

# About Your Prostate Surgery

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This guide will help you prepare for your prostate surgery at Memorial Sloan Kettering (MSK), and help you understand what to expect after your surgery. We suggest you read through it at least once before your surgery, then use it as a reference in the days leading up to your surgery so that you can do all you can to prepare. Bring it with you each time you come to MSK, including the day of your surgery, so that you and your healthcare team can refer to it as you get ready to leave the hospital.

## About Your Surgery

During your radical prostatectomy, your entire prostate gland will be removed. Cancer cells could be scattered throughout your prostate, so removing it makes it most likely that cancer cells are not left behind. Your seminal vesicles will also be removed because prostate cancer may spread there. The amount of tissue around your prostate that will be removed depends on where the cancer is and whether it has spread beyond your prostate.

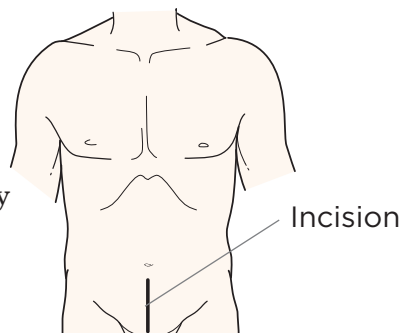
If the cancer spreads beyond your prostate, one of the first places it spreads to is usually the pelvic lymph nodes. This is why the lymph nodes are usually removed during prostate surgery. You have many lymph nodes, so your body will not miss the few that might be removed during the surgery.

Radical prostatectomy can be done using different techniques. Your surgeon will talk with you about which options are right for you.

### Open Prostatectomy

An open prostatectomy is done through a 3-inch incision (surgical cut) that goes from the pubic bone towards the belly button (see Figure 1). The pelvic lymph nodes are usually removed first, followed by the prostate gland, and then the structures next to it.

Figure 1:  
Open prostatectomy  
incisions



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The **prostate gland** is a small, firm gland about the size of a walnut. It lies next to the rectum, directly below the bladder. The prostate makes and secretes semen.

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**Seminal vesicles** are small glands near the prostate that produce the fluid in semen.

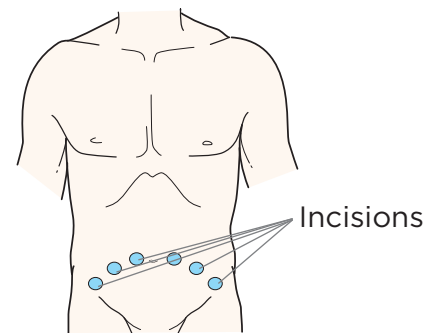
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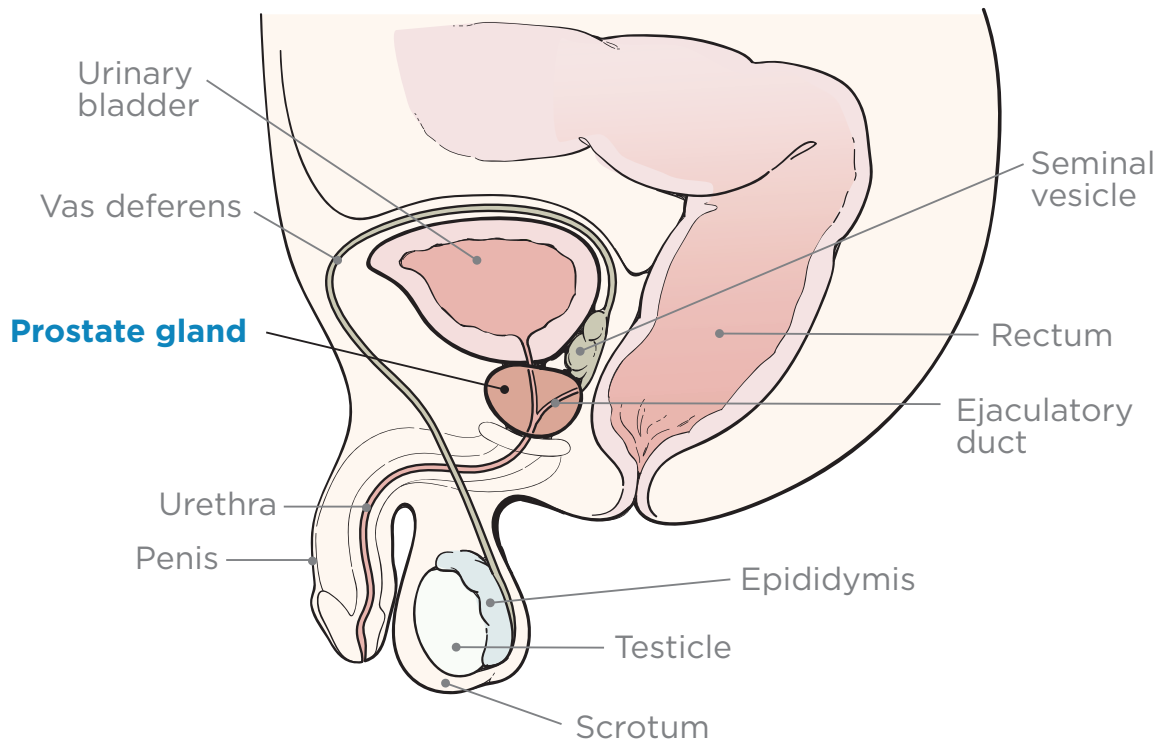
**Lymph nodes** are small oval or round structures found throughout the body. They make and store cells that fight infection.

### Laparoscopic or Robotic-Assisted Prostatectomy

During a laparoscopic or robotic-assisted prostatectomy, several small incisions will be made in the belly (see Figure 2). An instrument called a laparoscope is inserted into one of the incisions. 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:  
Laparoscopic or  
robotic-assisted  
prostatectomy  
incisions





Notes

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The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

# Preparing for Your Surgery

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

## About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It is important that you talk with your healthcare providers about your alcohol intake so that we can plan your care.

