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. Don't 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 after your shower.
7. Don't put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

## Sleep

Go to bed early and get a full night's sleep.

## Instructions for Eating Before Your Surgery



**Do not eat anything after midnight the night before your surgery.**  
This includes hard candy and gum.

## The Morning of Your Surgery

### Instructions for Drinking Before Your Surgery



You can drink a total of 12 ounces of water between midnight and 2 hours before your scheduled arrival time. Do not drink anything else.



**Do not drink anything starting 2 hours before your scheduled arrival time.** This includes water.

### 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.

Don't put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

### Take Your Medications

If your doctor or NP instructed you to take certain medications the morning of your surgery, take only those medications with a small sip of water. Depending on what medications you take and the surgery you're having, this may be all, some, or none of your usual morning medications.

### Things to Remember

- Don't put on any lotion, cream, deodorant, makeup, powder, or perfume.
- Don't wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuables, such as credit cards, jewelry, or your checkbook at home.
- Before you're taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.
- Wear something comfortable and loose-fitting.

- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
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## What to Bring

- A pair of loose-fitting pants. Sweat pants are a good choice.
- Brief-style underwear that is 1 to 2 sizes larger than you normally wear.
- Sneakers that lace up. You may have some swelling in your feet, lace up sneakers can accommodate this swelling.
- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- Your portable music player, if you choose. However, someone will need to hold this item for you when you go into surgery.
- Your incentive spirometer, if you have one.
- Your Health Care Proxy Form, if you have completed one.
- Your cell phone and charger.
- A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, if you have it.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
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## Once You're in the Hospital

You will be asked to state and spell your name and birth date many times. This is for your safety. People with the same or similar names may be having surgery on the same day.

### Get Dressed for Surgery

When it's time to change for surgery, you will get a hospital gown, robe, and nonskid socks to wear.

## **Meet With Your Nurse**

You will meet with your nurse before surgery. Tell your nurse the dose of any medications (including patches and creams) you took after midnight and the time you took them.

Your nurse will place an intravenous (IV) line into a vein, usually in your arm or hand. The IV line will be used to give you fluids and anesthesia during your surgery.

## **Meet With Your Anesthesiologist**

Your anesthesiologist will:

- Review your medical history with you.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you will receive.
- Answer any questions you may have about your anesthesia.

## **Prepare for Surgery**

When it's time for your surgery, you'll need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles, if you have them.

You'll either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help blood flow in your legs.

Once you're fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. You will also have a urinary catheter (Foley) placed to drain urine from your bladder.

Once your surgery is finished, your incision will be closed with sutures. Your breathing tube is usually taken out while you're still in the operating room.

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The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You'll learn how to safely recover from your surgery.

Write down your questions and be sure to ask your healthcare provider.

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# What to Expect

When you wake up after your surgery, you will be in the Post Anesthesia Care Unit (PACU) or recovery room.

You will receive oxygen through a thin tube that rests below your nose called a nasal cannula. A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels.

You will have a urinary catheter in your bladder to monitor the amount of urine you're making. You may also have a Jackson Pratt drain to draw out fluid that collects under your incisions. You will also have compression boots to help blood flow in your legs.

You may have a pain pump called a patient-controlled analgesia (PCA) device. For more information, read *Patient-Controlled Analgesia (PCA)*. Your pain medication will be given through an 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 medication to relieve pain. Walking helps reduce the risk for blood clots and pneumonia. It also helps to stimulate your bowels so they begin working again.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read *How to Use Your Incentive Spirometer*, located in the “Educational Resources” section of this guide.

## Commonly Asked Questions

### **Will I have pain after my surgery?**

Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain isn't relieved, tell your doctor or nurse.

Typical pain after prostate surgery includes:

- Pain in your abdomen in the area of 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. It will usually go away with time.

### **What other symptoms may I have after my surgery?**

#### **Gas pains after your laparoscopic or robotic-assisted prostatectomy**

If you had a laparoscopic or robotic-assisted prostatectomy, the gas used during your surgery may apply pressure and cause pain in different areas of your body, especially your shoulders. This will go away after a few days. Walking around will help your body absorb the gas faster and reduce your pain.



## **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. These spasms usually get better with time.

## **Bruising**

You will have some bruising on your abdomen, 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.

## **How can I manage my pain at home?**

You may still have some pain when you go home and will probably be taking pain medication. Follow the guidelines below.

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn't relieve your pain.
- Don't drive or drink alcohol while you're taking prescription pain medication.
- As your incisions heal, you will have less pain and need less pain medication. A mild pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort. However, large quantities of acetaminophen may be harmful to your liver. Don't take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse.
- Pain medication should help you as you resume your normal activities. Take enough medication to do your exercises comfortably. Pain medication is most effective 30 to 45 minutes after taking it.
- Keep track of when you take your pain medication. Taking it when your pain first begins is more effective than waiting for the pain to get worse.

Pain medication may cause constipation (having fewer bowel movements than what is normal for you).

## **How can I reduce the swelling in my 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 once your catheter is removed.

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.

## **Do I need to change my diet?**

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

Drinking plenty of liquids is important while your catheter is in place after your surgery. Soups and broth are good choices until you regain your appetite.

### **How will my bowel function change after surgery?**

- 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 until your bowel movements are back to normal.
- If you haven't had a bowel movement in 4 days, call your doctor or nurse.
- If you haven't passed gas in 2 days, call your doctor.
- Do not use an enema or a suppository for at least 6 weeks after your surgery.

### **How can I prevent constipation?**

- Take 1 capsule of docusate sodium (Colace®) 3 times a day. This is a stool softener with few side effects.
- Walking can help stimulate your bowels so they begin working again.
- Drink 8 (8-ounce) glasses (2 liters) of liquids daily. Drink water, juices, soups, ice cream shakes, and other drinks that don't have caffeine. Drinks with caffeine, such as coffee and soda, pull fluid out of the body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your doctor or nurse before making any changes in your diet.

### **Can I shower?**

Yes. You can shower 24 hours after your surgery. Taking a warm shower is relaxing and can help decrease muscle aches. 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.

Don't take tub baths until you discuss it with your doctor at the first appointment after your surgery.

### **How do I care for my incisions?**

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, because some of the nerves were cut. The numbness will go away over time.

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

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

If you go home with Steri-Strips™ (thin pieces of tape) on your incision, they will loosen and fall off by themselves. If they haven't fallen off within 10 days, you may remove them.

If you go home with glue over your sutures (stitches), it will also loosen and peel off on its own, similarly to the Steri-Strips. Do not pick at the glue or try to peel it off.

### When is it safe for me to drive?

You may resume driving when your catheter is removed as long as you aren't taking pain medication that may make you drowsy.

Do not ride on a bicycle or motorcycle for 3 months after your surgery.

### What exercises can I do?

Exercise will help you gain strength and feel better. Walking and stair climbing are excellent forms of exercise. Gradually increase the distance you walk. Climb stairs slowly, resting or stopping as needed. Ask your doctor or nurse before starting more strenuous exercises.

