

Saint John's Health Center



SIMPLE PROSTATECTOMY

Location of Surgery:

Saint John's Health Center
2121 Santa Monica Blvd
Valet parking available
Hospital Phone: 310-829-5511

Patient Name:

Date and Time of Surgery:

Check-in Arrival Time (2 hours prior to surgery):

Physician:

Duration of Procedure:

Approximate Total Time (arrival to discharge):

Office Telephone: 310-582-7137

Office Fax: 310-582-7140

BE SURE TO ARRANGE FOR A FAMILY OR FRIEND TO DRIVE YOU HOME. IT IS RECOMMENDED THAT SOMEONE STAY WITH YOU FOR THE FIRST 24 HOURS AFTER THE PROCEDURE.

AFTER SURGERY APPOINTMENTS

Radiology Appointment:

You will have your cystogram done at this appointment.

- **Date:**
- **Time:**
- **Location:** Saint John's Health Center
1st Floor
2121 Santa Monica Blvd
Santa Monica, CA 90404

1-week Follow-up Appointment:

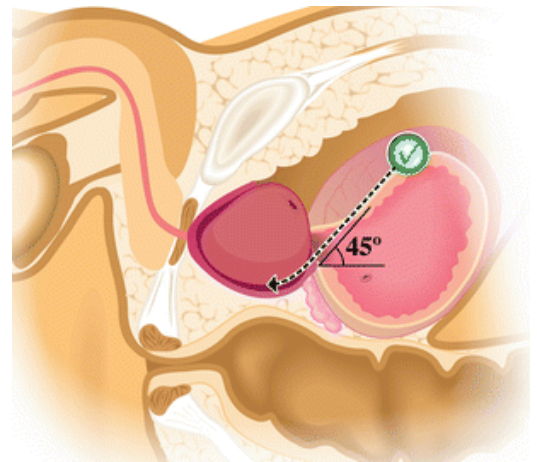
Your urinary catheter will be removed at this visit.
Take an antibiotic prior to appointment.

- **Date:**
- **Time:**
- **Location:** Saint John's Health Center
Cancer Clinic (Garden Level)
2121 Santa Monica Blvd

GENERAL INFORMATION

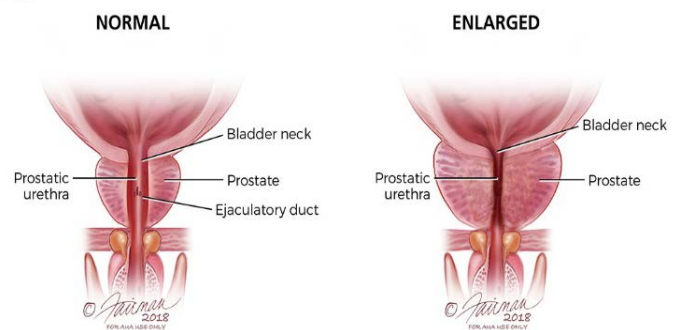
A **simple prostatectomy** is used mainly for treating serious urinary issues and enlarged prostates, the simple prostatectomy is the surgical removal of a portion of the prostate.

This surgical procedure is an ideal treatment for **benign prostatic hyperplasia (BPH)**, a non-cancerous enlargement of the prostate gland. BPH is common among men over 60 years of age.

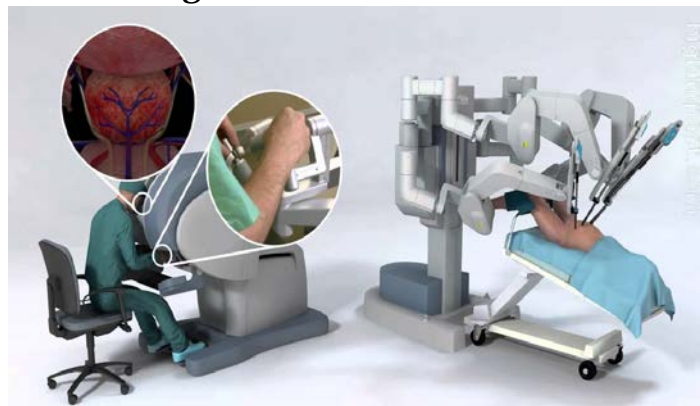


An enlarged prostate can obstruct the urethra, causing uncomfortable urinary symptoms including:

- Frequent urination
- Slow urinary stream
- Delay in starting urination
- Urgency in urination



The surgery is performed laparoscopically, robot-assisted technique, using the **DaVinci Robot** machine. During the procedure, the surgeon is seated at a robotic console near the patient. The surgeon drives the robotic instruments to perform the operation, and the robot accurately reproduces the surgeon's sophisticated maneuvers. By using the surgical robot, the surgeon has improved visualization of the tumor and surrounding structures, allowing for a more



precise surgery. The benefits of the robotic surgery usually include a shorter hospital stay, faster recovery, less risk of infections, and less post-operative pain.

