



## UROLOGY ASSOCIATES OF FREDERICKSBURG

Expert Surgical Care of the Urologic Patient Since 1975

### Transurethral Bladder Surgery Instructions

#### **PROCEDURE:**

Certain bladder problems can be diagnosed and treated using a special scope (cystoscope). The procedure is performed without any incisions using the natural opening of the urinary canal. Bladder lesions can be removed and biopsies can be taken. Bleeding is prevented with the use of electric cautery. Bladder stones can also be treated and removed using this approach.

#### **RECOVERY:**

Your recent bladder surgery requires very special post hospital care. Despite the fact that no skin incisions were used, the area inside the bladder is quite raw and is covered with a scab to promote healing and prevent bleeding. Certain precautions are needed to insure that this scab is not disturbed over the next 4-6 weeks while the healing proceeds.

Because of the raw surface inside the bladder and the irritating effects of urine you may expect frequency and/or urgency of urination and perhaps even more getting up at night. This will usually subside or resolve over the healing period. You may even see some blood in your urine over the next 6 weeks. Do not be alarmed, even if the urine was clear for awhile, stay in bed and drink plenty of fluids until the urine becomes clear.

Your surgeon may place a urinary catheter into the bladder after surgery to help the bladder heal.

#### **DIET:**

You may return to your normal diet immediately. Due to the raw surface, alcohol, spicy foods, and caffeinated drinks may cause some irritation or frequency and should be used in moderation. To keep your urine flowing freely and avoid constipation drink plenty of fluids during the day at least 8 to 10 glasses.

#### **ACTIVITY:**

Your physical activity is to be restricted, especially during the first 2 weeks. During this time use the following guidelines:

- No heavy lifting-anything greater than 10 lbs.
- No driving or prolonged sitting in a car.
- No strenuous exercises-limit stair climbing to a minimum.
- No sexual intercourse until cleared by your surgeon.
- No severe straining during bowel movements (take a laxative if necessary).

#### **BOWELS:**

It is important to keep your bowels regular during your healing time. The rectum and the bladder are next to each other and any very large and hard stools that require straining to pass can cause bleeding. You may be given stool softeners (usually) these are not laxatives. A bowel movement every other day is reasonable. Use a mild laxative if needed and call if you are having problems. For example: Milk of Magnesia 2 to 3 tablespoons or 2 Dulcolax tablets. Warm prune juice is a good natural alternative.



## UROLOGY ASSOCIATES OF FREDERICKSBURG

Expert Surgical Care of the Urologic Patient Since 1975

### MEDICATION:

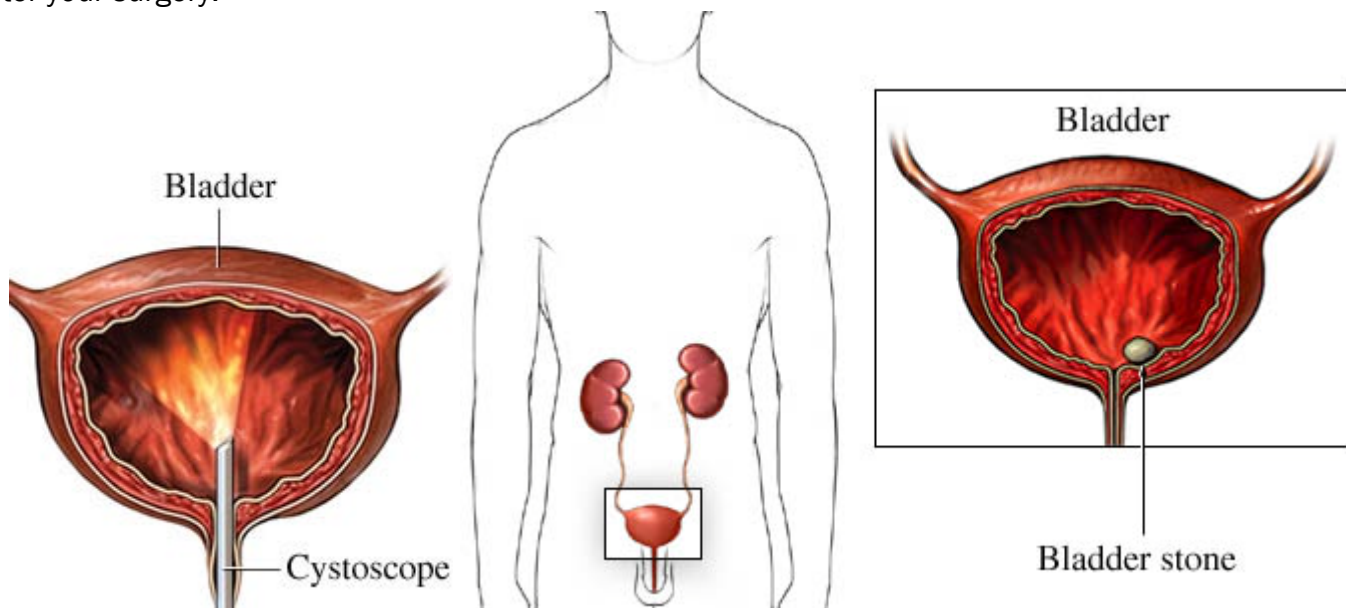
You should resume your pre-surgery medications unless otherwise instructed. In addition, you will often be given antibiotics to prevent infection, stool softeners, and sometimes a urinary anesthetic. These should be taken as prescribed and until the bottles are finished, unless you are having an unusual reaction to one of the medications.