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medication to help prevent them.
- If you use alcohol regularly, you may be at risk for other complications during and after surgery. These include bleeding, infections, heart problems, greater dependence on nursing care, and longer hospital stay.

Here are things you can do to prevent problems before your surgery:

- Be honest with your healthcare provider about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or cannot sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you cannot stop drinking.
- Ask us any questions you have about drinking and surgery. As always, all of your treatment 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 heparin, warfarin (Coumadin®), clopidogrel (Plavix®), and tinzaparin (Innohep®). There are others, so be sure your doctor knows all the medications you're taking.
- I take prescription medications.
- I take any over-the-counter medications, 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 in the past.
- I have allergies, 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 want to quit, call our Tobacco Treatment Program at 212-610-0507. You can also ask your nurse about the program.

## 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). This means that the airway becomes completely blocked during sleep, so no air can get through. OSA can cause serious problems when you have 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.

## 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 who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to put you to sleep during your surgery). He or she 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 nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will talk with you about which medications you should take the morning of your surgery. To help you remember, we've left space for you to write these medications down on page 11 of this guide. It is very helpful if you bring the following with you to your PST appointment:

- A list of all the medications you are taking
- 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)

### Health Care Proxy

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

You will no longer ejaculate after this procedure. If your plans include fathering a child, you should consider sperm banking before your surgery. Please ask your nurse to tell you more about this process, or ask for the booklet *Cancer and Fertility: Information for Men*.

## 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 646-888-6024.

## 10 Days Before Your Surgery

### Stop Taking Certain Medications

Stop taking vitamin E, aspirin, and medications that contain aspirin 10 days before your surgery. These medications can cause bleeding. **If you take aspirin because you've had a problem with your heart, talk with your doctor about whether it's safe to stop.** For more information, please read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in this section.

### Make Travel Arrangements

If you are going home the day after your surgery, must have someone who is 18 years or older to take you home. Please call one of the agencies below if you don't have someone who can do this. They will help find someone to take you home.

In New York:

Partners in Care 888-735-8913

Prime Care 212-944-0244

In New Jersey:

Caring People 877-227-4649

### 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. Information about how to use your incentive spirometer can be found in the "After Your Surgery" section of this guide. If you have any questions, ask your nurse or respiratory therapist.

### 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. Information about how to do Kegel exercises can be found in the "After Your Surgery" section of this guide.



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



## Purchase Supplies

- Hibiclens® skin cleanser (Available at your pharmacy without a prescription.)
- Saline enema, such as Fleet® (Available at your local pharmacy without a prescription.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



## 7 Days Before Your Surgery

### Stop Taking Herbal Remedies

Stop taking herbal remedies or supplements 7 days before your surgery. If you take a multivitamin, talk with your doctor or nurse about whether you should continue. For more information, please read *Herbal Remedies and Cancer Treatment*, located in this section.

### Watch a Virtual Tour

This video will give you an idea of what to expect when you come to Memorial Sloan Kettering’s main hospital on the day of your surgery.

 [www.mskcc.org/pe/day-your-surgery](http://www.mskcc.org/pe/day-your-surgery)

## 2 Days Before Your Surgery

### Stop Taking Certain Medications

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (e.g., Advil®, Motrin®), or naproxen (e.g., Aleve®). These medications can cause bleeding. More information is located in this section.

# 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. He or she will tell you what time you should arrive at the hospital for your surgery. If you are scheduled for surgery on a Monday, you will be called on the Friday before. If you do not 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 \_\_\_\_\_

1275 York Avenue between East 67<sup>th</sup> and East 68<sup>th</sup> Streets  
Presurgical Center (PSC)  
B elevator to 6<sup>th</sup> Floor

## 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, and avoid fried foods and foods with a lot of seasoning.

## Do Your Bowel Preparation

The night before your surgery use a saline enema, such as Fleet, as instructed on the box.

## Shower with Hibiclens

The night before your surgery, shower using the Hibiclens solution. To use Hibiclens, open the bottle and pour some solution into your hand or a washcloth. Rub gently over your body from your neck to your waist and rinse. Do not let the solution get into your eyes, ears, mouth, or genital area. Dry with a clean towel after your shower.

## Sleep

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



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

# Morning of Your Surgery

## Shower with Hibiclens

Shower using Hibiclens just before you leave for the hospital. Use the Hibiclens the same way you did the night before.

## Take Your Medications as Instructed

If your doctor or nurse practitioner 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.

Medication	Dose	Doctor/Nurse
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Medication	Dose	Doctor/Nurse
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Medication	Dose	Doctor/Nurse
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Medication	Dose	Doctor/Nurse
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**Do not eat or drink anything the morning of your surgery. This includes water, hard candy, and gum. Take any medication as instructed with a small sip of water.**

## Things to Remember

- Do not put on any lotion, cream, deodorant, make-up, powder, or perfume.
- Do not 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, and your checkbook, at home.
- Before you are taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles, such as a rosary.
- If you wear contact lenses, wear your glasses instead.
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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.
- Only the money you may need for a newspaper, bus or taxi, or parking costs.
- A CD player and CDs or an iPod, if you choose, however someone will need to hold it for you when you go into surgery.
- Your incentive spirometer, if you have one.
- If you have a case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles such as a rosary, bring it with you.
- Your Health Care Proxy form, if you have completed one.
- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Parking When You Arrive

Parking at MSK is available in the garage on East 66<sup>th</sup> Street between York and First Avenues. To reach the garage, turn onto East 66<sup>th</sup> Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that you can walk through that connects the garage to the hospital. If you have questions about prices, call 212-639-2338.

There are also other garages located on East 69<sup>th</sup> Street between First and Second Avenues, East 67<sup>th</sup> Street between York and First Avenues, and East 65<sup>th</sup> Street between First and Second Avenues.



P = Parking  
M = Memorial Sloan Kettering

## **Once You're in the Hospital**

When you enter the hospital, take the M elevator to the 6<sup>th</sup> floor. A member of the Presurgical Center staff will check you in.

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

### **Tell Your Nurse about Medications You've Taken**

A nurse will meet with you before your surgery. Tell him or her the dose of any medication you took after midnight and the time you took them.