PRIOR TO SURGERY

Pre-Operative Testing:

- Pre-op clearance is needed to ensure your safety for surgery.
- You will need to make an appointment with your primary care physician (PCP) **within 1 month** of your surgery date.
 - If you are over 60-years-old OR have cardiovascular, renal, or pulmonary issues OR if you have diabetes, you will be **required** to have an electrocardiogram (EKG). This can be done through your PCP or your cardiologist. If you have significant cardiac problems, you may require special clearance from your cardiologist.
 - If you have lung problems, you also may need a chest x-ray (CXR).
 - Orders will be sent for your necessary labs, CXR, and EKG.
- If you do not have a PCP or cannot get an appointment in time, please call our office at (310) 582-7137. We can arrange for you to get clearance from our pre-op team here at Saint John's.
- *All pre-operative testing must be completed with your results faxed to our office **at least 1 week (no longer than 1 month) prior to your scheduled surgery.***

Illness:

- If you develop a fever, signs of a cold, or any other illnesses between now and your surgery date, notify our office at (310) 582-7137. We likely will need to reschedule your procedure.

1 Week Prior to Surgery:**Blood Thinner Medications to Stop:**

- Blood thinner medications can contribute to serious bleeding during or after your procedure. These common blood thinners should be evaluated by your managing physician, cardiologist, or PCP before surgery to ensure the safety of stopping these medications:
 - Coumadin (Warfarin)
 - Plavix (Clopidogrel)
 - Eliquis (Apixaban)
 - Xarelto (Rivaroxaban)
 - Brilinta (Ticagrelor)
 - Effient (Prasugrel)
 - Ticlid (Ticlopidine)
 - There are other less common blood thinners that should be stopped as well (see comprehensive list)

Over-the-Counter Medications or Supplements to Stop:

- Stop taking these common over-the-counter medications and supplements **7 days** before surgery (unless otherwise specified) as these may contribute to bleeding:
 - Aspirin
 - Check cold medication ingredients to make sure that it does not contain aspirin
 - All NSAIDS (e.g. Advil, Ibuprofen, Motrin, Naproxen)
 - Glucosamine
 - Chondroitin
 - Vitamin E
- Herbal supplements and teas should be stopped **14 days** before surgery to prevent bleeding (see comprehensive list)
- It is okay to use Tylenol (normal or extra-strength) or previously prescribed narcotics with Tylenol (i.e. Percocet, Vicodin) for pain control days prior to your procedure, if necessary.

- See the **Comprehensive List of Medications to Stop** on the next two pages.

Comprehensive List of Medications to Stop:

The following medications contain nonsteroidal anti-inflammatory agents or aspirin ingredients that may interfere with the bloods' ability to clot. These medications need to be **stopped for at least a full 7 days prior** to having your procedure.

A.P.C.	Cataflam	Fiorina	Methocarbamol
Aceta-Gesic	Celebrex	Fiortal	Micrainin
Acuprin	Celecoxib	Flector Patch	Midol
Adprin-B	Clinoril	Flexaphen	Midol Extended Relief
Advil	Co-Advil	Flurbiprofen	Midol Maximum
Aggrenox	Co-Gesic	Four Way Cold Tablets	Strength Cramp
Aleve	Congespirin	Gelpirin tablets	Formula
Alka Seltzer	Cope	Gemnisyn	Mobic
Amigesic	Coricidin	Genpril	Mobidin
Anacin	Damason-P	Genprin	Mobigesic
Anaprox	Darvon Compound	Goody's Body Pain	Momentum
Anaprox DS	Daypro	Goody's Extra	Mono-Gesic
Anodynos	DeWitt's Pain Reliever	Strength Headache	Motrin
Ansaid	Diclofenac	Halfprin 81	Motrin IB
Argesic	Diflunisal	Halfprin	MST 600
Artha-G	Dipyridamole	Haltran	Nabumetone
Arthritis Foundation	Disalcid	Healthprin	Nalfon
Pain	Doan's	Heartline	Naprelan
Arthritis Pain Formula	Dolene	Ibuprofen (all	Naprosyn
Arthritis Strength	Dolobid	NSAIDs)	Naproxen
Bufferin	Dolor	Ibutab	Night-Time
Arthropan	Doxaphene	Indocin	Effervescent
Arthrotec	Dristan	Indomethacin	Norgesic
ASA	Dristan Sinus Pain	Ketoprofen	Norgesic Forte
Asacol	Reliever	Ketorolac	Norwich Extra
Ascriptin	Durabac	Levacet	Strength
Aspergum	Duradyne	Liquiprin	Nuprin
Aspirin	Duraxin	Lobac	Nyquil
Aspirin with codeine	Easprin	Lodine	Nytol
Asprimox	EC-Naprosyn	Lortab ASA	Orphenadrine
Azdone	Ecotrin	Magan	Orphengesic
Azulfidine	Empirin	Magnaprin	Orudis
Backache Maximum	Empirin with codeine	Magsal	Oruvail
Bayer Products	Equagesic	Marthritic	Oxaprozin
BC powder and tablets	Equazine-M	Meclofenamate	Oxycodone and
Bufferin	Etodolac	Meclomen	aspirin
Bufferin Arthritis	Excedrin	Medipren	Pabalate-SF
Strength	Excedrin Aspirin Free	Mefenamic Acid	P-A-C
Buffex	Excedrin IB	Meloxicam	Painaid
Butalbital Compound	Extra Strength Anacin	Menadol	Pamprinamprin
Butazolidin	Feldene	Mepor Compound	Panasal
Cambia	Femback Caplets	Meprobamate/Aspirin	Pentasa
Carna Arthritis	Fenoprofen	Meprogesic Q	Pepto-Bismol

