The Christie
NHS Foundation Trust

Department of surgery

Post-operative care after a robotic assisted laparoscopic prostatectomy (RALP)

Post-operative frequently asked questions

How do I manage my catheter at home?

The ward nurses will connect your catheter to a leg bag and they will show you how to empty the bag before you are discharged. You only empty the leg bag when it is nearly full as this helps to prevent an infection. The leg bag can stay in place for up to 7 days. If you need a catheter for longer than this, the staff will show you how to change the leg bag or will refer you to the district nurse who will do this for you. Always make sure that the leg bag is fully secured to your leg with the Velcro straps, this will prevent pulling.

You will be given a supply of larger night drainage bags and shown how to connect and disconnect these. You will also be provided with a bedside stand for these larger night drainage bags.

Always make sure the drainage bags are kept lower than your bladder and that the tubes are not kinked or twisted. You must thoroughly wash your hands before and after handling and emptying your catheter bags.

Aim to drink at least 2 litres of fluid per day to help keep your urine clear, and to prevent an infection.

You will need to shower daily. Make sure you clean around your penis thoroughly using mild soap and water. If you have a foreskin, pull this back, clean underneath and return.

The ward staff will refer you to the district nurses who will be a point of contact in the community should you have any problems. **The catheter should never be removed by the district nurses**. If you or your district nurses have any concerns regarding your catheter please contact The Christie Hotline.

Is it normal for my catheter to leak?

It is common to have leakage around the catheter, particularly when opening your bowels.
As long as you are passing urine and some is draining into the catheter bag, then do not worry if this happens.

Is it normal to see blood in my urine?

It is common to see some blood in your urine, particularly when you are on the blood thinning injections. It can often look rosé coloured or may have small specks or clots of blood in it. Your urine may look more bloody in the morning but will clear throughout the day as you drink. Should your urine look bright red and does not clear, you should call The Christie Hotline.

Will I need to buy incontinence pads before my catheter removal?

You will leak urine after the catheter is removed. To prepare for this you will need to buy some incontinence pads and bring them with you when you have your catheter removed. These are available from all large chemists and many supermarkets. The pads come in various absorbency strengths. You will need to buy the strongest absorbency to begin with.

How often do I need to perform pelvic floor exercises when my catheter is removed?

You should have practised your pelvic floor exercises prior to your operation and should only start doing them when your catheter has been removed. We advise you to perform the exercises (a set of 10 slow and 10 fast) 3-5 times per day. If you need more advice on how to do these or you are not sure you are doing them correctly, please discuss it with your specialist nurse.

How often should I be having my bowels opened after the operation?

After your operation it can take a few days for your bowels to start moving. You will be discharged with laxatives to help prevent and relieve any constipation. If you find you are still struggling to move your bowels after a few days you should see your local pharmacist who will advise about stronger laxatives. Make sure you are drinking plenty of fluids and eat a well-balanced diet with 5 portions of fruit and vegetables per day.

How long do I need my blood thinning injections for?

To reduce the risk of a blood clot you may need to have daily blood thinning injections. You will have these for 28 days after your operation. You or a member of your family will be taught how to give the injections but if you are not able to do this then the district nurses can. You may also need to wear anti-embolism stockings for this time. You will be given a spare pair of stockings to take home so that you can wash them. You can remove the stockings for up to half an hour per day to have a shower.

How do I manage my operation wounds?

If your wounds have dressings on them, these should stay in place for 48 hours. After this time you can remove them. If the wounds are clean and dry they can be left exposed to the air. You may see a purple mark on the wound; this is skin glue and will stay in place until the wound is healed. There are no stitches or staples that need to be removed.

If you have any signs of infection such as redness, heat, pain or swelling around the wound sites you should see your practice nurse or GP as you may require antibiotics. If you have darker skin, the wound may not look red but the skin around the wound may look darker.

You may be discharged home with your wound drain in place. If this is the case, you will be provided with full care instructions prior to discharge. One of the specialist nurses will contact you by telephone on a regular basis and advise you when the drain is safe to be removed. Removal can be done by the district nurse or we will arrange for you to come back to the hospital for this to be performed. The district nurses will help you to manage your drain whilst you are at home.

When will I be followed up?

You should receive an appointment for your catheter removal before you leave the ward. You will receive an appointment to come back and see your consultant approximately 6 weeks after your operation to go through the histology and to check on your recovery.

Someone will contact you by telephone a few days after you have gone home to check how you are doing.

Who should I contact if I have any concerns?

Please contact The Christie Hotline on **0161 446 3658** for advice if you are feeling unwell or if you have any issues with the catheter. Once the catheter is removed, you should still call The Hotline if you have any issues.

Discharge following your RALP

Patient checklist

Before being discharged please check with your nurse that you have the following items:

- ☐ Enough injections to complete your full post-operative course
- ☐ A sharps box
- ☐ 2 pairs of thrombo-embolus deterrent (TED) stockings to help reduce the risk of developing a deep vein thrombosis (DVT)
- ☐ An appointment date for your trial without a catheter (TWOC)
- ☐ 'Going home with a temporary catheter' patient information sheet
- ☐ Spare leg bag(s) and straps
- ☐ Enough disposable night bags to last until your TWOC
- ☐ A night bag stand
- ☐ 3 to 4 spare drain bags (if applicable)
- ☐ Spare dressings
- ☐ The number of the district nurses

Before being discharged make sure you are taught:

- ☐ How to administer the injections
- ☐ How to care for your catheter
- ☐ Wound care, including signs of infection
- ☐ How to care for your drain (if applicable)
- ☐ Who to contact if you have any concerns

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

Contact The Christie Hotline for urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

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The Christie Patient Information Service
Tel: 0161 446 3000 www.christie.nhs.uk