The ROYAL MARSDEN
NHS Foundation Trust

Prehab and Rehab – prostatectomy

Urology Unit

Patient Information

NHS

Contents

Introduction

This information leaflet will guide you through things you need to do both before and after you have surgery to remove your prostate for prostate cancer. You can also view the *Surgical Seminar* video here:

https://patientinfolibrary.royalmarsden.nhs.uk/surgical-seminar-robotic-assisted-radical-prostatectomy/

This leaflet is designed to complement and be read alongside the video.

Most people will have very similar goals for surgery and recovery; your Clinical Nurse Specialist (CNS) will discuss your personal goals with you. For most people, their goals are based on the following:

1. Elimination of cancer
2. Recovery of continence or control of your urine
3. Getting an erection (erectile function)
4. Fitness and getting back to your 'normal'.

Throughout the information below, we will refer back to these goals, numbered one to four, to help you to understand why certain activities are important, and how they relate to your recovery.

Prehab, before your surgery

Before your surgery, you will have met one of the surgical team, either a Consultant or Registrar. They will have discussed the planned surgery (Robot Assisted Radical Prostatectomy) with you, and taken your written consent to go ahead with the surgery.

You should be familiar with **why** you are having surgery, **what** your other options are and **when** you are likely to have surgery. You should understand what **side effects** and **consequences** of surgery you might experience.

You should meet your CNS, who will act as your key worker and support you through your treatment. Make sure you have their contact details.

You will be sent some questionnaires to fill in before your surgery, these will ask you questions about your urine symptoms and erectile function as they are now, and about your current activity level. This information will help us to help you through your recovery after surgery.

You will be asked to attend a pre-operative assessment appointment, where you may have further investigations, like blood tests, blood pressure and an ECG to check your fitness for surgery. You will receive more information on what to do the day before your surgery, on the day of your surgery, and what to expect while you are in hospital.

Most people will stay for one night in hospital after surgery.

Things to think about before your surgery

- **Childcare**, do you need to arrange childcare whilst you are in hospital?
- **Pet care**, do you need anyone to look after your pets whilst you are in hospital or recovering from surgery?
- **Meals**, having a few easy meals prepared can help with managing your fatigue and making sure you are able to eat well after surgery.
- **Transport**, how you will get home from hospital? You will not be able to drive yourself.
- **Support**, make sure you won't need to do any heavy lifting, including things like vacuuming after your surgery.

What can you do to prepare for surgery and aid your recovery?

Goals:

1. Elimination of cancer.
2. Recovery of continence or control of your urine.
3. Getting an erection (erectile function).
4. Fitness and getting back to your “normal”.

Timeline	Action	Why?
Before your surgery	• Speak to your GP about a prescription for Tadalafil and a vacuum pump (VED), this will have been requested by the doctor when you saw them to consent to surgery. Tadalafil, a tablet, and the pump, will both be used to help to try to regain some of your erectile function after surgery. • Your CNS will refer you for a demonstration of the pump, through a company called *iMedicare*. • If you have certain medical conditions, such as clotting disorders, you may not be able to use the pump, we will discuss this with you. • You will need to start the tablets **one week after** your catheter removal.	• It is important to start penile rehabilitation as soon as is safe after surgery, being prepared can avoid delays in getting started in your recovery. • Please do not start this medication or device until we tell you it is safe to do so after your surgery. We talk about starting these things later in this timetable. • **Goals: 3**

Timeline	Action	Why?
	Exercise • It is important to practice **pelvic floor muscle exercises** before your surgery. • You can find a video talking about how to do pelvic floor muscle exercises here *https://patientinfolibrary.royalmarsden.nhs.uk/hormone-therapy-prostate-cancer-pelvic-floor-exercises* • You can check your technique in a mirror, think about trying to shorten or lift the penis and testicles, you should see that your genitals lift when you are performing an effective squeeze. • You can find information from Prostate Cancer UK here *https://prostatecanceruk.org/prostate-information-and-support/living-with-prostate-cancer/pelvic-floor-muscle-exercises* • Try to practice in different positions, sitting, standing and whilst on the move. • We recommend you do a combination of slow, longer squeezes and faster squeezes to train the muscle effectively.	• Effective pelvic floor muscle exercises to strengthen the pelvic floor after surgery can help to support your urine control and can help with your erectile function. • **Goal: 2, 3**

Timeline	Action	Why?
	• Slow exercises involve squeezing and holding for 5–10 seconds, resting for 5–10 seconds and repeating, up to ten times. • Fast squeezes involve squeezing and releasing, you can do this up to ten times. • You should do a combination of these exercises, three times a day – set a reminder or an alarm so you remember to practice. • The *Squeezy* app is available to download for £2.99* and can help to monitor your progress and give top tips on effective exercises. *https://squeezyapp.com/men/about-squeezy-for-men/* • You don't need an app, you can set alarms and reminders to do your exercises, and write notes to keep a track. • Free information from Prostate Cancer UK and The Royal Marsden is linked above. *Correct at the time of writing.	