### **Get Dressed for Your Surgery**

You will be given a hospital gown, robe, and non skid socks.

### **Meet With Your Anesthesiologist**

He or she 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**

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to begin. When it is time for your surgery, your visitor(s) will be shown to the waiting area. Your visitors should read *Information for Family and Friends for the Day of Surgery* located in this section.

You will walk into the operating room or you can 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 circulation in your legs.

Your anesthesiologist 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 (medication to make you sleep) during your surgery.

# Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It's important to stop these medications before many cancer treatments.

Medications such as aspirin and other NSAIDs, vitamin E, and COX-2 inhibitors can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding. If you take aspirin or other NSAIDs, vitamin E, or a COX-2 inhibitor such as celecoxib (Celebrex<sup>®</sup>), tell your doctor or nurse. He or she will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you're having.

## **If you're having surgery:**

- Stop taking medications that contain aspirin or vitamin E 10 days before your surgery or as directed by your doctor. If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it.
- Stop taking NSAIDs 48 hours before your surgery or as directed by your doctor.
- Ask your doctor if you should continue taking a COX-2 inhibitor.

## **If you're having a procedure in Radiology (including Interventional Radiology, Interventional Mammography, and General Radiology):**

- If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it. If your doctor instructs you to stop taking aspirin, you should stop 5 days before your procedure or as directed by your doctor.
- Stop taking NSAIDs 24 hours before your procedure.
- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.

**Chemotherapy can decrease your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or you've been receiving it, talk with your doctor or nurse before taking aspirin or NSAIDs.**

Medications are often called by their brand name, which can make it difficult to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the list of common medications in this leaflet. While this list includes the most common products, there are others. Please check with your healthcare provider if you aren't sure. Always be sure your doctor knows all the medications you're taking, both prescription and over-the-counter.

**The following common medications contain aspirin:**

Alka Seltzer®	Cama® Arthritis Pain Reliever	Genprin®	Roxiprin®
Anacin®	COPE®	Gensan®	Saleta®
Arthritis Pain Formula	Dasin®	Heartline®	Salocol®
Arthritis Foundation Pain Reliever®	Easprin®	Headrin®	Sodol®
ASA Enseals®	Ecotrin (most formulations)	Isollyl®	Soma® Compound Tablets
ASA Suppositories®	Empirin® Aspirin (most formulations)	Lanorinal®	Soma Compound with Codeine Tablets
Ascriptin® and Ascriptin A/D	Epromate®	Lortab® ASA Tablets	St. Joseph® Adult Chewable Aspirin
Aspergum®	Equagesic Tablets	Magnaprin®	Supac®
Asprimox®	Equazine®	Marnal®	Synalgos® DC Capsules
Axotal®	Excedrin® Extra- Strength Analgesic Tablets and Caplets	Micrainin®	Tenol-Plus®
Azdone®	Excedrin Migraine	Momentum®	Trigesic®
Bayer® (most formulations)	Fiorgen®	Norgesic Forte® (most formulations)	Talwin® Compound
BC® Powder and Cold Formulations	Fiorinal®	Norwich® Aspirin	Vanquish® Analgesic Caplets
Bufferin®	Fiorinal® (most formulations)	Orphengesic®	Wesprin® Buffered
Bufferin® (most formulations)	Fiortal®	Painaid®	Zee-Seltzer®
Buffets II®	Gelpirin®	Panasal®	ZORprin®
Buffex®		Percodan® Tablets	
		Persistin®	
		Robaxisal® Tablets	

**The following common medications are NSAIDs that do not contain aspirin:**

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

**Most multivitamins contain vitamin E, so if you take a multivitamin be sure to check the label. The following products contain vitamin E:**

Amino-Opt-E	Aquavit	E-400 IU	E complex-600
Aquasol E	D'alpha E	E-1000 IU Softgels	Vita-Plus E

**Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it will not increase your chance of bleeding. The following common medications contain acetaminophen; those in bold require a prescription:**

Acephen®	Datril®	Norco®	Tylenol with Codeine No. 3
<b>Aceta® with Codeine</b>	<b>Di-Gesic®</b>	Panadol®	Vanquish
<b>Acetaminophen</b>	Esgic®	<b>Percocet®</b>	<b>Vicodin®</b>
<b>with Codeine</b>	Excedrin P.M.	<b>Repan</b>	<b>Wygesic®</b>
Aspirin-Free Anacin	<b>Fiorcet®</b>	<b>Roxicet®</b>	<b>Zydone®</b>
Arthritis Pain Formula	<b>Lorcet®</b>	Talacen®	
Aspirin-Free	<b>Lortab</b>	Temptra®	
<b>Darvocet-N 100®</b>	Naldegesic®	Tylenol	

**! Read the labels on all your medications.**

Acetaminophen (Tylenol) is a very common ingredient found in over-the-counter and prescription medications. It's often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications. The full name acetaminophen is not always written out, so look for these common abbreviations, especially on prescription pain relievers: APAP, AC, Acetaminoph, Acetaminop, Acetamin, and Acetam.

Acetaminophen is safe when used as directed, but there is a limit to how much you can take in 1 day. It's possible to take too much acetaminophen without knowing because it's in many different medications, so always read and follow the label on the product you are taking. Do not take more than 1 medication at a time that contains acetaminophen without talking with a member of your healthcare team.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at \_\_\_\_\_. After 5:00 pm, during the weekend, and on holidays, please call \_\_\_\_\_. If there's no number listed, or you're not sure, call (212) 639-2000.



# Herbal Remedies and Cancer Treatment

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical home remedies or other dietary supplements 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.
- Lower the effects of medications that weaken the immune system.
- Increase the effects of sedation or anesthesia (medications to make you sleepy).

## ■ Common Herbs and Their Effects

### **Echinacea**

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

### **Garlic**

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

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

- Can increase your risk of bleeding.

### **Ginseng**

- Can act as a stimulant, which can decrease the effects of anesthesia or sedation (medications to make you sleepy).
- 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 anesthesia or sedation (medications to make you sleepy).