### When can I lift heavy objects?

Check with your doctor before you do any heavy lifting. Normally, you shouldn't lift anything heavier than 10 pounds (4.5 kilograms) for at least 6 weeks after your surgery. Ask your doctor how long you should avoid heavy lifting.

### Will I have any tubes or drains when I go home?

#### Urinary catheter

When you go home, you will still have the urinary catheter (see Figure 5). Your nurse will teach you how to care for it and will give you supplies to take home. The catheter is usually removed 7 to 14 days after surgery. Taking care of your catheter is a big part of taking care of yourself after surgery. For more information, read *Caring for Your Urinary (Foley) Catheter*, located in the "Educational Resources" section of this guide..

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 (surgical cuts) inside your body are healing and the scabs are coming off. Drink 1 (8-ounce) glass of water every hour while you're awake to help pass the blood.

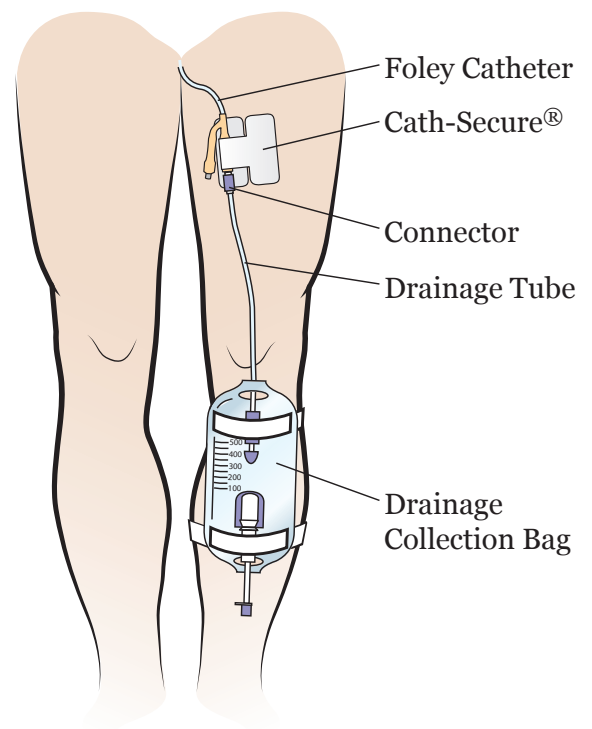


Figure 5: Urinary (Foley) catheter

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. 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 doctor.

Keep the tip of your penis clean and dry. Apply the lubricating gel that your nurse gave you around the tip of your penis. This will prevent irritation.

### **Jackson-Pratt drain**

You may also go home with your Jackson Pratt drain (see Figure 6). Your doctor will decide when to remove the drain, depending on how much fluid is coming out. If you will need to go home with the drain still in, your nurse will teach you how to care for it. For more information, read *Caring for Your Jackson-Pratt Drainage System*, located in the "Educational Resources" section of this guide.

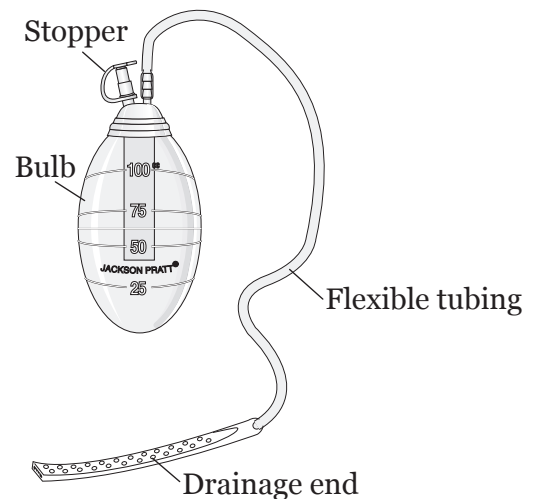


Figure 6: Jackson-Pratt drain

### **What should I expect after my catheter is removed?**

For 2 days after your catheter is removed, your bladder and urethra will be weak. Don't push or put effort into urinating. Let your urine pass on its own. Don't strain to have a bowel movement.

### **Are there special instructions to follow after my catheter is removed?**

After your catheter is removed, you should decrease your daily liquid intake to what you normally drink. You should be drinking 4 to 6 (8-ounce) glasses of liquid every day.

- Limit the amount of liquids you drink after 7:00 PM, 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 experiencing a lot of urine leakage.
- Speak with your healthcare provider before you resume your Kegel exercises.

After your catheter is removed, call your doctor or nurse if you:

- Aren't able to urinate.
- Have severe pain in your lower abdomen when you're urinating.

### **Will I have trouble controlling my urine?**

The muscles that hold urine in your bladder will be weak after your prostate is removed. This is why you may have trouble controlling your urine.

Other reasons you may have urinary leakage include:

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

It may take several months to regain 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 also have urine leakage after your catheter is removed. It will slowly decrease over time. 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 that you have to urinate often. Your bladder will take time to expand after it has been kept empty by the catheter.

For most people, urinary control will not be a problem. Your muscle strength will continue to improve for up to 12 months after surgery. If after 12 months you're having problems with controlling your urine, talk with your surgeon. Surgical procedures such as a urethral sling or an artificial urinary sphincter may help. For additional information, visit the National Association for Continence website [www.nafc.org](http://www.nafc.org)



**Call your doctor immediately if you have severe pain in your lower abdomen when you are urinating or if you are unable to urinate. The catheter may need to be put back in.**

### **When can I go back to work?**

Most people are able to return to work about 2 to 4 weeks after surgery. You may be comfortable with desk or office work once your catheter is taken out. If your work requires heavy physical activity, you may need a longer time to recover. Talk with your surgeon about when it will be safe to return to work.

### **When can I resume sexual activity?**

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

### **Will I be able to achieve an erection?**

Erectile dysfunction, usually called ED, means not being able to achieve an erection. After your prostate surgery, it will take time (weeks to months) for your erectile function to recover. In the initial weeks after having your catheter removed, you may not be able to achieve erections hard enough for sex, even with the use of medications like sildenafil citrate (Viagra). Your healthcare team will talk with you about your options to try to improve your ability to achieve an erection.

## What are my options for treating erectile dysfunction?

We recommend taking medication for erectile dysfunction on a daily basis. This is to promote blood flow to your penis in order 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 medication plan. Keep following this plan until you see your surgeon during your post-operative (post-op) visit.

Your plan may be one of the following:

Medication	Normal dose	Challenge dose
sildenafil citrate (Viagra)	<ul style="list-style-type: none"><li>• Take 25 mg 6 nights per week.</li><li>• To make the 25 mg dose, split a 100 mg pill into 4 pieces. Use a pill cutter from your local drug store.</li></ul>	<ul style="list-style-type: none"><li>• Take 100 mg 1 night per week.</li></ul>
sildenafil citrate (generic)	<ul style="list-style-type: none"><li>• Take 1 (20 mg) pill 6 nights per week.</li></ul>	<ul style="list-style-type: none"><li>• Take 5 (20 mg) pills 1 night per week. This is a total of 100 mg.</li></ul>
tadalafil (Cialis) 20 mg pills	<ul style="list-style-type: none"><li>• Take 1 (20 mg) pill every other day.</li></ul>	<ul style="list-style-type: none"><li>• Do not take a challenge dose. A 20 mg dose of tadalafil (Cialis) is the highest dose you should take.</li></ul>
tadalafil (Cialis) 5 mg pills	<ul style="list-style-type: none"><li>• Take 1 (5mg) pill 6 nights per week.</li></ul>	<ul style="list-style-type: none"><li>• Take 4 (5 mg) pills 1 night per week. This is a total of 20 mg.</li></ul>

### About the challenge dose

- When you take the challenge dose, take the medication on an empty stomach. Take it about 2 hours before your evening meal.
- The medication 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 if the pills aren't working?