Timeline	Action	Why?
	Exercise • Try to incorporate to carry out at least 30 minutes of moderate physical activity every day in the lead up to your surgery. • If you are already an active person, try to keep this up as you approach your surgery date to maintain your fitness. • This could include a brisk walk, cycling, swimming or jogging – anything that gets your heart rate up. • If you are already active, try to include some strength and resistance training, some core strengthening exercises and some balance exercises like yoga or Pilates on two days of the week. More information can be found on the *Staying active* pages on the Royal Marsden website. *www.royalmarsden.nhs.uk/your-care/support-living-with-and-beyond-cancer/guidance-advice/staying-active*	• The fitter you are leading up to surgery, the quicker you should recover from the effects of anaesthetic. • **Goals: 4**

Timeline	Action	Why?
	Diet, Fluids and your Bowels • In the run up to surgery, make sure you are well hydrated with 'good' fluids, examples can be found here *www.bladderandbowel.org/wp-content/uploads/dlm_uploads/2017/07/Healthy-Drinking-Tear-Off-A4-update.pdf* • If you are more than 6 feet tall, aim to drink 2.5 litres of fluid a day, and if you are less than 6 feet tall, you should aim for 2 litres of fluid a day. • It can be helpful to use a bottle or jug to measure your fluid intake, try keeping a 2-litre bottle with you to encourage you to try to finish that bottle over the course of the day. • Try to eat a healthy, balanced diet and avoid constipation before surgery.	• Being well hydrated can help to reduce your risk of infection and can improve wound healing. • Staying hydrated can help with any discomfort associated with your catheter. • **Goals: 2, 4**

Timeline	Action	Why?
	Weight Loss • If you are overweight, losing a bit of weight between now and the date of your surgery may help with your recovery. • You might want to try small changes to your diet and increase your physical activity in the lead up to surgery. • Don't restrict your calorie intake too much, make sure you are having a healthy, balanced diet, with good sources of protein, fats and carbohydrates. • You can find helpful tips from Cancer Research UK *www.cancerresearchuk.org/about-cancer/causes-of-cancer/obesity-weight-and-cancer/how-can-i-keep-a-healthy-weight*	• Weight loss can help to reduce pressure on your pelvic floor and support your continence and erectile function. • You may find that you recover more quickly after surgery if you are slimmer and fitter. • **Goals 2, 3, 4**

Rehab, after your surgery

After your surgery, there are lots of things that you can do to support yourself through your recovery.

You can expect to be discharged from hospital one day after your surgery, sometimes we need to keep you in hospital for slightly longer if there are any issues. You will see the medical team at least every day to update you on your progress.

Remember, you will be discharged with a urinary catheter for one or two weeks after your surgery. You will have an appointment for a Trial WithOut Catheter (TWOC) at the Centre for Urgent Care at the Royal Marsden in Chelsea.

Timeline	Action	Why?
Whilst you still have your catheter in	**Diet and Fluids** • Continue with a good fluid intake to stay hydrated, stick to 'good' fluids to reduce irritation. • Try to avoid fluids that irritate your bladder, including caffeine and carbonated drinks.	• Staying hydrated can minimise your risk of post-surgery infections (urine, chest and wound infections), reduce bladder spasms from the catheter and help speed up your recovery.
	Looking after your catheter • You should have been taught how to look after your catheter at home. • Make sure you wash your hands with soap and water before and after touching any part of the catheter or drainage bag, you should empty the drainage bag every few hours, or when it is ¾ full during the day, and attach a night bag before bed.	