## Herbal formulas

- Many herbal formulas contain different herbs. We don't know their side effects. You must also stop taking these products 1 week before and during treatment.

For more information about herbs and botanicals, visit the About Herbs, Botanicals & Other Products website at [mskcc.org/aboutherbs](http://mskcc.org/aboutherbs).

You can also download the Memorial Sloan Kettering About Herbs app from the Apple App Store at [itunes.apple.com/us/app/about-herbs/id554267162?mt=8](https://itunes.apple.com/us/app/about-herbs/id554267162?mt=8).

This information does not cover all possible side effects. Please share any questions or concerns with your healthcare provider.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at \_\_\_\_\_. After 5:00 pm, during the weekend, and on holidays, please call \_\_\_\_\_. If there's no number listed, or you're not sure, call (212) 639-2000.

# Information for Family and Friends for the Day of Surgery

This information explains what to expect on the day your friend or family member is having surgery at Memorial Sloan Kettering (MSK).

## ■ Before the Surgery

After arriving at the hospital, the patient will be asked to provide contact information for the person who will be meeting with the surgeon after the surgery. This is the same person who will get updates from the nurse liaison during the surgery. If the patient is having an outpatient procedure, he or she will also be asked to provide contact information for the person who will be taking them home.

Once the patient is checked in, he or she will go to the Presurgical Center (PSC) to be examined before surgery. One person can come along, but other visitors should wait in the waiting area. If the patient wishes, other visitors may join him or her when the nurse has finished the exam.

When the operating room (OR) is ready, the surgical team will take the patient there. They will prepare the patient for surgery, which can take 15 to 90 minutes. Then, the surgery will begin.

Please remember the following:

- Do not bring food or drinks into the waiting area or the PSC. Patients are not allowed to eat before their surgery or procedure.
- Our patients are at high risk for infection. Please do not visit if you have any cold or flu symptoms (fever, sneezing, sniffles, or a cough). We may ask you to wear a mask if there are any concerns about your health.
- If the patient brought any valuables, such as a cell phone, iPod, iPad, etc., please keep them safe for him or her during surgery.
- Sometimes, surgeries are delayed. We make every effort to tell you when this happens.

## ■ During the Surgery

After the patient is taken to the OR, please wait in the main lobby on the 1<sup>st</sup> floor. While you are waiting, here are some things you can do:

- Food and drinks are available on the 1<sup>st</sup> floor in the cafeteria and in the gift shop. You can also bring your own food and eat it in the cafeteria.
- The coat-check room is located at the bottom of the escalator on the ground level. It is open Monday through Friday from 11:00 AM to 4:00 PM.
- Wireless Internet access is available in most areas of the hospital. You can also use the computers in

the rooms off the main lobby.

- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.
- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1<sup>st</sup> floor. It is open at all times for meditation and prayer.
- The Patient Recreation Pavilion is open daily from 9:00 AM to 8:00 PM for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. Arts and crafts, a library, an outdoor terrace, and scheduled entertainment events are available in this area. To get to the pavilion, take the M elevators to the 15<sup>th</sup> floor.

### **Surgery updates**

A nurse liaison will keep you updated on the progress of surgery. He or she will:

- Give you information about the patient.
- Prepare you for your meeting with the surgeon.
- Prepare you for visiting the patient in the Post Anesthesia Care Unit (PACU).

To contact the nurse liaison:

- From inside the hospital, use a hospital courtesy phone. Dial 2000 and ask for beeper 9000. Please be patient; this can take up to 2 minutes.
- From outside of the hospital, call 212-639-2000. Ask for beeper 9000.
- You can also ask the information desk staff to contact the nurse liaison for you.

## **■ After the Surgery**

### **Meeting with the surgeon**

When the patient's surgery is completed, we will call you and ask you to return to the concierge desk to tell you where to go to meet with the surgeon.

After you have met with the surgeon, return to the concierge desk and tell them that you have finished your consultation.

### **Visiting the patient in the PACU**

After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.

When the patient is able to have visitors, a staff member will take you to the PACU. Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and avoid overcrowding. The patients in the PACU need time for rest and nursing care after surgery.

### ***While visiting in the PACU***

- Silence your cell phone.

- Apply an alcohol-based hand sanitizer (such as Purell®) before entering. There are hand sanitizer stations located throughout the hospital.
- Speak quietly.
- Respect other patients' privacy by staying at the bedside of your friend or family member.
- Do not bring food or flowers into the PACU.
- If any PACU patient needs special nursing attention, we may ask you to leave or to delay your visit.

After your visit, the nurse will escort you back from the PACU. He or she will update you on the patient's condition. He or she will also explain the plan of care for the patient, such as whether the patient is staying overnight and when he or she will be moved to an inpatient room. If the patient is going home the same day, a responsible adult must take him or her home.

We will give you a card with the PACU phone number. Please appoint one person to call for updates.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at \_\_\_\_\_. After 5:00 pm, during the weekend, and on holidays, please call \_\_\_\_\_. If there's no number listed, or you're not sure, call (212) 639-2000.

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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 will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

# What to Expect

When you wake up after your surgery, you will be in the Post Anesthesia Care Unit (PACU). Once your anesthesia has worn off, you will be taken to your hospital room. There, your nurse will tell you what you can do to recover from your surgery. Below are 2 examples of ways you can help yourself recover safely.

- It is important to walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs. The following section will cover common questions patients ask after prostate surgery and exercises to practice. Ask your doctor or nurse if you have additional questions or to explain anything you don't understand.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. When using your incentive spirometer or other breathing exercises, it may help to splint your incision. To do this, hold a pillow or blanket against the incision sites. This will reduce movement in your muscles. Instructions on how to use your incentive spirometer are included in this section.

## Will I have pain?

Your doctor and nurse will ask you about your pain often. You will be given medication to treat your pain as needed. If your pain is not relieved, please tell your doctor or nurse.

Many men 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. There may also be discoloration of your abdomen, penis, and scrotum. This is due to bruising and will go away within 1 to 2 weeks after your surgery.

