

What can I expect after surgery and during my recovery?

Following surgery

After being monitored in the recovery room, you will be transferred to a hospital room. Robotic surgery often requires only one night in the hospital. You may have throat discomfort from the breathing tube. Your face may be slightly swollen from the Trendelenburg position (bed tilted with the head toward the floor and feet toward the ceiling). These sensations will pass within a day or so.

You will be **sore** from surgery and should ask the staff for pain medicine as needed. Although you have small incisions, a big surgery was still done on the inside and your body needs to heal. You may also have **nausea** or vomiting from the anesthetic. Let the staff know and they will give you anti-nausea medicine as needed

It is extremely important to get out of bed to a chair and **walk** as soon as possible after surgery. This decreases the risk of blood clot in the leg (deep venous thrombosis or DVT) or lung (pulmonary embolus or PE). These complications are uncommon but can be life threatening. Walking also decreases the risk of pneumonia and infection and encourages the healing process. You will likely have “sequential compression stockings” on your legs. These periodically inflate to massage the leg and decrease the risk of a blood clot forming. These need to be on and functioning whenever you are in bed.

You will likely have a breathing machine called an **incentive spirometer**. The staff will teach you how to suck in on this ten times an hour while awake. This helps re-expand the lung pockets after being on the breathing machine to prevent pneumonia.

Fluids will be given in the vein while you are recovering. This keeps you hydrated while the intestines recover. You will be started on a **clear liquid diet** and advanced to a solid diet. If you had bladder removal, you will need to pass gas before taking anything by mouth.

You will typically have a **foley catheter**, a tube that drains the bladder. This exits through the urethra (bladder or urine tube) that travels through the penis in men, and through the urethra in women. The catheter continuously drains the bladder so the surgical area can heal. For kidney and vaginal surgery, the catheter is typically removed the following morning. For prostate and bladder surgery, you will go home with the catheter and be taught how to attach the catheter to a leg bag during the day and a big bag at night.

You may have a **surgical drain** or “Jackson Pratt (JP) drain” which drains fluid from the surgery site. If the output is low, it may be removed the following morning. If the output remains high, you will be sent home with the drain and

taught how to care for it. Keep a record of the output and bring it to your postoperative appointment so your provider knows when it is safe to remove the drain.

Discharge and recovery

You will be given **discharge instructions** according to your surgery before leaving the hospital. Make sure you and your family/friends read them and understand them before leaving. Clarify questions with the hospital staff before you go home.

If you are being discharged with a **foley catheter**, practice emptying it and changing the bag. Check that it is well secured to the leg at all times with plenty of slack so there is no pulling of the catheter at the surgery site. Periodically check that there are no kinks or twists in the catheter or tubing that could block the flow of urine and compromise the surgery site. Expect the urine to have blood, small clots and debris intermittently over the next week or so. The more pink the urine, the more fluid you need to drink to flush the system and prevent clots.

Pain and soreness will resolve over the course of days or weeks. Pain medicine should be taken as needed. You may be prescribed narcotic pain medicine such as Vicodin. Narcotics can have side effects such as confusion, anxiety, nausea and constipation. If you have these side effects try taking less medication or taking the medication with food. You can also try over-the-counter pain reliever acetaminophen (Tylenol).

You may see minor spotting or oozing of clear fluid from the **skin incisions**. You may place a gauze from a drugstore over this for a day or two if needed. You may have skin glue or skin strips that will come off on their own in 7-10 days.

Typically you may **shower** 24 hours after surgery is complete and should shower daily. Avoid baths for 48 hours. Let warm soapy water run over the incisions, then pat dry. Usually you do not need to apply any dressings. Check with your surgeon for your particular surgery.

Avoid constipation by walking, staying hydrated and eating plenty of vegetables and fruit such as prunes. If you are constipated, take over the counter Senekot or SennoGen, one to two tabs by mouth twice daily. Avoid straining postoperatively as it may affect the surgical site and cause bleeding.

Stay hydrated and eat a bland **diet** with small frequent meals. Avoid large, heavy meals or spicy foods.

It is very important to **walk** at least three times per day. Each day increase the distance you walk. This decreases the risk of complications such as blood clots and promotes healing.

Avoid strenuous activity (jogging, elliptical) or lifting more than fifteen pounds for six weeks. Your surgeon may extend this to eight weeks if you had a long surgery or have risk factors for developing a hernia.

Call the office immediately or come to the emergency room if the catheter stops draining, for fever, inability to urinate, leg swelling or pain, or if the incisions open up with active bleeding, pus or bulge.