Timeline	Action	Why?
	• There is a video to remind you how to attach a night bag here *www.royalmarsden.nhs.uk/welcome-patient-procedures-portal/catheter-care* • If you have problems with your catheter, particularly if you notice that it is not draining, please call The Royal Marsden Hotline on **020 8915 6899** or your CNS.	
	Exercise • Rest as you need to during this early recovery period, however, remember to move around regularly, aim to walk around for five minutes every hour during waking hours. • Take pain relief as prescribed and required to make sure you are able to move regularly, breathe deeply and cough well without discomfort. • Avoid heavy lifting of anything above 3kgs (6.5lbs) in the first six weeks after surgery. • Remember that whilst you are less mobile, you should be wearing the compression stockings provided, these can be laundered, and you should have two pairs.	• Movement can help to reduce your risk of post op complications such as blood clots and chest infections. • Making sure you can breathe deeply, and cough well helps to reduce your risk of developing a chest infection. • **Goals: 4**

Timeline	Action	Why?
	• You should wear the stockings 24 hours a day, removing them to shower and reapplying them when you are dry. • Some patients are prescribed blood thinning injections to reduce the risk of developing blood clots. You should have been taught how to self-administer these at home if you need them. • You can find the refresher video here *www.royalmarsden.nhs.uk/welcome-patient-procedures-portal/injections-drains*	
	Bowels • Your bowel motions should be soft following surgery. • Aim for type 4 on the Bristol stool chart *www.england.nhs.uk/wp-content/uploads/2023/07/Bristol-stool-chart-for-carer-web-version.pdf* • You might find that your bowels take up to a week to settle back to normal after your surgery – this is normal. • Please avoid straining to go to the toilet.	• Straining can be painful, can prompt bleeding from the catheter and cause hernias.

Timeline	Action	Why?
	• If you are feeling constipated, you can take laxatives (usually Movicol) to help to keep your motions regular. • If you feel that you have wind or bloating, peppermint tea can help.	
	Wounds • Keep an eye on your wounds, you may notice a clear, dry glue to your wounds and the surrounding skin. • Ensure you wash your hands with soap and water before and after touching your wounds. • The glue will start to flake off over the coming weeks and come away as the wounds heal, do not pick or pull at the glue. • Keep the wounds clean and dry once the dressings are off, do not rub or soak the wounds, shower and pat them dry with a clean towel or clean disposable cloth, or allow to air dry before dressing.	• Good hand hygiene and vigilant wound care will reduce your risk of wound infections post-surgery and promote healing.

Timeline	Action	Why?
	Driving • You must not drive until you are comfortable and safe to do so after surgery, this is usually when you are back to your normal activities, six weeks after surgery.	

Timeline	Action	Why?
The week after your catheter is removed	**Exercise** • Slowly increase the time you walk for each day. • You should be aiming to walk for 15 minutes continuously by the end of this 7-day period. • Some days you might feel more active than others, that's ok. Take rest when you need to and don't feel disheartened, try to increase your activity levels over this week. • Avoid heavy lifting of anything above 3kgs in the first six weeks after surgery. • **Remember, you should not have restarted your pelvic floor muscle exercises yet.**	• Keep moving to aid your recovery and help you get back to normal. • **Goals: 4**

Timeline	Action	Why?
	Diet and Fluids • Keep up your fluid intake of 'good' fluids and stay hydrated.	• Good hydration will reduce your risk of urinary tract infection. • **Goals: 2**
	Bowels • Make sure you continue to avoid constipation; you can use laxatives if you need to. • Your bowels should have settled back to more normal patterns.	• Straining can make you leak more, prompt bleeding and increase your risk of hernia.
One week after your catheter is removed	**Diet and Fluids** • Keep up your fluid intake, you could reintroduce fluids that can sometimes irritate the bladder, like caffeine. • Monitor the effects on your continence and control of urine, and any symptoms of urgency and/or frequency. • You might want to reduce your intake of caffeine again if you notice that your urinary symptoms get worse.	• Caffeine, alcohol and carbonated drinks can irritate your bladder and may make your urinary symptoms worse. • **Goals: 2**
	Exercise • Restart pelvic floor exercises.	• **Goals: 2, 3**

Timeline	Action	Why?
	• If you are struggling to do these effectively, or don't know where to start, please contact your CNS to discuss a referral to the pelvic health physiotherapist. • You can follow the regimen above, remembering to do a combination of long, slow squeezes and short, faster squeezes.	
	Penile rehabilitation • Unless you have been told otherwise, you may start Tadalafil 5mg tablets once a day. • After taking tadalafil for one week, try masturbating to the point of climax, 1–12 hours after taking a tablet (at least once a week). • Erections, sex and intimacy may not be on your mind so soon after surgery, however, we recommend starting rehabilitation early on to give you the best chance of recovering some of your erectile function. • If you have any questions or concerns about this, please contact your CNS.	• Early intervention helps maintain blood flow to your penile tissue, can help to prevent changes to the penile tissue that can cause shortening and changes to the shape of the penis, and supports nerve healing. • These are important in giving the best chance of restoring erectile function.