SIMPLE PROSTATECTOMY

Percodan	Piroxicam	Presalin	Resolve
Persantine	Ponstel	Prevacid NapraPAC	Rexolate
Phenylbutazone	Pradaxa	Quiet World tablets	Robaxisal
Phrenilin	Premsyn	Relafen	
Robomol	Salsalate	Sulindac	Trigesic
Rowasa	Salsitab	Summit	Trilisate (Choline trisalicylate)
Roxiprin	Sine-aid	Synalgos-DC capsules	Tusal
Rufen	Sine-off	Tolectin	Vanquish
S-A-C	Sodium salicylate	Tolmetin	Voltaren
Saleto	Sodol	Toradol	Zipsor
Saleto-200	Soma Compound	Trendar	ZORprin
Salflex	Sominex	Trental	
Salocol	St. Joseph Aspirin	Tricosal	

This list contains the most common medications prescribed. There are hundreds of other aspirin-containing products on the market that may contain generic aspirin. As such, any medication containing aspirin or acetylsalicylic acid should be **stopped for a full 7 days prior to your procedure**. If you have any questions regarding these medications, call 310-582-7137.

HERBAL PRODUCTS AND VITAMIN USE SHOULD STOP BEFORE YOUR PROCEDURE: Certain vitamins, minerals, and “herbal medications” can affect anesthetic potency, cause hemodynamic instability, potentiate bleeding, and increase cardiac dysrhythmias. **These should be stopped for 14 days prior to your procedure.**

Vitamin E	Garlic	Kava-kava
Echinacea	Ginger	Licorice
Ephedra	Gingko biloba	Saw Palmetto
Feverfew	Ginseng	St. John's Wort
Fish Oil (Omega 3)	Goldenseal	Valerian

The following medications are anticoagulant medications and need to be stopped after consulting with the ordering physician:

Angiomax (Bivalirudin)	Fragmin (Dalteparin)	Pradaxa (Dabigatran)
Argatroban	Heparin	Refludan (Lepirudin)
Arixtra (Fondaparinux)	Innohep (Tinzaparin)	Ticlid (Ticlopidine)
Coumadin (Warfarin)	Lovenox (Enoxaparin)	Xarelto (Rivaroxaban)
Effient (Prasugrel)	Plavix (Clopidogrel)	
Eliquis (Apixaban)	Pletal (Cilostazol)	

If you are unsure of which medications to stop, call 310-582-7137.

DO NOT STOP TAKING ANY PRESCRIBED MEDICATIONS WITHOUT CHECKING WITH THE ORDERING PHYSICIAN!

Evening Prior to Surgery:

Food and Drink:

- ***DO NOT EAT, DRINK OR CHEW ANYTHING FOR 8 HOURS PRIOR TO YOUR PROCEDURE.*** This includes water, juice, coffee, chewing gum, breath mints, and lozenges.
- Do not drink alcoholic beverages, smoke, or take unauthorized drugs for **48 hours (2 days) prior** to your procedure.

Pre-Procedure Cleansing and Skin Care Instructions:

- Take a shower the night before and the morning of your procedure with antibacterial soap (such as Dial) to prevent infection.
- Generously lather your body, scrub well, and rinse. Give special attention to the area where the incision will be made for your surgery.
- After your morning shower, do not apply creams, body oils, perfumes, deodorants, lotions, powders, make-up, lipstick, nail polish, or any other cosmetic product to the skin.
- Remove dark nail polish and acrylic nails on at least 2 nails (one on each hand). This is needed to assess nail bed color and monitor oxygen saturation.