## Typical pain after surgery

- Pain in your abdomen in the area of your incisions
- Gas pains
- Pressure in your rectum
- Pain in another part of your body, such as in your shoulders

## How can I prevent constipation?

Take a stool softener such as docusate sodium (Colace®) 3 times a day to avoid constipation. Continue taking the stool softener until you are no longer taking pain medications. Drink plenty of fluids. If you have not moved your bowels within 2 days after going home, use a gentle laxative. We recommend 2 tablespoons of milk of magnesia at bedtime. Do not use an enema or a suppository for at least 6 weeks after your surgery. Avoid foods that can cause gas, such as beans, broccoli, onions, cabbage, and cauliflower. For more information, ask your doctor or nurse for the booklet *Eating Well During and After Your Cancer Treatment*.

You might feel fullness or tenderness 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.

## How can I reduce the swelling?

You may develop swelling and bruising of your scrotum and penis. It will get better in about 1 to 2 weeks. You can help reduce the swelling by raising your scrotum on a rolled towel while you are sitting or lying down. It also helps to wear briefs instead of boxer shorts.



### How do I care for my incisions?

Clean your incision(s) with soap and water. If you have any bandages, remove them when you shower and let the shower water run over your incision(s). Usually the incision(s) are dry and don't require a bandage. If you have Steri-Strips™ (adhesive tape) on your incisions, you can remove them 5 to 7 days after your surgery. You can shower any time once you are home, but you must wait until your urinary (Foley®) catheter is removed before taking a bath. Any bruising you have around your incision(s) should go away in 1 to 2 weeks.

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

When you leave the hospital, you will still have the urinary (Foley) catheter (see Figure 3). 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 10 days after surgery during your first visit to MSK after your surgery. Taking care of your catheter is a big part of taking care of yourself after surgery. Be sure to read the section titled *Caring for Your Urinary (Foley) Catheter* located in this section.

It is possible that you will leave the hospital with a Jackson-Pratt® drain still in place. This is a soft catheter that is sometimes placed at the end of surgery to drain extra fluid (see Figure 4). The drain is usually removed 1 day after surgery, but it may be left in longer. If you will go home with the drain still in, your nurse will teach you how to care for it and insert information into this guide called *Caring for Your Jackson-Pratt Drainage System*.

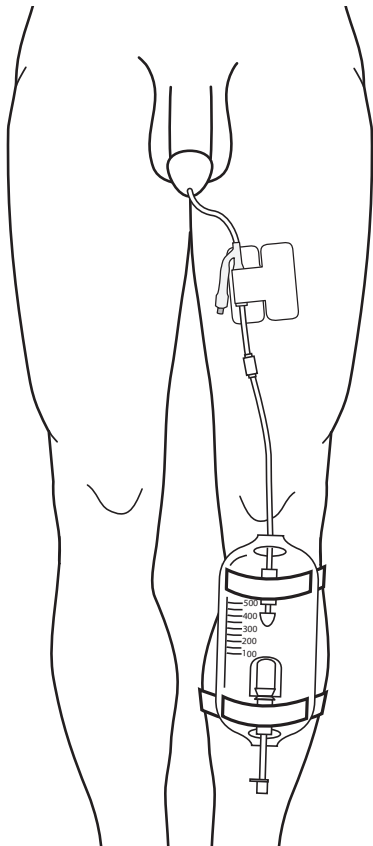


Figure 3: Urinary (Foley) catheter

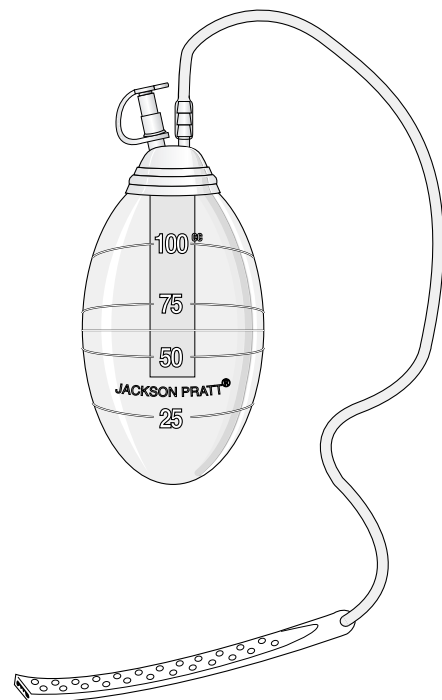


Figure 4: Jackson-Pratt drain

## 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. It may take several months to regain full control.

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

Most men have urine leakage after the catheter is removed. It will slowly decrease over time and almost always stops. You may have some leakage with straining, coughing, or lifting 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 are 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 are 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, refer to the National Association for Continence website [www.NAFC.org](http://www.NAFC.org).

## When can I go back to work?

You will probably be able to return to work about 2 to 4 weeks after your 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.

## Do I need to change my diet?

When you return home, you may resume your normal diet. Your red blood cells (blood count) may be low for a short time after your surgery. Eat red meat, spinach, and other foods rich in iron for the first month or 2. For more information, ask your nurse for the resource *Iron in Your Diet*.

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Eat food rich in iron



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Drink plenty of fluids



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### **Call your doctor immediately if:**

- 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.
- You cough up blood.
- You have pain in your abdomen while urinating.
- You have a temperature of 101° F (38.3° C) or higher.

### **When will I get my pathology results?**

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

### **When will my urinary catheter be removed?**

The catheter is usually removed 7 to 10 days after your surgery, during your first follow-up visit. Bring adult urinary pads with you the day the catheter is removed to protect your clothing from any urine leakage. This will also keep your skin dry so that you don't develop a rash.



### **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.**

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

For 2 days after the catheter is removed, the section where the bladder and urethra meet will still be fragile. Don't push or put effort into urinating; let your urine pass on its own. Don't strain to have a bowel movement.