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

If the medication isn't working for you, there are other things you can do to achieve an erection. If you're interested in learning about other treatment options for erectile dysfunction, make an appointment with our Male Sexual and Reproductive Medicine Program by calling 646-888-6024.

## When will I get my pathology results?

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

What should I talk to my doctor about?

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

## What kind of follow-up care will I need?

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: \_\_\_\_\_

## Can I continue at MSK for my follow-up care?

Yes. We offer comprehensive follow-up care for men who were treated here for prostate cancer in our Survivorship Program. 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, as well as watch for any signs of the cancer coming back.

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

- Look for signs of the cancer returning.
- Manage any effects of treatment, such as pain and fatigue.

- Recommend screening tests for other cancers.
- Provide counseling about living a healthy lifestyle, such as diet, exercise, and quitting smoking.

During visits with your NP, you will:

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

If you would like more information about our Survivorship program, talk with your doctor or nurse or visit our Survivorship Center online at [www.mskcc.org/experience/living-beyond-cancer](http://www.mskcc.org/experience/living-beyond-cancer)

### How can I cope with my feelings?

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can't control some of these feelings. If this happens, it's a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It's always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to patients and their families. Whether you're in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

### What if I have other questions?

If you have any questions or concerns, please talk with your doctor or nurse. You can reach them Monday through Friday from 9:00 AM to 5:00 PM.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask for the doctor on call for your doctor.



### Contact your doctor immediately if:

- You have a temperature of 101° F (38.3° C) or higher.
- Have severe pain in your lower abdomen (belly) when you're urinating.
- Aren't able to 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.



This section contains a list of support services that may help you get ready for your surgery and recover safely.

Write down your questions and be sure to ask your healthcare provider.

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# MSK Support Services

## **Admitting Office**

212-639-7606

Call if you have questions about your hospital admission, including requesting a private room.

## **Anesthesia**

212-639-6840

Call if you have questions about anesthesia.

## **Blood Donor Room**

212-639-7643

Call if you're interested in donating blood or platelets.

## **Bobst International Center**

888-675-7722

MSK welcomes patients from around the world. If you're an international patient, call for help arranging your care.

## **Chaplaincy Service**

212-639-5982

Our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near Memorial Hospital's main lobby and is open 24 hours a day. If you have an emergency, call 212-639-2000 and ask for the chaplain on call.

## **Counseling Center**

646-888-0200

Many people find counseling helpful. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

## **Food Pantry Program**

646-888-8055

The food pantry program gives food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

## **Integrative Medicine Service**

646-888-0800

The Integrative Medicine Service offers many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

## **MSK Library**

[library.mskcc.org](http://library.mskcc.org)

212-639-7439

You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK's library website at [libguides.mskcc.org](http://libguides.mskcc.org).

## **Patient and Caregiver Education**

[www.mskcc.org/pe](http://www.mskcc.org/pe)

Visit the Patient and Caregiver Education website to search our virtual library. There, you can find written educational resources, videos, and online programs.

## **Patient and Caregiver Peer Support Program**

212-639-5007

You may find it comforting to speak with someone who has been through a treatment like yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

## **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 if you have 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 Nursing Office**

212-639-6892

You may request private nurses or companions. Call for more information.

## **Resources for Life After Cancer (RLAC) Program**

646-888-8106

At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

## **Sexual Health Programs**

Cancer and cancer treatments can have an impact on your sexual health. MSK's Sexual Health Programs can help you take action and address sexual health issues before, during, or after your treatment.

- Our Female Sexual Medicine and Women's Health Program helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, call 646-888-5076.
- Our Male Sexual and Reproductive Medicine Program helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.

## **Social Work**

212-639-7020

Social workers help patients, family, and friends deal with issues that are common for people with cancer. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you're eligible.

### **Tobacco Treatment Program**

212-610-0507

If you want to quit smoking, MSK has specialists who can help. Call for more information.

### **Virtual Programs**

[www.mskcc.org/vp](http://www.mskcc.org/vp)

MSK's Virtual Programs offer online education and support for patients and caregivers, even when you can't come to MSK in person. Through live, interactive sessions, you can learn about your diagnosis, what to expect during treatment, and how to prepare for the various stages of your cancer care. Sessions are confidential, free, and led by expert clinical staff. If you're interested in joining a Virtual Program, visit our website at [www.mskcc.org/vp](http://www.mskcc.org/vp) for more information.

For more online information, visit the "Cancer Types" section of [www.mskcc.org](http://www.mskcc.org).

## External Support Services

### **Access-A-Ride**

[new.mta.info/accessibility/paratransit](http://new.mta.info/accessibility/paratransit)

877-337-2017

In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who aren't able to take the public bus or subway.

### **Air Charity Network**

[www.aircharitynetwork.org](http://www.aircharitynetwork.org)

877-621-7177

Provides travel to treatment centers.

### **American Cancer Society (ACS)**

[www.cancer.org](http://www.cancer.org)

800-ACS-2345 (800-227-2345)

Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

### **Cancer and Careers**

[www.cancerandcareers.org](http://www.cancerandcareers.org)

646-929-8032

A resource for education, tools, and events for employees with cancer.

### **CancerCare**

[www.cancercare.org](http://www.cancercare.org)

800-813-4673

275 Seventh Avenue (Between West 25<sup>th</sup> & 26<sup>th</sup> Streets)

New York, NY 10001

Provides counseling, support groups, educational workshops, publications, and financial assistance.

### **Cancer Support Community**

[www.cancersupportcommunity.org](http://www.cancersupportcommunity.org)

888-793-9355

Provides support and education to people affected by cancer.

**Caregiver Action Network**

[www.caregiveraction.org](http://www.caregiveraction.org)

800-896-3650

Provides education and support for those who care for loved ones with a chronic illness or disability.

**Corporate Angel Network**

[www.corpangelnetwork.org](http://www.corpangelnetwork.org)

866-328-1313

Offers free travel to treatment across the country using empty seats on corporate jets.

**Gilda's Club**

[www.gildasclubnyc.org](http://www.gildasclubnyc.org)

212-647-9700

A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

**Good Days**

[www.mygooddays.org](http://www.mygooddays.org)

877-968-7233

Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the Good Days formulary.

**Healthwell Foundation**

[www.healthwellfoundation.org](http://www.healthwellfoundation.org)

800-675-8416

Provides financial assistance to cover copayments, health care premiums, and deductibles for certain medications and therapies.

**Joe's House**

[www.joeshouse.org](http://www.joeshouse.org)

877-563-7468

Provides a list of places to stay near treatment centers for people with cancer and their families.

