PROTOCOL FOR: Prostatectomy: Care of the Post-operative Patient

SUPPORTIVE DATA: The appropriate nursing management of the patient post-prostatectomy will depend upon the surgical procedure itself. The surgical approach to remove the prostate can be performed two ways: via the urethra or by direct removal through an incision. The incision may be in one of the three following areas: perineal, retropubic, suprapubic. The post-prostatectomy patient will require management of a Foley catheter as well as possible bladder irrigations and/or surgical drain management. This patient is at risk for altered urinary function, altered bowel function and possible wound complications.

DESIRED PATIENT OUTCOMES:

1. Patient and/or significant other will demonstrate understanding of the surgical procedure and post-operative expectations.
2. Patient will verbalize adequate relief from pain.
3. Patient will have minimal to no complication related to surgical procedure during length of hospitalization.

CLINICAL ASSESSMENT AND CARE:

1. Circulation:
   a. Monitor vital signs and temperature every 8° after the first 24°, or per LIP order and prn.
   b. Monitor lab results as ordered.
2. Respiratory status:
   a. Monitor vital signs every 8° after the first 24°, or per LIP order and prn.
   b. Encourage patient to turn, cough and deep breath every 1° while awake.
   c. Instruct patient and encourage patient to use incentive spirometer every 1° while awake.
   d. Assist patient to advance activity level as per LIP order.

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3. Fluid volume status:

    a. Maintain IV infusion as ordered.

    b. Monitor I+O's every 8° and as ordered.

    c. Monitor urine output closely for evidence of increased bleeding, clots.

    d. Monitor for bladder distention.

    e. Encourage oral fluids as tolerated.

    f. Maintain bladder irrigation if ordered. (Irrigation rate should be adjusted to maintain a light pink/straw colored urine, free of clots.

    g. Manually irrigate catheter if occlusion, bladder distention occurs, only as per LIP order.

    h. Anchor catheter to shaved upper leg/thigh area to prevent accidental manipulation.

    i. Record output of drains if present.

4. Pain Management:

    a. Monitor for signs and symptoms of surgical pain.

    b. Monitor for signs and symptoms of bladder discomfort, spasms, and cramping.

    c. Assess and document patient's report of pain: location, type, duration, and severity. Use pain scale 0-10
    (0 = no pain, 10 = worst pain imaginable.)

    d. Medicate patient for specific type of pain (incisional vs. bladder) as per LIP order. Assess/document patient response to medication regimen.

    e. Assist patient to turn and reposition side to side for comfort.

    f. Institute comfort measures as needed: relaxation, reassurance.

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5. Nutritional Status:

   a. Perform abdomen assessment and monitor bowel sounds every 4° x 24° then every 8° or more frequently per MD order.

   b. Advance diet as tolerated per MD order.

   c. Monitor nutritional intake and possible need for nutritional support.

6. Wound and Drain Care:

   a. Change/reinforce dry sterile dressing to incision and/or drain insertion site as they become saturated. (The primary dressing to incision is usually changed by the MD.)

   b. Assess the incision line/drain sites for any signs/symptoms of complications.

   c. If the incision is perineal there will be a penrose drain, which will drain into the dry, sterile dressing. If the incision is suprapubic there will be a JP drain, this will need to be emptied every 8° and prn as it becomes full.

   d. Keep incision line/drain sites clear of contamination with stool, provide skin care per protocol.

   e. Foley catheter care as follows: wash catheter and incision site with soap and warm water every 8° with routine skin care.

PATIENT TEACHING:

1. Instruct patient and/or significant other re: signs and symptoms of complication: s/s of infection, hemorrhage, obstruction.

2. If applicable, instruct patient and/or significant other re: home care of Foley catheter, irrigation and leg-bag use.

3. Instruct patient and/or significant other re: wound and drain site care as per MD order.

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4. Instruct patient and/or significant other re: perineal hygiene:

   a. use of peri bottle with warm soapy water and/or shower to cleanse perineal area.

   b. instruct patient to wipe with each BM from front to back while avoiding incisional area.

5. Instruct patient to avoid constipation and over-straining with BMs by maintaining high fluid intake and taking stool softeners as prescribed by MD.

6. Encourage patient to maintain high fluid intake to increase urinary output.

7. If patient does not have a catheter instruct regarding "kegel's" exercises to help regain urinary control.

8. Instruct patient to avoid waiting extensive periods to urinate.

9. Instruct patient and/or significant other that sexual activity can be resumed within 6-8 weeks or per MD instruction.

REPORTABLE CONDITIONS: Notify House Officer of the following:

1. Signs and symptoms of wound infection, dehiscence.

2. Ineffective pain management.

3. Signs/symptoms of bladder obstruction.

4. Signs/symptoms of increased bleeding.

5. Lab values outside of MD parameters.

6. Intolerance of diet.

REFERENCES: Medical-Surgical Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 1/94

REVISION DATES: 9/03, 12/05