

# YOUR GUIDE

to daVinci

# Robotic Surgery

*at the  
Colorado Center for Robotic Surgery at Sky Ridge*



**Sky Ridge**  
Medical Center®  
*Beyond Your Expectations*

*Our team of urologists  
have performed more  
than 1500 robotic  
prostatectomies and we  
have the largest, most  
advanced program in  
the metro area.*

## *Thank You for Choosing Sky Ridge*

We are pleased that you and your physician have selected Sky Ridge Medical Center for your care. We are committed to providing the highest quality healthcare to you through a team that specializes in urology services and believes in creating “beyond your expectations” experiences.

This guide will provide you with education and information about your upcoming surgery. If you have any questions or concerns during your stay, please don't hesitate to ask your physician, nurse or other staff members for assistance.



*We look forward to helping you return to a healthier, more active lifestyle. A few of our amenities are listed below:*

**Complimentary Valet Parking** – patients and visitors may use our complimentary valet service at the main entrance of the hospital. Hours are Monday through Friday from 8 a.m. to 5 p.m.

**Guest Information** – The main entrance of the hospital is open from 5:30 a.m. to 8:00 p.m. weekdays and from 8:00 a.m. to 8:00 p.m. on weekends. After those hours, visitors may enter through the Emergency Department. We do not have set visiting hours, but ask that your friends and family be sensitive to your recovery needs. Each patient room includes a futon, so that your loved one may spend the night or relax while visiting with you.

**Pre-Admission Testing Nurse** – Have you scheduled your appointment with our Pre-Admission Testing Nurse? If not, here are a few tips that will help us have timely, accurate information for your surgery:

- Please schedule your appointment within two weeks of your surgery date, and at least three days prior to the surgery.
- Allow at least one hour for your appointment.
- Call 720-225-1667 to schedule your appointment.
- Bring a list of your current medications and your health/surgical history to the appointment. If your physician has provided you with orders, please bring those with you as well.
- For your convenience, consider scheduling this appointment adjacent to another time you are on the Sky Ridge campus.

**Surgical Waiting and Hospitality Pagers** – While you are in surgery, your family members and/or friends are invited to enjoy our spacious, relaxing surgery waiting area. We have flat screen televisions and wireless internet access.

In addition, our “patient tracker” system will enable them to follow you through your procedure. The Sky Ridge Café, our coffee shop with Starbucks brewed coffee and the Healing Garden are just a short walk from the waiting area. And, we offer hospitality pagers, similar to what you might find in a restaurant, to let your loved ones know that the surgeon has completed the procedure. If they need to leave the campus, we are happy to ask for a cell phone number so that we can update you following the surgery.



**Out of Town Accommodations** – We have arranged special medical rates with a number of area hotels. Please visit our website at [www.skyridgemedcenter.com](http://www.skyridgemedcenter.com) for information. If you need additional assistance, call our patient concierge at 720-225-1998.

**Tobacco Free Campus** – To promote a healthy lifestyle, Sky Ridge is a tobacco free campus and there are no designated smoking areas. If you or a loved one smoke, you might want to consider stopping prior to your surgery. In addition to talking to your doctor about options, resources include the Colorado Quitline at [www.quitline.org](http://www.quitline.org) or 1-800-QUIT-NOW (1-800-784-8669) and [www.co.quitnet.com](http://www.co.quitnet.com) or 1-800-639-QUIT (1-800-639-7848).

**Dining** – While a patient of Sky Ridge, you may order your meals from our Skylight interactive television or simply call the DINE line at x3463. Your family members may purchase vouchers in the Sky Ridge Café and place meal orders along with you.

**Wireless Internet Access/Website** – Keeping in touch with family and friends can be an important part of the healing process. In addition to wireless internet access throughout the hospital, you may use your cell phone in virtually any area.

**Skylight Interactive Television** – Our Skylight interactive television system provides you with not only television choices, but a wealth of information on your medical condition, health education, relaxation ideas, food choices and more. You can also enjoy a selection of great Hollywood movies and games for free. Simply use the control buttons on your pillow speaker to navigate your television.