- 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.
  - A few weeks after your surgery, you might notice 1 or 2 episodes of blood in your urine. This is usually because the scab on your internal incision is coming off. If this happens, try drinking extra liquids. When you don't see any more blood in your urine, you can decrease your liquids again to what you would normally drink.
- Resume your Kegel exercises \_\_\_\_\_.
- Do not lift anything heavier than 10 pounds (4.5 kilograms) for \_\_\_\_ weeks after your surgery.
- Do not ride on a bicycle or motorcycle for 3 months after your surgery.

- Do not have a colonoscopy for 3 months after your surgery.
- You may resume driving when your catheter is removed as long as you are not taking any pain medication.



**If you see blood or blood clots in your urine for more than 1 day, call your surgeon.**

### **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?**

It will take time (weeks to months) for your erectile function to recover. In the initial weeks after having the catheter removed most men are not able to achieve erections hard enough for sex, even with the use of medications like Viagra®. Not every man will be able to achieve an erection, even if he has had a nerve preserving procedure. Your healthcare team will talk with you about your options to try to improve your likelihood of recovery of erections.

### **What are my options for treating erectile dysfunction?**

Your doctor or nurse will tell you about your options to help you achieve an erection. Once the catheter is removed, we typically recommend using 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 routinely “cover” Viagra prescriptions. Check with your insurance provider before surgery to see what your policy covers. Occasionally an appeal has to be made. Work with your doctor and nurse to get this process started even before your surgery is completed.

### **When is it safe to start taking medication for erectile function?**

You can start taking medication to achieve an erection the night your urinary catheter has been removed.

#### **Take the medication your doctor prescribed every night:**

- Sildenafil (Viagra) 25 mg (If you were given 100 mg pills, you can break 1 into 4 pieces using a pill splitter. These pieces will be 25 mg each.)
- Vardenafil (Levitra®) 10 mg (If you were given 20 mg pills, you can break 1 into 2 pieces using a pill splitter. These pieces will be 10 mg each.)
- If your doctor prescribed tadalafil (Cialis®) 20 mg, take it every other day.

#### **Challenge instructions for patients taking sildenafil or vardenafil:**

Over the next 4 to 6 weeks, you should try to take a full dose (100 mg) of sildenafil (Viagra) or (20 mg) of vardenafil (Levitra) once a week on an empty stomach. Try this on 3 separate occasions before you return to see your doctor.

If you are taking tadalafil (Cialis), you don't need to change your dose because 20 mg is the maximum dose.

- Try to become sexually aroused through contact with your partner or self-stimulation.
- Write down your response so you remember to tell your doctor during your follow-up visit. If you are not responding to this regimen, your doctor may ask you to see the experts in our Male Sexual and Reproductive Medicine Program.



**Don't take your regular nightly dose of sildenafil (Viagra) 25 mg dose or vardenafil (Levitra) 10 mg on the night you attempt the challenge.**

### **What if the pills aren't working?**

Most men do not achieve erections adequate enough for sex right away. Patience is the key; most men who have a nerve-sparing procedure will eventually achieve erections adequate for intercourse with the pills.

If the pills aren't working there are other things you can do to achieve an erection. If you are interested in learning about other treatment options for erectile dysfunction, make an appointment with our Male Sexual and Reproductive Medicine Program.

### **When will I need to do my first PSA test?**

You will need to have a PSA test 6 to 12 weeks after your surgery. If the cancer has been completely removed, the PSA level should not be detectable.

### **What should I talk to my doctor about?**

- Your final pathology report
- Your PSA results
- Any problems with your recovery
- Any further treatment that may be needed

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

After your initial treatment for prostate cancer, you should continue to have PSA testing and regular checkups for the rest of your life. Talk with your healthcare provider about how often you should have your PSA checked. He or she may order other tests if you develop new symptoms, such as difficulty urinating or bone pain that doesn't go away.

## 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 are 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. A nurse practitioner, who will work closely with your doctor, will be responsible for your care. The nurse practitioner is a member of the prostate cancer treatment team at MSK and an expert in the care of cancer survivors. He or she 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 nurse practitioner, he or she 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/cancer-care/survivorship](http://www.mskcc.org/cancer-care/survivorship).

# How to Use Your Incentive Spirometer

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

An incentive spirometer will help you expand your lungs by encouraging you to breathe more deeply and fully. Using your incentive spirometer after your surgery, along with deep breathing and coughing exercises, will help keep your lungs active throughout the recovery process and prevent complications such as pneumonia.

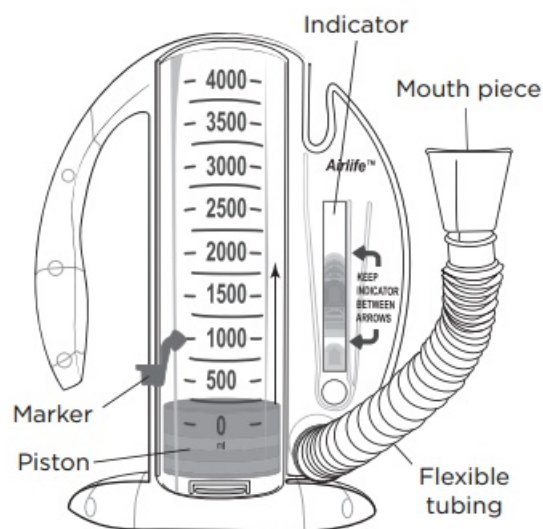
A video demonstrating how to use your incentive spirometer can be found on the Memorial Sloan Kettering (MSK) website at:

[www.mskcc.org/videos/how-use-your-incentive-spirometer](http://www.mskcc.org/videos/how-use-your-incentive-spirometer)

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

To use your incentive spirometer:

1. Sit upright in a chair or in bed. Hold the incentive spirometer upright at eye level.
2. Exhale (breathe out) once slowly. Put the mouthpiece in your mouth and close your lips tightly around it.
3. Take a slow, deep breath in through your mouth. As you take a slow, deep 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). If the indicator does not stay between the arrows, you are breathing either too fast or too slowly.
4. Try to get the piston as high as you can, while keeping the indicator between the arrows.
5. When you get it as high as you can, try to keep it at that level for 2 to 5 seconds or longer, if possible.
6. Exhale slowly, allowing the piston to fall all the way back to the bottom. Rest for a few seconds.
7. Take 10 breaths with your incentive spirometer every hour while you are awake, or as instructed by your clinician. Try to get the piston to the same level with each breath.
8. After each set of breaths, cough 3 times. This will help loosen or clear any secretions in your lungs.