**LGBT Cancer Project**

[www.lgbtcancer.org](http://www.lgbtcancer.org)

212-673-4920

Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.

**LegalHealth**

[www.legalhealth.org](http://www.legalhealth.org)

212-613-5000

Provides free legal help to New Yorkers experiencing serious or chronic health problems and financial hardship.

**LIVESTRONG Fertility**

[www.livestrong.org/fertility](http://www.livestrong.org/fertility)

855-744-7777

Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

**Look Good Feel Better Program**

[www.lookgoodfeelbetter.org](http://www.lookgoodfeelbetter.org)

800-395-LOOK (800-395-5665)

This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program's website.

**Medicine Assistance Tool**

[www.medicineassistancetool.org](http://www.medicineassistancetool.org)

A search engine with information about programs that can help people with financial need get access to medications.

**National Cancer Institute**

[www.cancer.gov](http://www.cancer.gov)

800-4-CANCER (800-422-6237)

**National LGBT Cancer Network**

[www.cancer-network.org](http://www.cancer-network.org)

212-675-2633

Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

**Needy Meds**

[www.needymeds.org](http://www.needymeds.org)

800-503-6897

Lists Patient Assistance Programs for brand and generic name medications.

**Patient Access Network Foundation**

[www.panfoundation.org](http://www.panfoundation.org)

866-316-7263

Helps people with insurance pay their out-of-pocket medical costs.

**Patient Advocate Foundation**

[www.patientadvocate.org](http://www.patientadvocate.org)

800-532-5274

Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

**RxHope**

[www.rxhope.com](http://www.rxhope.com)

877-267-0517

Helps people get medications they have trouble affording.

This section contains the educational resources that were referred to throughout this guide. These resources will help you get ready for your surgery and recover safely after surgery.

Write down your questions and be sure to ask your healthcare provider.

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# Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

This information will help you identify medications that contain aspirin, other NSAIDs, or vitamin E. It's important to stop taking these medications before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can increase your risk of bleeding during treatment.

Other dietary supplements (such as other vitamins and herbal remedies) can also affect your cancer treatment. For more information, read the resource *Herbal Remedies and Cancer Treatment* ([www.mskcc.org/pe/herbal\\_remedies](http://www.mskcc.org/pe/herbal_remedies)).

## Instructions Before Your Surgery

If you take aspirin, other NSAIDs, or vitamin E, tell your healthcare provider. They'll tell you if you need to stop taking it. You'll also find instructions in the information about your treatment. Read the "Examples of Medications" section to see if your medications contain aspirin, other NSAIDs, or vitamin E.

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 medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Don't stop taking aspirin unless your healthcare provider tells you to.**



- If you take vitamin E or a supplement that contains vitamin E, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medication that contains an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

## Examples of Medications

Medications are often called by their brand name. This can make it hard to know their ingredients. The lists below can help you identify medications that contain aspirin, other NSAIDs, or vitamin E.

These lists include the most common products, but there are others. **Make sure your healthcare provider always knows all the prescription and over-the-counter (not prescription) medications you're taking, including patches and creams.**

Common Medications Containing Aspirin			
Aggrenox®	Cama® Arthritis Pain Reliever	Heartline®	Robaxisal® Tablets
Alka Seltzer®	COPE®	Headrin®	Roxiprin®
Anacin®	Dasin®	Isollyl®	Saleta®
Arthritis Pain Formula	Easprin®	Lanorinal®	Salocol®
Arthritis Foundation Pain Reliever®	Ecotrin® (most formulations)	Lortab® ASA Tablets	Sodol®
ASA Enseals®	Empirin® Aspirin (most formulations)	Magnaprin®	Soma® Compound Tablets
ASA Suppositories®	Epromate®	Marnal®	Soma® Compound with Codeine Tablets
Ascriptin® and Ascriptin A/D®	Equagesic Tablets	Micrainin®	St. Joseph® Adult Chewable Aspirin
Aspergum®	Equazine®	Momentum®	Supac®
Asprimox®	Excedrin® Extra-Strength Analgesic	Norgesic Forte® (most formulations)	Synalgos® -DC Capsules

	Tablets and Caplets		
Axotal®	Excedrin® Migraine	Norwich® Aspirin	Tenol-Plus®
Azdone®	Fiorgen®	PAC® Analgesic Tablets	Trigesic®
Bayer® (most formulations)	Fiorinal® (most formulations)	Orphengesic®	Talwin® Compound
BC® Powder and Cold formulations	Fiortal®	Painaid®	Vanquish® Analgesic Caplets
Bufferin® (most formulations)	Gelpirin®	Panasal®	Wesprin® Buffered
Buffets II®	Genprin®	Percodan® Tablets	Zee-Seltzer®
Buffex®	Gensan®	Persistin®	ZORprin®

### Common NSAID Medications That Don't Contain Aspirin

Advil®	Duexis®	Mefenamic Acid	PediaCare Fever®
Advil Migraine®	Etodolac®	Meloxicam	Piroxicam
Aleve®	Feldene®	Menadol®	Ponstel®
Anaprox DS®	Fenoprofen	Midol®	Relafen®
Ansaid®	Flurbiprofen	Mobic®	Saleto 200®
Arthrotec®	Genpril®	Motrin®	Sulindac
Bayer® Select Pain Relief Formula Caplets	Ibuprofen	Nabumetone	Toradol®
Celebrex®	Indomethacin	Nalfon®	Treximet®
Celecoxib	Indocin®	Naproxen	Vicoprofen®
Children's Motrin®	Ketoprofen	Naprosyn®	Vimovo®
Clinoril®	Ketorolac	Nuprin®	Voltaren®
Daypro®	Lodine®	Orudis®	
Diclofenac	Meclofenamate	Oxaprozin	

<b>Products Containing Vitamin E</b>			
Amino-Opt-E	Aquavit	E-400 IU	E complex-600
Aquasol E	D'alpha E	E-1000 IU Softgels	Vita-Plus E

Most multivitamins contain vitamin E. If you take a multivitamin, check the label.

## About Acetaminophen

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it won't increase your chance of bleeding. But, talk with your healthcare provider before taking acetaminophen if you're getting chemotherapy.

<b>Medications Containing Acetaminophen</b>			
Acephen®	Esgic®	Percocet®	Vanquish®
Aceta® with Codeine	Excedrin P.M.®	Primlev®	Vicodin®
Acetaminophen with Codeine	Fiorcet®	Repan®	Wygesic®
Aspirin-Free Anacin®	Lorcet®	Roxicet®	Xartemis XR®
Arthritis Pain Formula® Aspirin-Free	Lortab®	Talacen®	Xodol®
Datril®	Naldegesic®	Tempra®	Zydone®
Di-Gesic®	Norco®	Tylenol®	
Endocet®	Panadol®	Tylenol® with Codeine No. 3	

## Read the labels on all your medications

Acetaminophen is safe when used as directed. But, there's a limit to how much you can take in a day. It's possible to take too much without knowing because it's in many different prescription and over-the-counter medications. It's often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy

medications.

