

Robotic Radical Prostatectomy

Post-operative recovery timeline and expectations

Recovery happens in stages. The first 1-2 weeks are mostly about catheter care and healing. After the catheter comes out, urinary leakage is expected. Appetite, energy, urinary control, and erections recover on different timelines.

Recovery timeline

**First
1-2 weeks**

Healing with the Foley catheter in place

- Expect catheter discomfort, bladder spasms, leakage around the catheter, and mild pink/red urine.
- Drain site oozing can occur after the drain is removed; gauze changes are common.
- Constipation, gas discomfort, low appetite, and fatigue are normal early after surgery.

**Day
7-14**

Cystogram and catheter removal

- The Foley catheter usually stays 7-14 days while the bladder-to-urethra connection heals.
- Many patients get a cystogram first. This is scheduled like other imaging tests.
- If the cystogram shows a leak, the catheter may need to stay in longer; this is usually temporary.

**Weeks
2-6**

Pads or Depends are expected after the catheter comes out

- Leakage is usually worse with standing, walking, coughing, sneezing, lifting, or sudden movement.
- Many patients feel much more normal around 3 weeks, including appetite and energy, but some need longer.
- Walking is encouraged. Avoid heavy lifting, biking, straining, and strenuous exercise until cleared.

**Months
1-24**

Urinary control improves first; erections often take longer

- Most men steadily improve urinary control over weeks to months; many regain good control by about 6 months, often sooner.
- Erections may take many months to 2 years, even with nerve-sparing surgery.
- There is no guaranteed penile rehab program. Pills, vacuum devices, or injections may help function, but scheduled early rehab has mixed evidence.

Bottom line: Foley catheter 7-14 days. Cystogram before removal when scheduled. Depends/pads are expected after catheter removal. Appetite and overall recovery often improve around 3 weeks, but continence and erections recover over months.

At Home Cheat Sheet

Use this page for the common things patients notice at home and when to call.

Three-column quick guide

| Expected / Normal | What to Do | Call Urgently |
|--|---|---|
| <p>Foley catheter</p> <ul style="list-style-type: none">• Catheter discomfort• Bladder spasms or cramping• Leakage around the catheter• Urgency sensation despite drainage <p>Urine</p> <ul style="list-style-type: none">• Pink or light red urine• Small debris or tiny clots• More blood after walking or bowel movements <p>Incisions / drain site</p> <ul style="list-style-type: none">• Clear, pink, or light bloody oozing from the drain site• Bruising or mild swelling <p>After catheter removal</p> <ul style="list-style-type: none">• Pads, guards, or Depends are expected• Leakage is often worse with movement and better at night | <p>Catheter care</p> <ul style="list-style-type: none">• Keep the bag below bladder level• Secure tubing to avoid tugging• Use the large bag at night• Do not remove the catheter yourself <p>Healing</p> <ul style="list-style-type: none">• Walk several times per day• Drink fluids unless restricted• Use stool softeners/laxatives as directed• Avoid straining and constipation <p>Activity</p> <ul style="list-style-type: none">• No heavy lifting or strenuous exercise until cleared• No biking, motorcycle riding, swimming, or soaking early• No driving while on narcotics or if the catheter is very uncomfortable <p>Kegels</p> <ul style="list-style-type: none">• Do not do Kegels with the Foley unless told• Start pelvic floor exercises after catheter removal when cleared | <p>Call right away or seek urgent care for:</p> <ul style="list-style-type: none">• Fever or chills• Catheter stops draining• Catheter falls out• Severe lower belly pain or pressure• Thick red urine, large clots, or urine like ketchup• Chest pain or shortness of breath• New calf pain or leg swelling• Persistent vomiting or inability to keep fluids down• Worsening incision redness, warmth, swelling, pus, or severe pain• Severe weakness, dizziness, or fainting• Inability to urinate after the catheter is removed |
| <p>Urinary Control</p> <p>Depends/pads are normal. Control usually improves over weeks to months. Many men regain good control by about 6 months, often sooner; some continue improving for 12 months or longer.</p> | <p>Erections and Sex</p> <p>Erections take longer. Recovery may take many months to 2 years and may not return to baseline. Orgasm can still occur, but ejaculation is dry after prostate removal.</p> | <p>PSA and Pathology</p> <p>PSA should fall very low. Final pathology and PSA follow-up determine whether any additional treatment, such as radiation or hormone therapy, should be discussed.</p> |

Recovery is not perfectly linear. Activity, bowel movements, and catheter movement can temporarily increase urine blood or leakage. Rest and fluids often help mild symptoms.