Day of Surgery:

Before Arrival:

- Wear comfortable, loose-fitting clothes.
- You **MUST** bring your insurance card.
- Avoid bringing valuables, such as jewelry, watches, and money. Essential items (e.g. glasses, contact lenses, wigs, hairpins, hair clips, dentures, prostheses) should be removed before entering the operating room. Leave your essentials with family members/friends, or secure them in an on-site locker.
- Optional: bring any advanced directives, healthcare power of attorney, or guardianship papers if you have them.

Medication DO's and DON'T's:

- DO NOT take **insulin** or **oral diabetic medication** the morning of your procedure. These medications can result in low blood sugar, since you will not be allowed to drink or eat anything that morning.
- DO take **blood pressure** and/or **thyroid medication**. If you usually take a morning dose, then take as usual the morning of procedure with a small sip of water.
- DO take **Flomax (Tamsulosin)** or a similar urinary medication (take the last dose on the day before your surgery).
- DO bring your current, up-to-date list of medications with you for your anesthesiologist to review. A member of the anesthesia team may contact you prior to surgery to answer any questions you may have and to verify your medications.
- DO bring inhalers if you use any.

On Arrival:

- Proceed to the surgery location and check in at the information desk to be escorted to the pre-operative registration area.
- You will meet your anesthesiologist to review your medications and discuss your anesthetic plan.
- Family members/friends may stay with you until you are taken to the operating room.

AFTER SURGERY**After Surgery:**

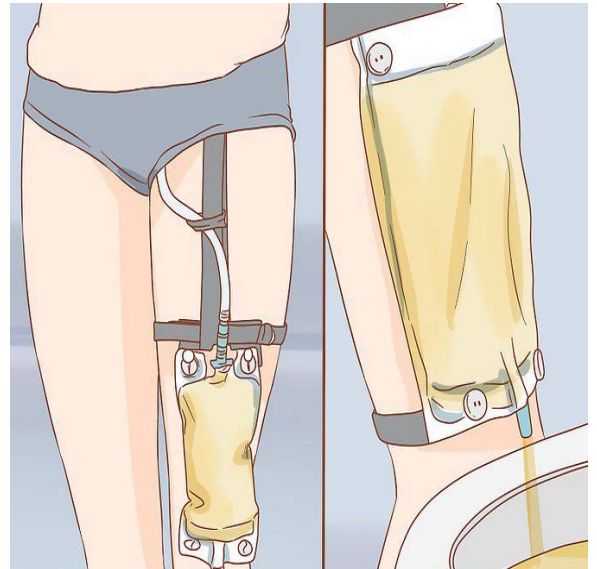
- Family members/friends waiting for you will be notified when your surgery is complete. If you desire, the doctor can discuss findings with your family members/friends.
- After surgery, you will go to recovery to awaken from anesthesia under observation by a nurse. This usually takes **1 hour, occasionally 2 hours**. When you have sufficiently recovered from anesthesia, you will be admitted to the hospital.

Hospital Admission:

- You will be admitted to hospital for an overnight stay. Your surgeon will check on you in the morning and stay in touch with the nurses and hospitalists throughout the day. When you are stable enough to go home, you will be discharged from the hospital. For most patients, this will be in the afternoon on the day after your surgery.
- You will return to see the surgeon one week after your surgery in the clinic for a follow up visit.
- When you arrive home, please rest and relax. Let your family members/friends wait on you. Your body will tell you if you are doing too much. Please listen to your body.

Urinary Catheter:

- Upon hospital discharge, you will have a urinary catheter for 1 week.
- Urine will drain into a small leg bag that is strapped to your leg. There is a valve at the bottom to empty the urine. Drain every few hours or when two-thirds full.
- Keep the urinary bag lower than your bladder to prevent back flow and risk for urinary tract infection.
- You will be given a large drainage bag (similar to the one used in hospital) for when you are sleeping at night. Ask your nurse to give you instructions on how to care for the catheter at home.
- It is normal to have pink-colored urine after a prostatectomy which could last up to 6 weeks. However, please call our office if you notice red blood (ketchup-colored) urine.
- Discontinuing your urinary catheter:
 - At your 1 week follow-up appointment, you will have an x-ray of your bladder (cystogram) to confirm that your bladder has healed from the surgery and that it is safe to remove your urinary catheter.



- If cystogram is normal, you will have a voiding trial. During the voiding trial, the nurse will instill sterile water into your bladder until you feel the urge to urinate then the catheter is removed.
- You will try to urinate using the urinal. If you are able to urinate most of the sterile water, you will go home without a urinary catheter.
- It is important to increase fluid intake in the next few days.
- Occasionally, a patient will need to keep the catheter in place for longer than 1 week. If so, the doctor will discuss the new plan with you during your 1 week follow-up visit.
- It is normal to have some burning sensation during urination for a few days after the catheter is removed. This is a result of mechanical irritation from having the catheter. It should resolve in a few days, and if not, call our office.