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

<b>Common Abbreviations for Acetaminophen</b>		
APAP	AC	Acetaminop
Acetamin	Acetam	Acetaminoph

Always read and follow the label on the product you're taking. Don't take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.

# Herbal Remedies and Cancer Treatment

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

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical (plant-based) home remedies or other dietary supplements. This is because they can:

- Interact with your other medications.
- Increase or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Make radiation therapy less effective.
- Increase the effects of sedation or anesthesia (medications to make you sleepy).

You can continue to use herbs in your food and drinks, such as using spices in cooking and drinking tea. However, you must stop taking herbal supplements before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

## Common Herbal Supplements and Their Effects

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

### Echinacea

- Can cause an allergic reaction, such as a rash or trouble breathing.
- Can lower the effects of medications used to weaken the immune system.

## **Garlic**

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

## **Ginkgo (also known as *Ginkgo biloba*)**

- Can increase your risk of bleeding.

## **Ginseng**

- Can lower the effects of sedation or anesthesia.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

## **Turmeric**

- Can make chemotherapy less effective.

## **St. John's Wort**

- Can interact with medications given during surgery.
- Can make your skin more sensitive to radiation or laser treatment.

## **Valerian**

- Can increase the effects of sedation or anesthesia.

## **Herbal formulas**

- Herbal formulas contain different herbs. We don't know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it's safe.

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

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at [www.abouterbs.com](http://www.abouterbs.com).

# How to Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer.

## About Your Incentive Spirometer

An incentive spirometer is a device that will expand your lungs by helping you to breathe more deeply and fully. The parts of your incentive spirometer are labeled in Figure 1.

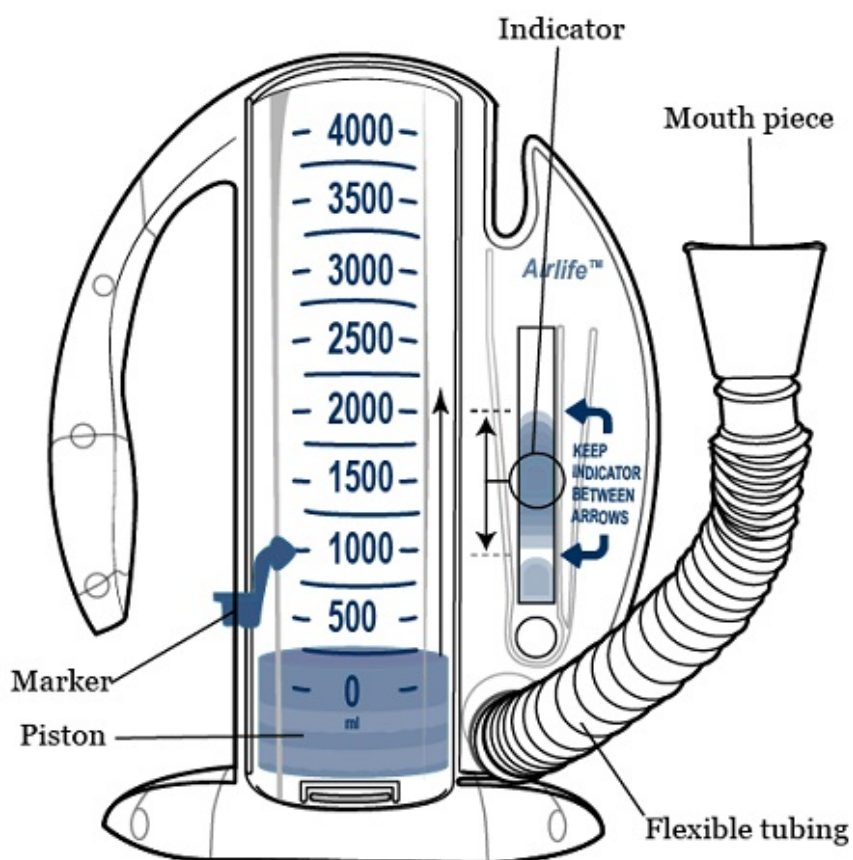


Figure 1. Incentive Spirometer



Use your incentive spirometer after your surgery and do your deep breathing and coughing exercises. This will help keep your lungs active throughout your recovery and prevent complications such as pneumonia.

If you have an active respiratory infection (such as pneumonia, bronchitis, or COVID-19) do not use the device when other people are around.

## How To Use Your Incentive Spirometer

Here is a video demonstrating how to use your incentive spirometer:



Please visit [www.mskcc.org/pe/incentive\\_spirometer\\_video](http://www.mskcc.org/pe/incentive_spirometer_video) to watch this video.

### Setting up your incentive spirometer

The first time you use your incentive spirometer, you will need to take the flexible tubing with the mouthpiece out of the bag. Stretch out the tubing and connect it to the outlet on the right side of the base (see Figure 1). The mouthpiece will be attached to the other end of the tubing.

### Using your incentive spirometer

When you're using your incentive spirometer, make sure to breathe through your mouth. If you breathe through your nose, the incentive spirometer won't work properly. You can hold your nose if you have trouble.

If you feel dizzy at any time, stop and rest. Try again at a later time.

To use your incentive spirometer, follow the steps below.

1. Sit upright in a chair or in bed. Hold the incentive spirometer at eye level.
  - o If you had surgery on your chest or abdomen (belly), hug or hold a pillow to help splint or brace your incision (surgical cut) while you're using the incentive spirometer. This will help decrease pain at your incision.
2. Put the mouthpiece in your mouth and close your lips tightly around it. Slowly

breathe out (exhale) completely.

3. Breathe in (inhale) slowly through your mouth as deeply as you can. As you take the breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see Figure 1).
4. Try to get the piston as high as you can, while keeping the indicator between the arrows.
  - o If the indicator doesn't stay between the arrows, you're breathing either too fast or too slow.
5. When you get it as high as you can, hold your breath for 10 seconds, or as long as possible. While you're holding your breath, the piston will slowly fall to the base of the spirometer.
6. Once the piston reaches the bottom of the spirometer, breathe out slowly through your mouth. Rest for a few seconds.
7. Repeat 10 times. Try to get the piston to the same level with each breath.
8. After each set of 10 breaths, try to cough, holding a pillow over your incision, as needed. Coughing will help loosen or clear any mucus in your lungs.
9. Put the marker at the level the piston reached on your incentive spirometer. This will be your goal next time.

Repeat these steps every hour that you're awake.

Cover the mouthpiece of the incentive spirometer when you aren't using it.

# Pelvic Floor Muscle (Kegel) Exercises for Men

This information will teach you 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 leakage of urine and stool (poop), known as incontinence.
- Improve your sexual health.