Sincerely,

*Your Urology Center of Excellence Team*

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## *Important Phone Numbers*

Physician's Office: \_\_\_\_\_

Sky Ridge Medical Center: 720-225-1000

Pre-Admission Testing: 720-225-1667

Gift Shop: 720-225-4438

Sky Ridge Pharmacy: 303-468-0300



## What is daVinci Robotic Prostatectomy?

Sky Ridge Medical Center is proud to perform more daVinci robotic prostatectomies than any other hospital in the metro area. Our expertise, skilled physicians and multi-disciplinary care team can provide you and your loved ones with the peace of mind you need before, during and after surgery.

daVinci robotic prostatectomy is a treatment option for men with prostate cancer. It is a major surgical procedure to remove the prostate gland and surrounding structures. Our minimally invasive approach uses laparoscopic cameras and a robot assist that translates your surgeon's movements to precise dissection.

### What are the benefits?

This is an effective way to remove the cancerous prostate in a minimally invasive way, while attempting to preserve both continence and potency. This can usually be performed with a smaller incision, less blood loss, less post operative pain, a shorter hospital stay and a quicker return to work.

### What are the risks?

There are risks and side effects with any surgery. Please discuss any questions or concerns with your physician.

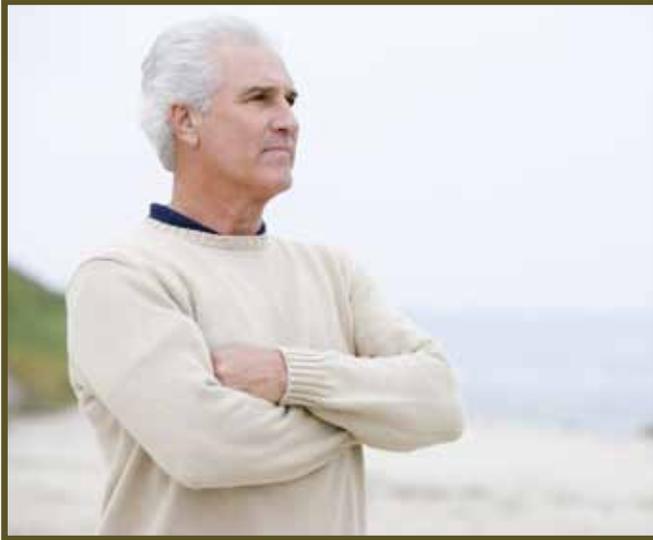
**Bleeding** – Because this is a complex surgery, there is a small, but real chance of significant bleeding. In very rare cases, transfusion may be needed. This blood is screened for communicable diseases and is obtained from an all volunteer pool.

**Infection** – Sterile techniques are used to prevent infection during surgery. In rare instances, some patients may acquire an infection. You will be given antibiotics before and after surgery to minimize this risk.

**Internal Urinary Leakage (anastamotic leak)** – After removal of your prostate, the bladder is reconnected to the urethra. Urine can leak from this site and, on rare occasions, leakage can be prolonged. A drain is inserted following surgery to monitor for and treat any potential leakage. Depending upon whether there is leakage, the drain may remain in place at the time of your discharge and will be removed later by your doctor or a home health nurse. However, it is typically removed at the time of discharge.



**Incontinence** – This surgery is performed next to the urinary sphincter (control muscle) and temporary incontinence can be expected after the removal of the urethral catheter. This leakage should resolve over time with exercise of the sphincter muscle. Minor stress incontinence may occur with a sudden increase in abdominal pressure such as a cough or sneeze. Rarely patients may have persistence of incontinence.



**Impotence** – In the past, all men were left without an erection following this surgery. The good news is that a nerve sparing technique has been developed and is used today. If you are a candidate for the technique, present data indicates up to a 70% chance of recovering the erection, although it may take from six months to two years to return. This is enhanced through a rehab process of using oral medication to help speed the return, starting just a week or two post op. You will learn more about this at your post-op visit with your physician.

**Lack of ejaculation** – Since the prostate and seminal vesicles supply the vast majority of the volume of semen after surgery, you will no longer have ejaculation. You should still have a normal orgasm because the pleasurable sensations associated with climax are preserved. However, no semen will be emitted from the tip of the penis. Some men expel a small amount of thin, clear liquid that represents secretions from Cowper's ducts.

**Rare complications (less than 1%)** – Injury to adjacent structures such as the rectum, bladder, ureter or nerve may occur but this is rare. Rarely severe bleeding, cardiovascular issues or blood clots may occur.