Medications:

- **Levofloxacin (Levaquin), 500 mg**
 - Quantity: 3 tablets
 - Refills: 0
 - This medication is to help prevent a urinary tract infection from the catheter being removed.
 - How to take this medication:
 - Take 1 tablet daily for 3 days.
 - Start the day before your catheter removal at your 1-week follow-up appointment.
- **Tamsulosin (Flomax), 0.4 mg**
 - This medication is to help relax your urethra before the catheter removal so you can urinate easily once it comes out.
 - Discuss the duration of use with your doctor.

Swelling:

- Swelling (edema) in the scrotum is normal after prostate surgery. It will resolve with time, though it may take a few weeks.

- Your scrotum may swell to the point that your penis is partially enveloped. If so, be sure to keep the area clean and dry. Putting a rolled up towel under your scrotum when you lie down can help with comfort.

Pain:

- After your surgery, you may have some pain and bruising at your incision sites and in your perineal area.
- You will be prescribed prescription strength pain medication for when you go home. Patients often only require the use of this medication for a few days after surgery, if at all. Many patients find that Tylenol or Motrin is sufficient for pain control.

Incisions:

- Your incisions will be closed with a surgical glue that is clear with a purple tint. It will look shiny on your skin surrounding the incision. After a few days, it may start to look like it is peeling up at the edges. This is normal. Do not peel it off, and do not use any ointments on incisions. You may also notice some drainage at the incision sites. This is normal and is only a concern if it smells foul.
- If you notice **increased** redness, pain, or swelling at the incision site, please call the office. If you come down with a fever, this may be a sign of infection. You will need to call the office immediately and/or go straight to the emergency room. If possible, go to the Emergency Department at Providence Saint John's.
- If you have any adverse symptoms on a weekend or after office hours, there is an on-call physician available through our answering service.

Constipation:

- You may experience constipation after surgery. This is due to the surgical anesthesia (your digestive system takes a while to “wake up” after surgery) and opiate pain medications (which will be given both during and immediately after surgery).
- The most important thing to remember is to stay hydrated. Drink more water than usual during your post-operative week.

- Colace gel caps are good softeners to take daily. Metamucil fiber capsules or powder supplements are good to take daily too.
- You may also take laxatives such as Miralax, or natural laxatives such as daily prune juice or Senna Tea.
- If this combination does not work, you may take milk of magnesia. Take 2 tablespoons with 16 oz. of water in the morning and at night until you have a bowel movement.
- Nothing per rectum for 6 weeks. Do not use rectal suppositories or enemas.
- The only time you need to seek medical attention for post-surgical constipation is if you go longer than 3 days without any type of bowel movement. Even a small amount of stool counts as a bowel movement.

Urinary Incontinence:

- Few men experience urinary incontinence after having a simple prostatectomy. For those who do, it often occurs in the immediate period after your urinary catheter is removed. It is usually minor, will improve with time, and should resolve completely.
- See the section on Kegel exercises to help shorten your recovery time.
- Many male incontinence products are available. It is a good idea to bring a pad to your 1 week follow-up appointment so you have one to wear when the catheter comes out.

Activity:

- Although rest after surgery is important for your healing, resting too long can adversely affect the way you feel. It may also prolong the healing process.
- If you were very active before your surgery, you will probably want to start back up as soon as possible. If you were only moderately active before surgery, it is still important to get moving.
- Be sure to start slowly with more gentle exercises. Walking is the best way to get back to feeling normal again. Take 10-15 minute walks, three times a day. Listen to your body. If you experience any pain at or near the surgical sight, stop and rest.

- No heavy lifting of 10 pounds or greater for 6 weeks after your surgery so you do not develop a hernia.
- Do not drive until your catheter is removed and you have stopped taking narcotic pain medication.
- You may resume sexual activity per your doctor's instruction.

Diet:

- Begin with clear liquids to allow your stomach and digestive tract to adjust. Drinking or eating too soon may cause nausea and vomiting. Continue until you resume normal bowel function. Gradually start solid food.
- Avoid eating the following gas-producing foods:
 - Legumes (beans, lentils, chickpeas, peanuts, peas), beer, broccoli, Brussels sprouts, cabbage, carbonated beverages, cauliflower, cucumbers, lettuce, leeks, onions, peppers, spicy foods, and oily/greasy foods.