## About Your Pelvic Floor Muscles

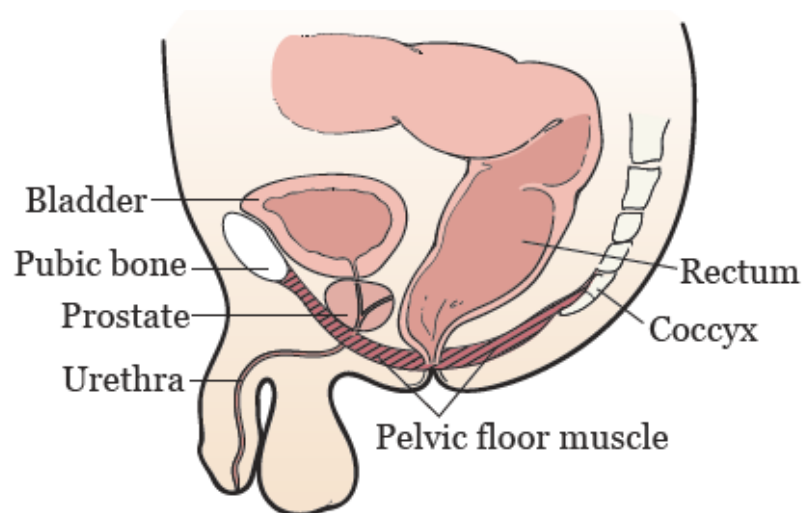


Figure 1. Your pelvic floor muscles

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). Your pelvic floor muscles are also the same muscles that you would use to hold in your urine in and prevent urine leakage or hold back gas.

To test this out, while you pass your first stream of urine in the morning, try to stop the stream. The muscle you're using is your pelvic floor muscle. Don't do this often because starting and stopping your urine stream every time you urinate can be harmful.

## How to Do Kegel Exercises

Kegel exercises are very easy to do. You can do them anywhere without anyone knowing.

To do a Kegel exercise, follow these steps:

- Start by holding your pelvic floor muscles in for 5 seconds. To pull in your pelvic floor, think of pulling in and lifting up your genitals. Don't hold your breath while you do this. Counting out loud can stop you from holding your breath.
- After holding for 5 seconds, slowly and completely relax your muscles for 5 seconds.
- 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 at a later time.

Don't use your stomach, leg, or buttock muscles when doing this exercise. Exercising these muscles won't help you regain urinary control or improve your sexual health.

As you continue to practice these exercises, you should increase the time you hold and rest your pelvic floor muscles. Start with 5 seconds, and slowly build up the time each week 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

Regularly doing these exercises will help strengthen your pelvic floor muscles and reduce urinary leakage.



**Don't do Kegel exercises while you have a Foley<sup>®</sup> catheter (thin, flexible tube) in place.**

## Pain and Kegel Exercises

Kegel exercises shouldn't 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 the exercises, you may be trying too hard and using your stomach or back muscles instead of your pelvic floor muscles.
- If you get a headache after doing the exercises, you may be making your chest muscles tight and holding your breath.

If you have any questions, call your nurse. You may also want to talk to your healthcare team about pelvic floor physical therapy. Pelvic floor physical therapy can help you with issues you might be having in your bladder, bowels or pelvic area.

# Caring for Your Urinary (Foley) Catheter

This information will help you care for your urinary (Foley) catheter while you're at home.

You have had a urinary catheter (a thin, flexible tube) placed in your bladder to drain your urine (pee). It's held inside your bladder by a balloon filled with water. The parts of the catheter outside your body are shown in Figure 1.

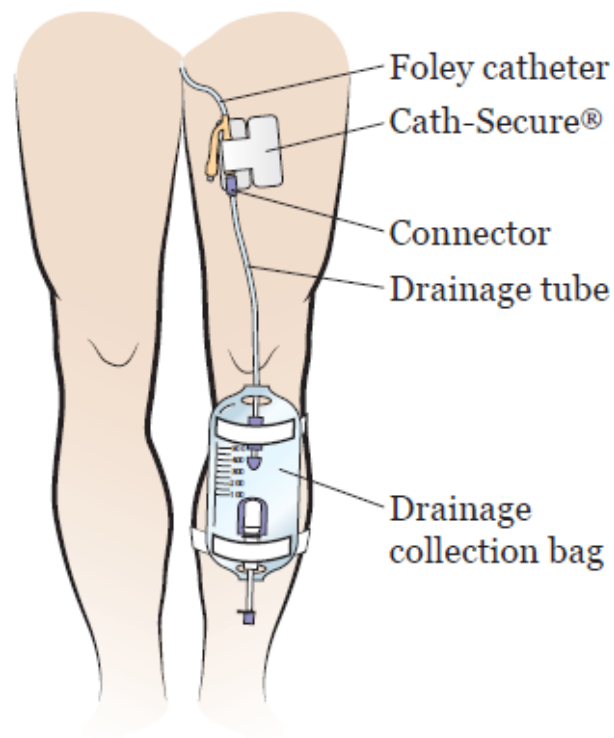


Figure 1. The parts of your Foley catheter

## Catheter Care

- You need to clean your catheter, change your drainage bags, and wash your

drainage bags every day.

- You may see some blood or urine around where the catheter enters your body, especially when walking or having a bowel movement (pooping). This is normal, as long as there's urine draining into the drainage bag. If there's not, call your healthcare provider.
- While you have your catheter, drink 1 to 2 glasses of liquids every 2 hours while you're awake.

## Showering

- You can shower while you have your catheter in place. Don't take a bath until after your catheter is removed. This is because taking a bath while you have your Foley catheter puts you at risk for infections.
- Make sure you always shower with your night bag. Don't shower with your leg bag. You may find it easier to shower in the morning.

## Cleaning Your Catheter

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

You will need the following supplies:

1. Gather your supplies. You will need:
  - Mild soap, such as Dove®
  - Water
  - 1 Cath-Secure®
2. Wash your hands with soap and water for at least 20 seconds.
3. Using mild soap and water, clean your genital area.
  - Men should pull back their foreskin, if needed, and clean the area, including the penis.
  - Women should separate the labia, and clean the area from front to back.

4. Clean your urethra (urinary opening), which is where the catheter enters your body.
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 don't put tension on it.
6. Rinse the area well and dry it gently.
7. If you removed your old Cath-Secure, use the new Cath-Secure to attach the catheter to your leg to keep it from moving.

## Changing Your Drainage Bag

You will change your drainage bag 2 times a day.

- 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.

You will need the following supplies:

- A clean washcloth (not one already used for bathing) or a 4"x4" piece of gauze
  - Night or leg drainage bag (whichever one you are switching to)
  - 2 alcohol pads
1. Wash your hands with soap and warm water for at least 20 seconds.
  2. Empty the urine from the drainage bag into the toilet. Make sure that spout of the drainage bag never touches the side of the toilet or any emptying container.
  3. Place the clean cloth or gauze under the connector to catch any leakage.
  4. Pinch off the catheter with your fingers and disconnect the used bag.
  5. Wipe the end of the catheter with an alcohol pad.
  6. Wipe the connector on the new bag with the second alcohol pad.
  7. Connect the clean bag to the catheter and release your finger pinch.
  8. Check all connections. Straighten any kinks or twists in the tubing.



You may also find it helpful to watch the video below that shows you how to change your drainage bags.



Please visit [www.mskcc.org/cancer-care/patient-education/how-change-your-foley-catheter-drainage-bag](http://www.mskcc.org/cancer-care/patient-education/how-change-your-foley-catheter-drainage-bag) to watch this video.