## ■ Special Points

- If you feel dizzy at any time, stop and rest. Try again at a later time.
- If you had surgery on your chest or abdomen, hug or hold a pillow to help splint your incision. This will help decrease pain at your incision.
- Breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug your nose if you have trouble.
- Keep the incentive spirometer clean by covering the mouthpiece when it is not in use.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at \_\_\_\_\_. After 5:00 pm, during the weekend, and on holidays, please call \_\_\_\_\_. If there's no number listed, or you're not sure, call (212) 639-2000.



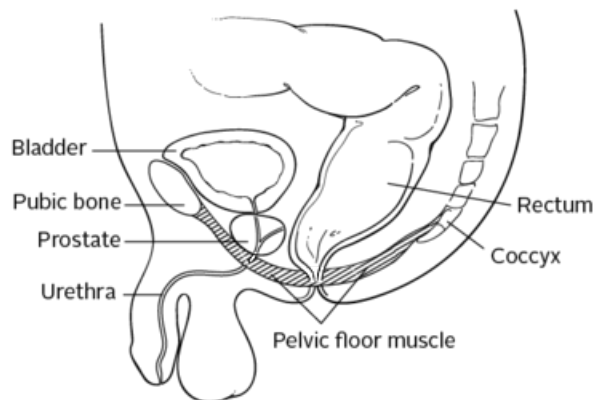
# Pelvic Floor Muscle (Kegel) Exercises for Men

This information will teach you how to do pelvic floor muscle (Kegel) exercises to help you regain urinary control.

## ■ How do I identify my pelvic floor muscles?

There are several ways you can identify your pelvic floor muscles:

- Imagine your bladder is full and there is no bathroom. The muscle you tighten to prevent leakage is your pelvic floor muscle.
- Tighten the muscles that you use to hold back gas when you don't want to pass it.
- When you pass your first stream of urine in the morning, stop and start the stream. The muscle you are using to stop and start it is your pelvic floor muscle. Only do this in the morning; starting and stopping your urine stream every time you urinate can be harmful.



## ■ How do I perform pelvic floor muscle (Kegel) exercises?

Hold your pelvic floor muscle in for 10 seconds, then slowly and completely relax for 10 seconds.

- Repeat this process 10 times at least 3 times every day.
- Do this exercise in different positions, including sitting, standing, and lying.
- Do not use your stomach, leg, or buttock muscles when doing this exercise. Exercising these muscles will not help you regain urinary control.
- Your pelvic floor muscles may get tired during this exercise. If this happens, stop, then resume the exercises later.

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

## ■ When should I do Kegel exercises?

Most people prefer doing Kegel exercises while lying down on a bed or sitting in a chair. However, you should be able to do them in any position.

To avoid your urine from leaking, tighten your pelvic floor muscles:

- Before you walk

- Before you sneeze or cough
- On your way to the bathroom
- When you move from sitting to standing

 **Do not perform Kegel exercises while your urinary (Foley®) catheter is in place.**

### ■ **Can Kegel exercises harm me?**

These exercises cannot harm you. Most people find them relaxing and easy. If you get back or stomach pain after you do the exercises, you are probably trying too hard and using your stomach or back muscles instead of your pelvic floor muscles.

If you are getting headaches after doing the exercises, you may be tensing your chest muscles and holding your breath.

If you have any questions, please contact your nurse.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at \_\_\_\_\_. After 5:00 pm, during the weekend, and on holidays, please call \_\_\_\_\_. If there's no number listed, or you're not sure, call (212) 639-2000.

# Caring for Your Urinary (Foley) Catheter

This information will help you care for your urinary (Foley<sup>®</sup>) catheter while you're at home.

A Foley catheter (a thin, flexible tube) has been placed into your bladder to drain your urine. It is held inside your bladder by a balloon filled with water.

A video demonstrating how to change your Foley catheter drainage bag can be found on the Memorial Sloan Kettering (MSK) website at:

[www.mskcc.org/videos/how-change-your-foley-catheter-drainage-bag](http://www.mskcc.org/videos/how-change-your-foley-catheter-drainage-bag).

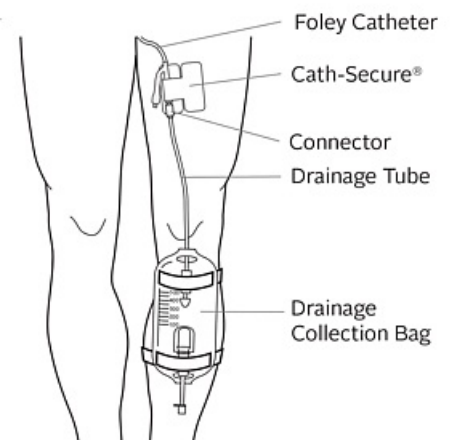
## ■ Daily Catheter Care

Perform catheter care every day. You can do this while in the shower, but not while taking a tub bath.

You will need the following supplies:

- Mild soap, such as Dove<sup>®</sup>
- Water
- A clean washcloth (not one already used for bathing) or a 4" x 4" piece of gauze
- 1 Cath-Secure<sup>®</sup>
- Night drainage bag
- 2 alcohol swabs

1. Wash your hands thoroughly with soap and water.
2. Using mild soap and water, clean your genital area.
  - Men should retract the foreskin, if needed, and clean the area, including the penis.
  - Women should separate the labia, and clean the area from front to back.
3. Clean your urinary opening, which is where the catheter enters your body.
4. 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.
5. Rinse the area well and dry it gently.
6. Use a Cath-Secure to keep the catheter from moving.