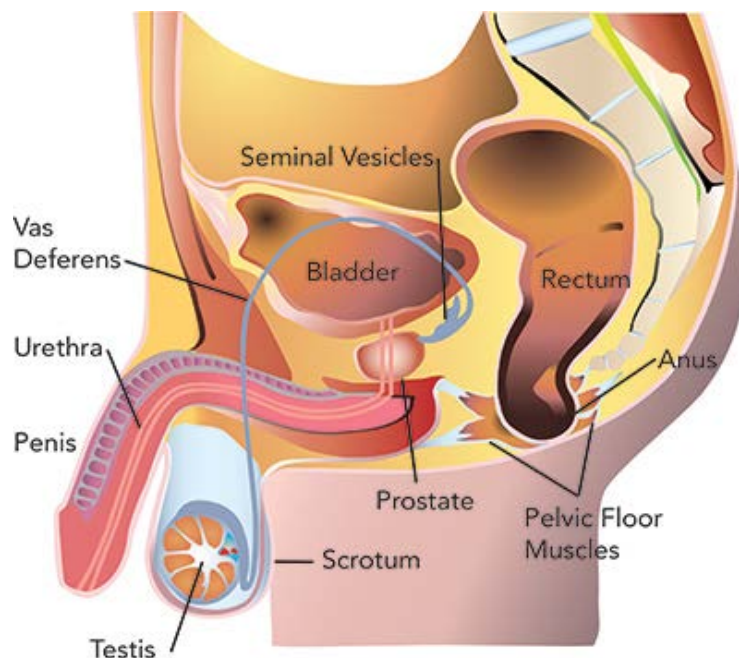
Showering:

- It is okay to take a shower. Gently cleanse the incisions with regular soap and pat dry with towel. Do not submerge your incisions in water. Avoid baths or swimming pools for 6 weeks.

PELVIC FLOOR REHABILITATION

After a prostatectomy, the muscles that help you control your urine flow may be weakened. As a result, you may experience urinary incontinence.

Incontinence is when you lose voluntary control over your urination. This is a common side effect of a prostatectomy. A simple activity called **Kegel exercises** can help you strengthen your pelvic floor muscles. This will help you gain more control over your urine flow after surgery.



About Kegels:

- The muscles used during Kegel exercises are the same muscles that stop or slow the flow of urine.
- You can start doing Kegel exercises any time before surgery and continue doing it every day after surgery. However, do not overdo it, as it may cause muscle fatigue and increase the leakage of urine.
- Control over your urine flow depends on correct and regular practice of Kegel exercises.

How Kegels can Help:

- Strengthen pelvic floor muscles that support the bladder and urethra
- Enhance urinary control and prevent urine leakage
- Enhance sexual function
- Decrease or prevent prolapsed of pelvic organs
- Improve ability to pass stool

Instructions:

- Begin by emptying the bladder.
- Contract your pelvic muscles completely (as if you are stopping the flow of urine mid-stream) for 5-10 seconds. You should feel the muscles around your anus tighten.
 - Another way to activate the same muscles is to pretend you are stopping the release of gas from your rectum. Stand in front of the mirror and make those same muscles contract; you will see your penis and scrotum lift slightly when you are doing it correctly.
 - Be sure not to activate any other muscle groups. Kegels should not hurt your back or make your buttock or stomach muscles sore.
- Relax your muscles completely for another 5-10 seconds.
- Do 10 repetitions, three times a day.
- NOTE: At first, you may only be able to hold the contractions for a few seconds. The more you do, the easier it will be to increase the length of the contractions.

WHEN TO CONTACT YOUR DOCTOR

Call your doctor if you experience:

- Fever of 100.4°F or greater
- Severe pain or swelling in the legs
- Sudden chest pain
- Nausea, vomiting, or abdominal cramps
- Inability to urinate
- Blood clots in the urine