*“All I can really say is that it is a difficult personal decision, but I could not be happier with my decision for surgeon, hospital, surgical technique and more importantly my current outcome. The daVinci surgical method in trained hands, in my personal experience, offered everything promised: less invasive, less scarring, shorter hospitalization (one day), less pain, faster recovery, and fewer complications.” -- Stephen*

## Preparing for Surgery

### Before surgery

- Take your usual medications as directed by your doctor.

### 14-2 days before surgery

- Have your pre-admission testing (PAT) appointment at the hospital.

### 10 days before surgery

- Do not take any aspirin or aspirin products for 10 days prior to surgery.

### 2 days before surgery

- This evening meal will be the last solid food you eat before surgery. After the evening meal, drink only clear liquids (like jello or broth).
- Laxative: Take 4 Dulcolox before bed.
- Antibiotic: \_\_\_\_\_

### 1 day before surgery

- Eat or drink only clear liquids.
- Laxative: Drink Magnesium Citrate, 1 packet mixed with 1 cup cold water, in the morning when you wake up.
- Antibiotic: \_\_\_\_\_

### The night before surgery

- Do not eat or drink anything after midnight unless instructed otherwise.
- You may take prescribed medications with a sip of water.
- The anesthesiologist may call you at home the night before your surgery.

### What to Bring to the Hospital

We want to make your hospital stay as comfortable as possible. Please bring the following items with you:

- Any paperwork from the doctor's office including the informed consent form and orders for surgery
- Robe and slippers/socks
- Clothes to wear home
- A list of medications and doses you usually take
- Books or DVDs

The hospital will provide you with a hospital gown, towels and basic toiletries. If you have special items you use for daily care, feel free to bring them with you. We suggest that you leave valuables at home with your family.

### Pre-Admission Testing

- Appointment times are 8 a.m. to 5 p.m., Monday-Friday.
- Appointments should be made within two weeks of surgery.
- Test will include blood work, EKG and XRay as well as an obstructive sleep apnea screening.
- Our PAT nurse will complete a full history and request a medication list.

## The Day of Surgery

### Arrival at the Hospital

Plan to arrive at the hospital two hours before your surgery and check in with the Admissions Desk. If you already had your pre-admission testing, you will be able to check in via “fast pass,” which will make the pre-op process faster.



### Operating Room

Your surgery will take about 2.5 to 3 hours. For the complex set up, it may be 3.5 hours before you leave the operating room. After surgery, you will go to the recovery area (PACU) for about 1-2 hours. Once awakened, you will be transferred to a room on our post-operative floor.

Your family can wait in our comfortable surgery waiting room during this time. Once you are in the recovery area, the doctor will provide an update to your family. In addition, we have a “patient tracker” display in our waiting room. Your

loved ones will be provided with a code so they can follow your procedure.

### Recovery Area

After surgery, you will be in the recovery room (PACU) for about 1-2 hours. You can expect:

- A nurse to check your blood pressure, pulse, respiratory rate and overall assessment every 5-15 minutes.
- To be asked questions about who you are and where you are.
- To cough, deep breathe and use an incentive spirometer.
- A strong need to urinate. This is normal and will resolve with time and medication. However, please be prepared and expect this sensation.
- Your family (two members) will be allowed a five-minute visit in the recovery room if you wish. You will receive more information on this when you arrive for your procedure.

### The Post-Operative Unit

Once you are fully awake, you will be transferred to a room on one of our post-operative floors. This will be your room for the remainder of your stay.

### During this time, we will:

- Monitor your blood pressure, pulse, respiration and assess how you are doing.
- Administer pain medication as needed.
- Ask you to cough and breathe deeply. You will use an incentive spirometer to encourage deep breathing.
- Request that you walk. You will be up and walking the day of surgery in most cases.

## Going Home

### The Recovery Period: Tubes and Equipment

During surgery, many tubes are attached to you to monitor your progress. Listed here are a few of the tubes and equipment you can expect to have. Learning about them will help you understand their purpose and what to expect.

### Urethral Catheter (Foley)

The urethral catheter is a soft, rubber tube that is inserted through the penis and into the bladder. This tube will drain urine from your bladder. The tube is held in place by a small, fluid-filled balloon inside the bladder. It will remain in place for about 7-10 days on average.

**What to expect:**

- Occasional leakage of urine or small amounts of blood around the catheter site.
- Feeling or sensation of pressure in your bladder or a need to urinate.
- Bladder spasm and/or rectal spasm.
- Some blood in the urine.