## Caring for Your Drainage Bags

### Caring for your leg bag

- The tubing from the 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 nurse will show you how to do this.
- Always wear the leg bag below your knee. This will help it drain.
- Make sure to place the leg bag on your calf with the Velcro® straps your nurse 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 and should be loosened. Leaving the straps too tight can decrease your circulation and lead to blood clots.
- Empty the leg bag into the toilet through the spout at the bottom every 2 to 4 hours, as needed. Don't let the bag become completely full.
- Don't lie down for longer than 2 hours while you're wearing the leg bag.

### Caring for your night bag

- Always keep the night bag below the level of your bladder.
- To hang your night bag while you sleep, place a clean plastic bag inside of a wastebasket. Hang the night bag on the inside of the wastebasket.

### Cleaning the drainage bags

You will need the following supplies:

- White vinegar
  - Cool water
1. Wash your hands with soap and warm water for at least 20 seconds.
  2. Rinse the bag with cool water. Don't use hot water because it can damage the plastic equipment.
  3. To decrease odor, fill the bag halfway with a mixture of 1 part white vinegar and 3 parts water. Shake the bag and let it sit for 15 minutes.
  4. Rinse the bag with cool water and hang it up to dry.

## Preventing 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 and off the floor at all times.
- Keep the catheter secured to your thigh to prevent it from moving.
- Don't lie on your catheter or block the flow of urine in the tubing.
- Shower daily to keep the catheter clean.
- Clean your hands before and after touching the catheter or bag.

## When to Call Your Healthcare Provider

Call your healthcare provider right away if you have any of the following:

- Your catheter comes out. Don't try to replace it yourself.
- You have a fever of 101°F (38.3 °C) or higher.
- You're making less urine than usual.
- You have foul-smelling urine.
- You have bright red blood or large blood clots in your urine.

- You have abdominal (belly) pain and no urine in your catheter bag.

# Caring for Your Jackson-Pratt Drain

This information explains how to care for your Jackson-Pratt® drain when you leave the hospital. You may also find it helpful to watch the video below.

## About Your Jackson-Pratt Drain

Your Jackson-Pratt drain has a soft plastic bulb with a stopper and a flexible tube attached to it (see Figure 1). The drainage end of the tubing (flat white part) is placed into your surgical site through a small opening near your incision. This area is called the insertion site. A suture (stitch) will hold it in place. The rest of the tube will extend outside your body and will be attached to the bulb.

When the bulb is compressed (squeezed) with the stopper in place, a constant gentle suction is created. The bulb should be compressed at all times, except when you're emptying the drainage.

How long you will have your Jackson-Pratt drain depends on your surgery and the amount of drainage you're having. Everyone's drainage is different. Some people drain a lot, some only a little. The Jackson-Pratt drain is usually removed when the drainage is 30 mL or less over 24 hours. You will write down the amount of drainage you have in the drainage log at the end of this resource. It's important to bring your log with you to your follow-up appointments.

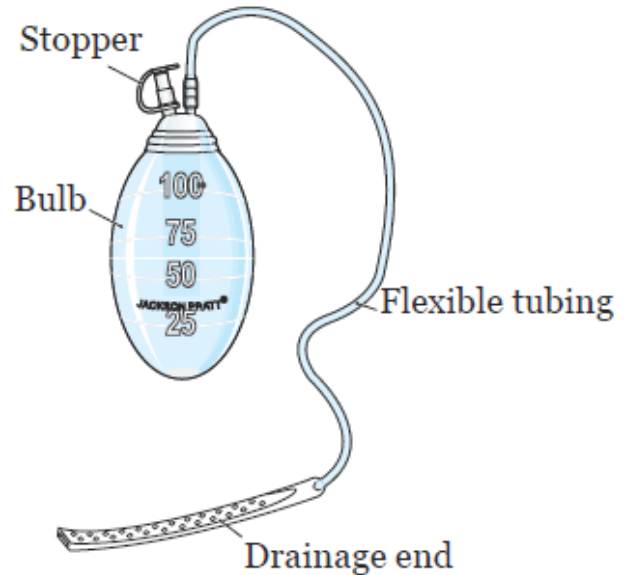


Figure 1. Jackson-Pratt drain

# Caring for Your Jackson-Pratt Drain

When you leave the hospital, you will care for your Jackson-Pratt drain by:

- Milking your tubing to help move clots.
- Emptying your drain 2 times a day and writing down the amount of drainage on your Jackson-Pratt drainage log at the end of this resource.
  - If you have more than 1 drain, make sure to measure and write down the drainage of each one separately. Don't add them together.
- Caring for your insertion site.
- Checking for problems.

## Milking your tubing

These steps will help you move clots through your tubing and keep the drainage flowing.

Milk your tubing before you open the stopper to empty and measure your drainage. You should also do this if you see fluid leaking around the insertion site.

1. Clean your hands.
  - To wash your hands with soap and water, wet your hands, apply soap, rub them together for at least 20 seconds, then rinse. Dry your hands with a towel and use that same towel to turn off the faucet.
  - If you're using an alcohol-based hand sanitizer, cover your hands with it, rubbing them together until they're dry.
2. Look in the mirror at the tubing. This will help you see where your hands need to be.
3. Pinch the tubing close to where it goes into your skin between the thumb and forefinger of your hand. Keep this hand in place while you milk your tubing. This will help to make sure that you're not tugging on your skin, which can be painful.
4. With the thumb and forefinger of your other hand, pinch the tubing right below

your other fingers. Keeping your fingers pinched, slide them down the tubing, pushing any clots down toward the bulb. You may want to use alcohol wipes to help you slide your fingers down the tubing.

5. Repeat steps 3 and 4 as many times as you need to push clots from the tubing into the bulb. If you can't move a clot into the bulb and there is little or no drainage in the bulb, call your doctor or nurse.

## Emptying your drain

You will need to empty your Jackson-Pratt drain 2 times a day, in the morning and in the evening. Follow these instructions when emptying your Jackson-Pratt drain.

### Supplies

- Measuring container your nurse gave you
- Jackson-Pratt Drainage Log
- Pen or pencil

### Instructions

1. Prepare a clean area to work on. This can be done in your bathroom or in an area with a dry, uncluttered surface.
2. Gather your supplies. You will need:
  - The measuring container your nurse gave you
  - Your Jackson-Pratt drainage log
  - A pen or pencil
3. Clean your hands.
  - To wash your hands with soap and water, wet your hands, apply soap, rub them together for at least 20 seconds, then rinse. Dry your hands with a towel and use that same towel to turn off the faucet.
  - If you're using an alcohol-based hand sanitizer, cover your hands with it, rubbing them together until they're dry.