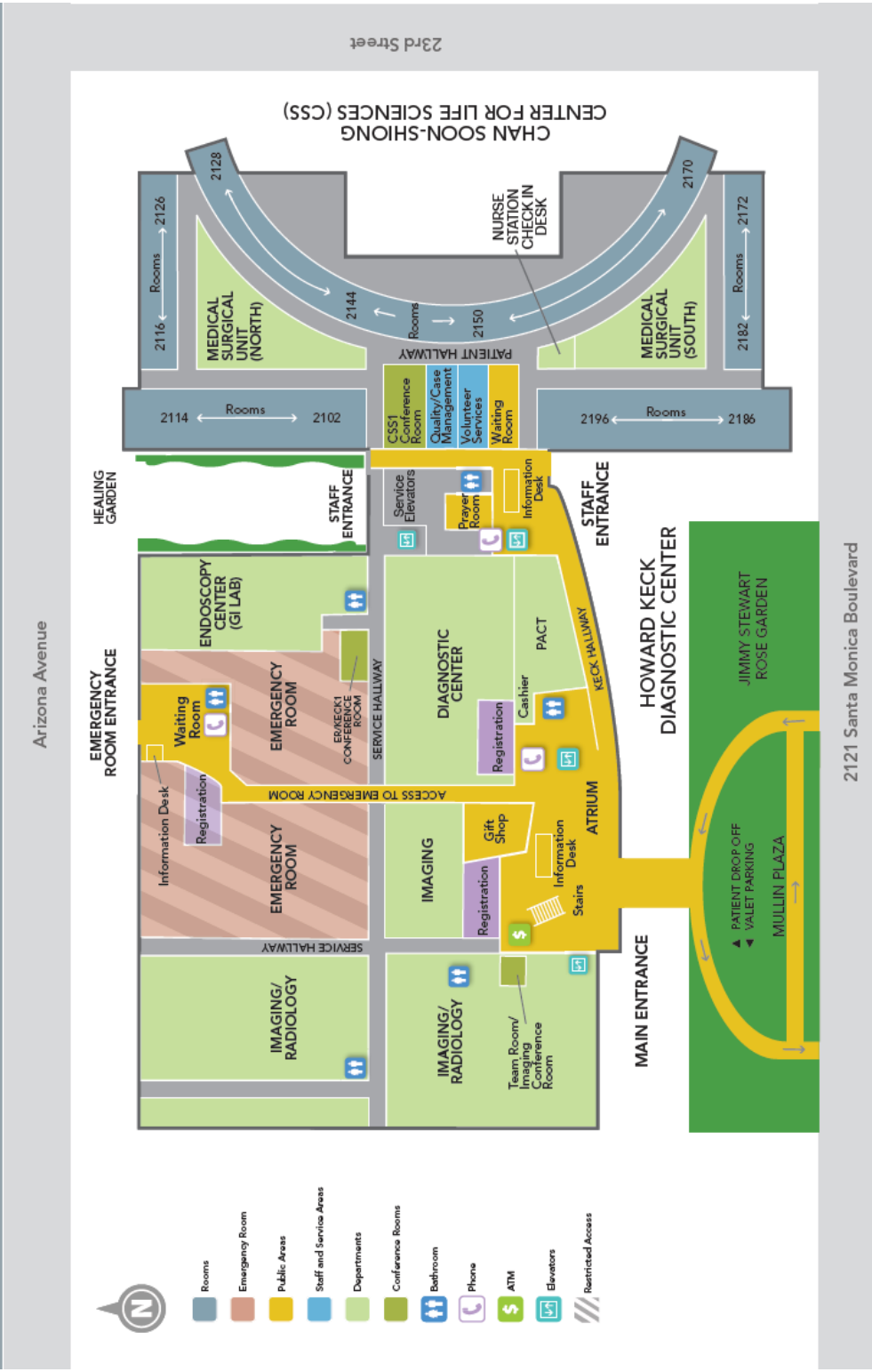
IF IT IS AN EMERGENCY, GO IMMEDIATELY TO THE EMERGENCY ROOM.

For any further scheduling questions or concerns:

- Please call our physician's team at (310) 582-7137. The office is open from Mon-Fri, 8am-5pm.