### Incision Drain (Jackson-Pratt)

The incision drain is a small, plastic tube that is placed in the surgical incision and is connected to a gentle suction device to collect drainage (urine or blood). It is usually removed before you are discharged from the hospital, but you may go home with it in place depending upon the amount of drainage. Once the drainage has stopped, the tube will be removed.

**What to expect:**

- There may be slight pain where the drainage tube enters the incision.
- If you go home with the drain in place, you will be instructed on how to care for it.

### Intravenous Catheter (IV)

An IV is a small, soft catheter inserted into a vein in your arm. Fluids and medication are given to you through the IV.

**What to expect:**

- You will feel a quick sting and pain when the catheter is first inserted.
- Once inserted, you will not feel the fluids or medication going through it.

### Oxygen

Oxygen will be given to you by face mask or nasal prongs. The oxygen will be removed once you are fully awake and your oxygenation is good.

**What to expect:**

- Because of the flow of oxygen through your nose, it may feel dry.

### Sequential Compression Stockings

You may wear these stockings to help prevent the formation of blood clots in your legs.

**What to expect:**

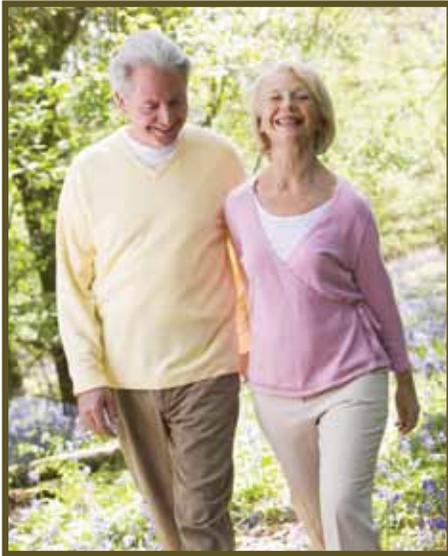
- Compression stockings are plastic sleeves that wrap around each leg and gently massage by squeezing and releasing the muscles in your legs.

### Elastic Stockings (TED hose)

You may wear elastic stockings to help prevent blood clots in your legs.

## How to Care for Yourself at Home

The following are guidelines to help you recover at home after surgery.



### Activity

The rule of thumb is “if anything hurts your incision, avoid it.”

- Walk up to one mile a day. Stop if you get tired.
- Avoid running or heavy exercise.
- Climb stairs slowly.
- Avoid heavy lifting (more than 15 pounds) or strenuous exercise.
- Avoid traveling long distances in cars or planes.

#### If you must travel:

- Stretch your legs and walk around every 1-2 hours.
- Stretch your legs while in the car or plane.
- Do calf exercises by pointing your toes, contracting/relaxing your muscles.
- Do not cross your legs.

### Food and Fluids

You may eat your usual foods and meals. To avoid constipation:

- Drink plenty of fluids.
- Eat a balanced diet with high fiber (fresh fruit, vegetables, bran).
- If needed, a stool softener or laxative can be taken. Milk of Magnesia is a good first choice.

### Driving

The discomfort from your surgical incision will make your response to using the foot pedals slower if emergency braking is necessary.

- You may drive in 5-7 days, assuming you are off pain medication.
- Keep your trips short at first.
- You may resume more lengthy driving about 3-4 weeks after surgery.

### Bathing/Showering

You may shower in three days. If the drain is still in, please cover it with plastic wrap.

- Your catheter and drainage bag can get wet in the shower. However, do not submerge them in water.
- Gently wash your incision with soap and water. Do not scrub.
- Gently dab your incision dry with a towel.
- After drying off, secure the drainage catheter to the thigh with tape or a leg strap.