Timeline	Action	Why?
	• More information on Tadalafil can be found here *www.medicines.org.uk/emc/files/pil.7432.pdf*	• **Goals: 3**
	Exercise • Keep working on increasing the amount of movement you are doing. • Aim to be doing 30 minutes of continuous walking during this week. • Avoid heavy lifting of anything above 3kgs in the first six weeks after surgery.	• **Goals: 4**
Two weeks after your catheter is removed	**Exercise** • Keep going with your pelvic floor exercises. • Make sure you are doing them in different positions and whilst on the move. • Let your CNS know if you are struggling, we can refer you to the pelvic health physiotherapist for more support.	• **Goals: 2, 3**
	Exercise • Keep working on increasing the amount of movement you are doing. • You should be working towards 45 minutes of continuous walking.	• **Goals: 4**

Timeline	Action	Why?
	• Avoid heavy lifting of anything above 3kgs in the first six weeks after surgery. • If you are managing to be more active and mobile during the day, you can now wear your stockings overnight, and during the days when you are less active, rather than all the time.	
3–4 weeks after your catheter is removed	**Penile rehabilitation** • Unless told otherwise, or if you are having any problems after your surgery, we encourage you to start using your vacuum pump daily. Pumping slowly as comfortable. Release the VED after a maximum of five seconds at satisfactory erection; repeat pumping and releasing 10–20 times over 5–10 minutes. • If you have not yet received a VED, please ask your GP for a prescription, the information for this should be in your letter from your consent visit before surgery. • Please watch the associated video *www.mypelvichealth.co.uk/en/media/#media*	• Using a VED should help to promote blood flow to the penis and prevent fibrosis (thickening or scarring of the tissue) of the penile tissue. It can help with penile shortening. • **Goals: 3**

Timeline	Action	Why?
	• Please contact your CNS if you have any questions or are worried about starting this.	
	Exercise • Keep going with your pelvic floor exercises! • Keep working on increasing the amount of movement you are doing. • Avoid heavy lifting of anything above 3kgs in the first six weeks after surgery. • You should be working towards 60 minutes of continuous walking. • If you are already managing this, consider adding in an incline or hills.	• **Goals: 2, 3, 4**
	• You should expect a check in call from your CNS this week.	
Eight weeks after your surgery	**Follow up** • At eight weeks post-surgery, you should have your first PSA blood test and see the surgeon. • They will speak to you about what your cancer showed when it was removed and sent to the lab – this is called 'histopathology'. • They will let you know what happens next, usually you will move onto follow up.	• **Goals: 1**

Timeline	Action	Why?
	Next steps • If your PSA is undetectable, you will be referred for follow up under the Empower Prostate team, who will support you through your recovery and monitor your PSA at set intervals, normally every three months for the first year after surgery, and every six months for the second year.	• **Goals: 1, 4**

Contact details

If you are feeling unwell or have an urgent clinical enquiry, please call The Royal Marsden Hotline immediately on **020 8915 6899**. The hotline is open 24 hours a day, 7 days a week.

Otherwise, below support is available 9am – 5pm, Monday to Friday (excluding bank holidays).

Medical Secretaries (appointment queries)

Secretaries to Mr Cahill, Mr Charlesworth, Mr Thompson and Mr Mayer

Tel: 020 7808 2076/ 2789/ 2437

Clinical Nurse Specialist (CNS)

Your Clinical Nurse Specialist is responsible for acting as a point of contact and to help co-ordinate your care. They will answer any questions you have about your cancer, your treatment, or any side effects that you may be experiencing.

For **general enquires (non-urgent)** you can email: urologynurses@rmh.nhs.uk

Tel: 020 7352 8171 Ext 4441 (Surgical CNS)

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Telephone: Chelsea 020 7811 8438 / 020 7808 2083

Sutton 020 8661 3759 / 3951

Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

The patient information service is generously supported by The Royal Marsden Cancer Charity.

royalmarsden.org

Registered Charity No.1095197

Published October 2025. Planned review October 2028