4. If the drainage bulb is attached to your surgical bra or wrap, first remove it from there.
5. Unplug the stopper on top of the bulb. This will make the bulb expand. Don't touch the inside of the stopper or the inner area of the opening on the bulb.
6. Turn the bulb upside down and gently squeeze it. Pour the drainage into the measuring container (see Figure 2).
7. Turn your bulb right side up.
8. Squeeze the bulb until your fingers feel the palm of your hand.
9. Continue to squeeze the bulb while you replug the stopper.
10. Check to see that the bulb stays fully compressed to ensure a constant gentle suction.
11. Don't let the drain dangle.
  - If you're wearing a surgical bra, there will be either a plastic loop or Velcro® straps attached at the bottom. Attach the drainage bulb to the bra.
  - If you're wearing a wrap, attach the drainage bulb to the wrap.
  - It may be helpful to hold your drain in a fanny pack or belt bag.
12. Check the amount and color of drainage in the measuring container. The first couple of days after surgery, the fluid may be a dark red color. This is normal. As you continue to heal, it may look pink or pale yellow.
13. Write down the amount and color of your drainage on your Jackson-Pratt drainage log.
14. Flush the drainage down the toilet and rinse the measuring container with water.
15. At the end of each day, add up the total amount of drainage you had for the day

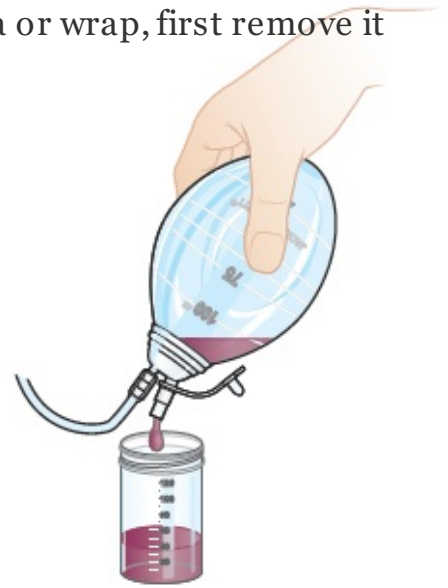


Figure 2. Emptying the bulb

and write it in the last column of the drainage log. If you have more than 1 drain, measure and record each one separately.

## **Caring for Your Insertion Site**

### **Check for signs of infection**

Once you empty your drainage, clean your hands again and check the area around your insertion site for:

- Tenderness
- Swelling
- Pus
- Warmth
- More redness than usual. Sometimes the drain causes redness about the size of a dime at your insertion site. This is normal.

If you have any of these signs or symptoms, or if you have a temperature of 101° F (38.3° C) or higher, call your doctor. You may have an infection.

Your healthcare provider will tell you if you should place a bandage over your insertion site.

### **Keep your insertion site clean**

Keep your insertion site clean and dry by washing it with soap and water and then gently patting it dry.



# Problems You May Have With Your Drain

<p><b>Problem</b></p> <ul style="list-style-type: none"> <li>The bulb isn't compressed.</li> </ul>	<p><b>Reason</b></p> <ul style="list-style-type: none"> <li>The bulb isn't squeezed tightly enough.</li> <li>The stopper isn't closed securely.</li> <li>The tubing is dislodged and is leaking.</li> </ul> <p><b>What to do</b></p> <ul style="list-style-type: none"> <li>Compress the bulb using steps 3 through 9 in "Emptying your Jackson-Pratt drain" section of this resource.</li> <li>If the bulb is still expanded after following the steps above, call your doctor or nurse. If it happens after business hours, call the next day.</li> </ul>
<p><b>Problem</b></p> <p>There is:</p> <ul style="list-style-type: none"> <li>No drainage.</li> <li>A sudden decrease in the amount of drainage.</li> <li>Drainage around the tubing insertion site or on the bandage covering the tubing.</li> </ul>	<p><b>Reason</b></p> <ul style="list-style-type: none"> <li>Sometimes string-like clots clump together in the tubing. This can block the flow of drainage.</li> </ul> <p><b>What to do</b></p> <ul style="list-style-type: none"> <li>Milk your tubing following the steps in the "Milking your tubing" section of this resource.</li> <li>If there is no increase in drainage flow, call your doctor's office. If it happens after business hours, call the next day.</li> </ul>
<p><b>Problem</b></p> <ul style="list-style-type: none"> <li>The tubing falls out of your insertion site.</li> </ul>	<p><b>Reason</b></p> <ul style="list-style-type: none"> <li>This can happen if the tubing is pulled. It rarely happens because the tubing is held in place with sutures.</li> </ul> <p><b>What to do</b></p> <ul style="list-style-type: none"> <li>Place a new bandage over the site and call your doctor.</li> </ul>
<p><b>Problem</b></p> <ul style="list-style-type: none"> <li>You have redness greater than the size of a dime, swelling, heat, or pus around your insertion site.</li> </ul>	<p><b>Reason</b></p> <ul style="list-style-type: none"> <li>These may be signs of an infection.</li> </ul> <p><b>What to do</b></p> <ul style="list-style-type: none"> <li>Take your temperature. Call your doctor or nurse and describe the signs of infection around your insertion site. Let them know if your temperature is 101° F (38.3° C) or higher.</li> </ul>

Once you know how to care for your Jackson-Pratt drain, you will do it on your own. Your nurse will watch you the first time you empty your drainage to make sure you're doing it correctly. Even after you start caring for it yourself, you can always ask for help. If you have any problems, call your doctor's office.

# Caring for Your Skin After Your Drain Is Removed

Your drain will be removed at your doctor's office. You will have a bandage over the insertion site.

It's important for you to keep your insertion site and the area around it clean and dry. This will help to prevent infection and promote healing of your skin. Caring for your skin after your drain is removed will be different if you had reconstructive surgery.

## Caring for your skin without reconstructive surgery

If you had surgery without reconstruction, follow these guidelines after your drain is removed.

- Remove the bandage after 24 hours.
- You may shower after you remove the bandage but don't take a tub bath or submerge the area in water (such as in a bathtub or swimming pool) until your incision is completely closed and there is no drainage.
- Wash the site gently with soap and rinse the area with warm water. Pat the area dry.
- Inspect the site, using a mirror if necessary. It's normal to have:
  - Slight redness
  - Mild swelling
  - Tenderness
  - A small amount of clear or slightly bloody drainage on the gauze pad

## Caring for your skin with reconstructive surgery

If you had reconstructive surgery, follow these guidelines after your drain is removed.

- Change the bandage every 12 hours as needed.

- Your surgeon will let you know how long to wait before showering after your drain is removed.
- Don't take a tub bath or submerge the area in water (such as in a bathtub or swimming pool) until 6 weeks after your reconstructive surgery.
- Wash the site gently with soap and rinse the area with warm water. Pat the area dry.
- Inspect the site, using a mirror if necessary. It is normal to have:
  - Slight redness
  - Mild swelling
  - Tenderness
  - A small amount of clear or slightly bloody drainage on the gauze pad

## **Call your doctor or nurse right away if you have:**

- Bright red drainage
- A temperature of 101° F (38.3° C) or higher
- Increased redness, tenderness, swelling, pressure or pus at your insertion site
- Skin that is hot to the touch around the surgical sites

## **Call your doctor or nurse during business hours if:**

- The amount of drainage suddenly drops or has increased 100 mL over the past 24 hours
- The tube falls out of your insertion site
- You can't compress the bulb

# Your Jackson-Pratt Drainage Log

JP# \_\_\_\_\_

Date	Comments	Morning	Evening	Total

# Your Jackson-Pratt Drainage Log

JP# \_\_\_\_\_

Date	Comments	Morning	Evening	Total