### **Foley Care**

A Foley catheter has been placed inside your bladder to drain urine. The catheter prevents your bladder from storing urine and distending during the time when the new connection made between your bladder and urethra are healing. The catheter stays in the bladder by a water-filled balloon at the end. Here are some other helpful tips:

- Avoid traction and tension on the catheter.
- Clean the catheter where it enters the penis with soap and water twice a day. Apply Vaseline or polysporin ointment to this area to provide lubrication.
- Use your leg bag during the day and secure the bag by strapping it snugly (but not too tightly) to your leg. Strapping the bag too tightly on the leg could impair the venous circulation and may cause swelling or a clot.
- The urine may become blood stained now and then after walking or having a bowel movement. This is not unusual. As long as the catheter is draining well and there are no blood clots, it is not of concern.
- You may have a false feeling of fullness and may feel the urge to urinate even though your bladder is empty because the remaining balloon is still inside your bladder.
- The bladder may spasm and you may feel uncomfortable contractions. Blood stained urine may leak around the catheter when your bladder spasms. When this happens, lie down and rest. Within a short time, your bladder will readjust and the pain will resolve.
- Occasionally, the catheter may become blocked by a small blood clot or mucus and stop draining. Within a few hours, you will start to get the feeling that your bladder is becoming distended. If this happens, call your doctor immediately. If any problem with the catheter develops, do not manipulate or remove the catheter. Only your doctor, one of our urologists or a healthcare provider under their supervision may work with the catheter.
- The catheter will stay in place for about 7-14 days.
- Keep the catheter well secured to your thigh by tape and/or leg straps.

## *When You Return Home*

After you return home from the hospital, call your doctor's office to schedule a follow-up appointment. Please call your doctor if you notice any of the following:

- Your incision is red, breaks open or drains fluid.
- The catheter is not draining urine.
- You have fever, chills or vomiting.
- Any concerns!

## *The Recovery Period: What You Can do to Help*

Your role in recovery is important. Participation in the following activities can help you recover and prevent complications such as pneumonia, blood clots and constipation.

### **Managing Pain**

#### **What to Expect**

- Incisional pain. Soreness with pulling felt along the incision.
- Pain in the area in which surgery was performed. You might also feel achiness in the rectal area.

#### **What You Can Do**

- You will be given a long-acting pain medication right after surgery. In addition, you can request more pain medication that can be given through the IV or by mouth.
- Request pain medication at the earliest onset of pain and before activity.
- Use a pillow to splint the incision when moving.
- Tell your nurse how the pain medication is working and your level of discomfort.
- You will receive a prescription at the time of discharge. You may also use Tylenol as directed.



### **Activity and Rest**

Activity is important to regaining your strength and preventing complications such as blood clots or pneumonia.

#### **What to Expect**

- You will feel tired after surgery.
- The evening after surgery, we will ask that you sit in a chair and walk the hall.
- The day after surgery, we will have you walk up to three times in the hall and have you help with your bath.

#### **What You Can Do**

- Balance your activity and rest periods.
- Cough and deep breathe every hour while you are awake.
- Use the incentive spirometer ten (10) times every hour while awake.
- Take pain medication before activity as needed.
- Get plenty of rest.
- Work up to walking one mile per day within one week of surgery.
- You may drive 5-7 days after surgery if you are off all narcotic pain medication.
- You may shower two days after surgery. Do not use a bath tub or hot tub.

### Diet Progression

Food and fluids are important to maintain your strength and support healing after surgery. Lack of activity and pain medication may cause constipation. Some patients develop an “ileus” when the intestinal activity decreases; bloating and cramping can result.



#### What to Expect

- You may feel sick to your stomach or bloated for a few days.
- You will have clear liquids for your first meal after surgery.
- You will progress to more solid foods when you are ready.

#### What You Can Do

- Tell your nurse when you feel sick to your stomach. There is medication to help with this.

#### To Prevent Constipation

- Drink plenty of fluids.
- Increase your activity.
- If needed, take a stool softener or laxative. Milk of Magnesia is a good first choice.
- Do not use an enema or suppository unless directed by your doctor.

### Bladder Control

#### What to Expect

- Your urine will be drained by a urethral catheter. Once the catheter is removed, temporary incontinence can be expected.
- Bladder control will gradually return. First, bladder control will be best at night while sleeping. Then, control will be best in the morning.
- The last area for improvement is with laughing, coughing or sneezing, or late in the day when you are tired.

#### What You Can Do

- Pelvic floor exercises (Kegel) following catheter removal.
- A Kegel is performed by drawing or tightening the pelvic floor muscles. It will feel like you are stopping the flow of urine while urinating or tightening your anus.
  - Tighten and hold the contraction for 3-4 seconds.
  - Repeat 10 times, 10 times a day.
- Pinch or Kegel when you change position or when leakage usually occurs.
- Practice this exercise post-operatively to strengthen the control muscle but do not do this while the catheter is in place.