

**Dr. Stifelman's  
Robotic Prostatectomy  
Pre-Operative Instructions**

**KEGEL EXERCISES**

There are two urinary sphincters that maintain urinary continence. These sphincters are termed the involuntary and voluntary sphincters. In order to remove your prostate during the surgery, one of your involuntary sphincters will be removed. This is why most patients experience urinary incontinence initially after surgery. It is important to condition the voluntary sphincter by performing Kegel exercises before and after the prostatectomy. The purpose of pelvic floor exercises is two-fold. First, these exercises can strengthen the supporting structures of the bladder and urethra to help with the problem of stress urinary incontinence. Second, the contraction of these muscles will start a reflex which relaxes the bladder and reduces involuntary bladder contractions.

The easiest way to learn which muscles to exercise is to interrupt the urinary stream on and off several times. Once you have the feel of contracting these muscles, practice contracting and holding for a bout 5 seconds and then relax for 5 seconds. Do not practice while urinating; this is only needed initially while you are learning the exercise to help identify the correct muscles. *It is important to realize that this muscle contraction, the Kegel, is NOT a breathing exercise nor should it involve your stomach muscles. It is an internal pelvic contraction.* Periodically, you will want to test your Kegel strength when you are urinating by stopping the stream.

Over time, you should increase the number and duration of Kegels performed. Kegel exercises should be performed for the first year after surgery even if you are dry.

**SCHEDULING SURGERY**

You will be meeting Dr. Stifelman's surgical coordinator, Jackie. Her phone number is (646) 825-6325. She will give you a schedule filled out with important dates regarding your surgery.

**SLIDE REVIEW**

If your prostate biopsy was not performed at NYU, our pathology department will need to review your biopsy slides to confirm the grade and volume of your cancer. **We must receive your biopsy slides no later than three weeks before your surgical date.**

## **PRE-SURGICAL TESTING**

You will have an appointment for pre-surgical testing one to two weeks before your surgical date. This will include **blood tests, a chest x-ray, and an EKG**. You will also meet with an anesthesiologist and will sign consent for the surgery. The pre-surgical testing department is located near the Rusk Institute. The easiest entry is on 34<sup>th</sup> street near 1<sup>st</sup> avenue.

## **MEDICAL CLEARANCE**

Dr. Stifelman may require that you obtain a medical clearance from your primary medical doctor or a cardiologist. Usually, this would entail an exam and the physician writing a letter to our office stating that you are medically stable to undergo surgery. Jackie will tell you if this is required.

## **BOWEL PREP**

The day before surgery, you are not to eat anything and drink only clear liquids. These include clear juices such as apple and cranberry, tea, and jell-O. At 10AM, the day before your scheduled surgery, you will need to drink a bottle of Magnesium Citrate. The night before your scheduled surgery at 10PM you are to administer a Fleets enema.

## **INFORMATION ABOUT HOSPITAL STAY**

Patients are admitted the morning of surgery. That night you will be in a step-down unit. Nurses will be frequently monitoring your vital signs and you will have an intravenous drip with pain medication that you control. The next day, you will be encouraged to get out of bed, walk around, and increase your activity level. You will then be moved into a regular room or discharged to home depending on how you are feeling.

**You will be sent home with a catheter in place. This is required to maintain constant bladder drainage and allow your bladder and urethra to heal. The nurses in the hospital will instruct you how to care for your Foley catheter and bag.** You will be sent home with prescriptions for medications, including and antibiotic and pain medication.

## **POST-OPERATIVE FOLLOW-UP CARE**

You will have an appointment with the office nurses one week after surgery to remove your catheter. At this visit we will be giving you information about incontinence, and regaining control of your bladder. **If Dr. Stifelman is in the office at this visit, he will review your surgical pathology with you. If he is not in the office, or if your pathology is not ready, he will call you with the results.**

You will also be given information about when to schedule routine post-operative follow-up appointments at this visit.