## ■ Changing the Drainage Bag

You will change your drainage bag twice 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
1. Wash your hands thoroughly with soap and water.
  2. Empty the urine from the drainage bag into the toilet before you change it.
  3. Pinch off the catheter with your fingers and disconnect the used bag.
  4. Wipe the end of the catheter using an alcohol pad.
  5. Wipe the connector on the new bag using the second alcohol pad.
  6. Connect the clean bag to the catheter and release your finger pinch.
  7. Check all connections. Straighten any kinks or twists in the tubing.

## ■ Caring for the Leg Bag

- Always wear the leg bag below your knee. This will help it drain.
- Keep the leg bag secure with the Velcro<sup>®</sup> straps. 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 through the spout at the bottom every 2 to 4 hours, as needed. Do not let the bag become completely full.
- Do not lie down for longer than 2 hours while you are wearing the leg bag.

## ■ Caring for the 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

1. Wash your hands thoroughly with soap and water.
2. Rinse the equipment with cool water. Do not use hot water because it can damage the plastic equipment.
3. Wash the equipment with a mild liquid detergent (e.g., Ivory<sup>®</sup>) and rinse with cool water.
4. 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.
5. Rinse the bag with cool water and hang it up to dry.

## ■ Preventing Infection

- 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.
- Do not lie on 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.
- The spout of the drainage bag should never touch the side of the toilet or any emptying container.

## ■ Special Points

- You may see some blood or urine around where the catheter enters your body, especially when walking or having a bowel movement. This is normal, as long as there is urine draining into the drainage bag.
- Drink 1 to 2 glasses of liquids every 2 hours while you're awake.



### Call your doctor immediately if:

- Your catheter comes out; do not try to replace it yourself
- You have a temperature of 101° F (38.3° C) or higher
- You have a decrease in the amount of urine you are making
- You have foul-smelling urine
- You have bright red blood or large blood clots in your urine
- You have abdominal pain and no urine in your catheter bag

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at \_\_\_\_\_. After 5:00 pm, during the weekend, and on holidays, please call \_\_\_\_\_. If there's no number listed, or you're not sure, call (212) 639-2000.

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This section contains a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely. Write down any questions you have and be sure to ask your doctor or nurse.

# MSK Resources

## **Admitting**

212-639-5014

Call the Admitting office to discuss private room or luxury suite options. If you want to change your room choice after your Presurgical Testing visit call 212-639-7873 or 212-639-7874.

## **Anesthesia**

212-639-6840

Call with questions about anesthesia, the medicines used to make you sleepy for your surgery.

## **Blood Donor Room**

212-639-7643

Call for more information about donating blood or platelets.

## **Bobst International Center**

1-888-675-7722

MSK welcomes patients from around the world. If you are an international patient, call the International Center for help coordinating your care.

## **Chaplaincy Service**

212-639-5982

At MSK, our chaplains are available to listen, to help support family members, to pray, to contact community clergy or faith groups, or simply to be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of hospital, and is open 24 hours a day. If you have an emergency, please call the hospital operator and ask for the chaplain on call.

## **Counseling Services**

646-888-0100

Many people find that counseling helps them deal with emotions during cancer treatment. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

## **Incontinence Specialist**

646-497-9068

Dr. Jaspreet Sandhu is a urologic surgeon specializing in voiding dysfunction. If you think you'd benefit from a consultation from Dr. Sandhu, talk with your surgeon for a referral.

## **Integrative Medicine Service**

646-888-0800

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

## **Male Sexual Reproductive Medicine Program**

646-888-6024

Our Male Sexual and Reproductive Medicine Program helps male patients who are dealing with cancer-related sexual health challenges, including erectile dysfunction.

## **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.



**Patient Financial Services**

212-639-8242

Call Patient Financial Services with any questions regarding preauthorization with your insurance company. This is also called preapproval. Patient Financial Services can also help you with your billing or other insurance questions.

646-497-9176

Call the number above for general information about your insurance coverage. Remember, you must call your insurance company for preauthorization.

**Patient Representative**

212-639-7202

If you have any questions about hospital policies and procedures, need help completing a Health Care Proxy form, or if you have concerns about your care, call the Patient Representatives office. A patient representative can serve as your advocate anytime, but they can best help you if you contact them while a situation is occurring, instead of after the fact.

**Patient-to-Patient Support Program**

212-639-5007

You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers.

**Perioperative Clinical Nurse Specialist**

212-639-5935

If you have any questions about MSK releasing any information while you are having surgery, call the Clinical Nurse Specialist.

**Private Nursing Options**

212-639-6892

Patients may request private nurses or companions. For more information call the Private Duty Nursing Office.

**Resources For Life After Cancer**

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.

**Social Work**

212-639-7020

Social workers help patients, family, and friends deal with issues that are common for people with cancer. They provide counseling throughout the course of a your illness and treatment, and can help you communicate with children and other family members. Our social workers can also help with referrals to community agencies and programs as well as financial resources, when eligible.

**Tobacco Treatment Program**

212-610-0507

Whether you've just been diagnosed with cancer, are undergoing treatment, or have overcome the disease, Memorial Sloan Kettering's Tobacco Treatment Program can help you stop smoking. Call for an appointment.

# External Resources

## **US TOO**

Provides prostate cancer education and support programs. Meetings are open to patients, spouses, significant others, interested medical personnel. US TOO has a monthly newsletter called Hotsheet. Call 1-800-808-7866 or visit [www.ustoo.org](http://www.ustoo.org).

## **The American Urologic Association Foundation**

Offers free information about prostate diseases. Call or visit 1-866-746-4282  
[www.auafoundation.org](http://www.auafoundation.org).

## **American Cancer Society**

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

## **National Cancer Institute**

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

## **Prostate Cancer Foundation**

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

## **Prostate Cancer Treatment Guidelines for Patients**

[www.nccn.org](http://www.nccn.org) (also in Spanish)

## **National Association for Continence**

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

For additional web based information visit LIBGUIDES on MSK's library website at <http://library.mskcc.org> or the Prostate Cancer section of [MSKCC.org](http://MSKCC.org). You can also contact the library reference staff at 212-639-7439 for assistance.