HOSPITAL MAP – 1ST FLOOR

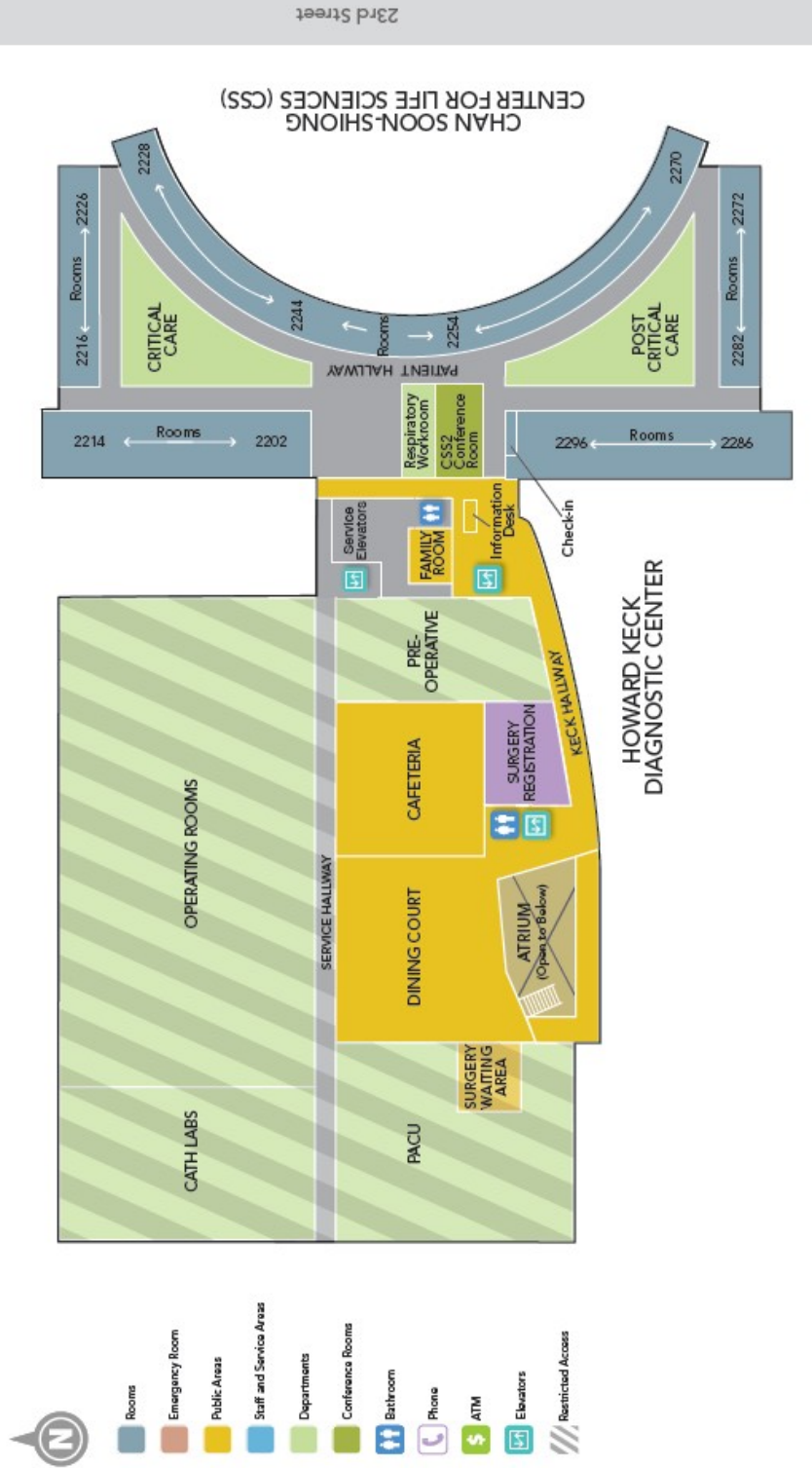
PROVIDENCE SAINT JOHN'S HEALTH CENTER | FIRST FLOOR



HOSPITAL MAP – 2ND FLOOR

PROVIDENCE SAINT JOHN'S HEALTH CENTER | SECOND FLOOR

Arizona Avenue



2121 Santa Monica Boulevard

HOTELS

The following hotels are within close proximity to our facility. Rates quoted cannot be guaranteed. Please request the “Providence Saint John’s Health Center Patient/Family Rate” when making reservations.

Hotel	Distance to Medical Center	Rates	Parking
Ambrose Hotel, Santa Monica 1255 20th Street (310) 315-1555 www.ambrosehotel.com	0.3 Miles	\$249.00 – \$299.00	Complimentary self-parking
Best Western Gateway Hotel 1920 Santa Monica Boulevard (310) 829-9100 www.bestwestern.com	0.3 Miles	\$235.00 – \$289.00	Complimentary self-parking
Comfort Inn 2815 Santa Monica Boulevard (310) 828-5517 www.comfortinn.com	0.5 Miles	\$169.00 – \$205.00	Complimentary self-parking
Days Inn 3007 Santa Monica Boulevard (310) 829-6333 www.daysinn.com	0.7 Miles	\$169.00 – \$189.00	Complimentary self-parking
Doubletree Suites 1707 Fourth Street (310) 395-3332 www.doubletree.com	1.4 Miles	\$279.00 – \$415.00	Complimentary self-parking
Shutters On the Beach 1 Pico Boulevard Santa Monica, CA 90405 (310) 458-0030 www.shuttersonthebeach.com	2.3 Miles	\$480.00 – \$1600.00	Valet parking available
Loews 1700 Ocean Avenue Santa Monica, CA 90401 (310) 458-6700 www.santamonicaloewshotel.com	1.9 Miles	\$389.00 – \$725.00	Valet parking available
Casa Del Mar 1910 Ocean Way Santa Monica, CA 90405 (310) 581-5533 www.hotelcasadelmar.com	2.3 Miles	\$410.00 – \$1495.00	Valet parking available
Wilshire Motel 12023 Wilshire Boulevard Los Angeles, CA 90025 (310) 478-3545 www.wilshiremotel.com	1.5 Miles	\$90.00 – \$220.00	Complimentary self-parking