### WHEN TO CONTACT OUR OFFICE:

- Fevers over 101 Fahrenheit.
- Heavy bleeding or clots.
- Inability to urinate or no urine is flowing into the collection bag for 4 or more hours.
- No urine or very little urine is flowing into the collection bag and you feel like your bladder is full.
- Reaction to medications: hives, rash, nausea, vomiting, diarrhea.
- Severe burning or pain with urination that does not improve.
- You have new pain in your abdomen, pelvis, legs, or back.
- Your urine has a foul odor.
- You develop nausea, vomiting, or shaking chills.

### FOLLOW-UP:

You will need a follow-up appointment so that your surgeon can monitor your progress. Call the office for an appointment when you get home from the hospital. Usually the first appointment will be 7-14 days after your surgery.





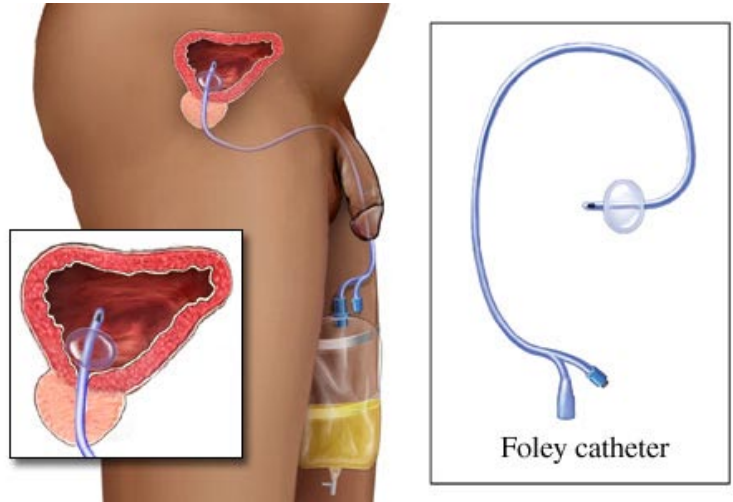
## UROLOGY ASSOCIATES OF FREDERICKSBURG

Expert Surgical Care of the Urologic Patient Since 1975

### Care for your Urinary Catheter

A urinary catheter is a flexible plastic tube used to drain urine from your bladder. A doctor may place the catheter into the bladder by inserting it through the urethra, the opening that carries urine from the bladder to the outside of the body. Once the catheter is in the bladder, a small balloon is inflated to keep the catheter in place. The catheter allows urine to drain from the bladder into a bag that is usually attached to the thigh.

A catheter may be needed because of certain medical conditions, such as an enlarged prostate, the inability to control the release of urine, or after surgery on the pelvis or urinary tract to help the bladder heal. Urinary catheters are also used when the lower part of the body is paralyzed.



#### CATHETER CARE

Always wash your hands before and after dealing with your catheter.

- Make sure that urine is flowing out of the catheter into the drainage bag.
- Make sure the tube doesn't get twisted or kinked.
- Check the area around the urethra for inflammation or signs of infection, such as irritated, swollen, red or tender skin at the insertion site or drainage around the catheter.
- Keep the drainage bag below the level of the bladder.
- Make sure that the drainage bag does not drag and pull on the catheter.
- Unless you've been told otherwise, it's okay to shower with your catheter and drainage bag in place.
- Clean the area around the drainage tube twice a day, using soap and water. Dry with a clean towel afterward.
- Do not tug or pull on the catheter.
- Do not have sexual intercourse while wearing an indwelling catheter.
- You may wrap a small piece of gauze around the area where the catheter comes out of your body. Change the gauze if it feels wet. Use a new piece of gauze each time you clean your catheter.
- At night you may wish to hang the bag on the side of your bed.
- Do not allow the bag to pull on the catheter.



## UROLOGY ASSOCIATES OF FREDERICKSBURG

Expert Surgical Care of the Urologic Patient Since 1975

### LIVING WITH YOUR CATHETER

Try to prevent constipation, and be sure you drink enough fluids. Most adults should drink between 8 and 10 glasses of water, noncaffeinated beverages, or fruit juice each day. Include fruits, vegetables, and fiber in your diet each day. Try a stool softener, such as Colace, if your stools are very hard.

### DRAINING THE COLLECTINO BAG

You will need to empty the bag regularly, whenever it is half-full, and at bedtime.

- Wash your hands with soap and water. If you are emptying another person's collection bag you may wish to wear disposable gloves.
- Unfasten the tube from the drainage bag.
- Fasten the tubing clamp and remove the drainage cap.
- Drain the urine into the toilet. Avoid touching the tubing or drainage cap on the toilet, the collection container, or the floor.
- If your health professional has instructed you to measure the amount of urine, do so before you have emptied the urine into the toilet.
- Replace the drainage cap, close the clamp, and refasten the collection tube to the drainage bag.
- Refasten the collection tube to the drainage bag.
- Wash your hands with soap and water.

You may be provided with a large bag for night time use and a smaller bag to wear on your leg during the day. The smaller bag will need to be emptied more frequently.

It is common to have some bloody leakage of urine around the catheter, especially during or after bowel movements. This is normal, however, contact your doctor if the bleeding becomes heavy or does not clear up after a few hours.