



## UROLOGY ASSOCIATES OF FREDERICKSBURG

Expert Surgical Care of the Urologic Patient Since 1975

### Transurethral Prostate Surgery Instructions

**PROCEDURE:** The prostate gland is the male sex organ responsible for the production of semen. When the prostate becomes enlarged it can obstruct the flow of urine and lead to troublesome urinary symptoms. Treatment of prostate enlargement may require use of a laser or special electrical device to remove obstructing prostate growth. This procedure is performed using a scope inserted through the natural urinary canal opening (urethra).

**RECOVERY:** Your recent prostate surgery requires very special post hospital care. Despite the fact that no skin incisions were used, the area around the prostate is quite raw and is covered with a large scab to promote healing and prevent bleeding. Certain precautions are needed to insure that this scab is not disturbed over the next 6 weeks while the healing proceeds. Because of the raw surface around your prostate 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.

**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 lawn mowing (especially ride-on), biking, tractors, ATVs, or similar activities for 1 month.
- 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 prostate 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.



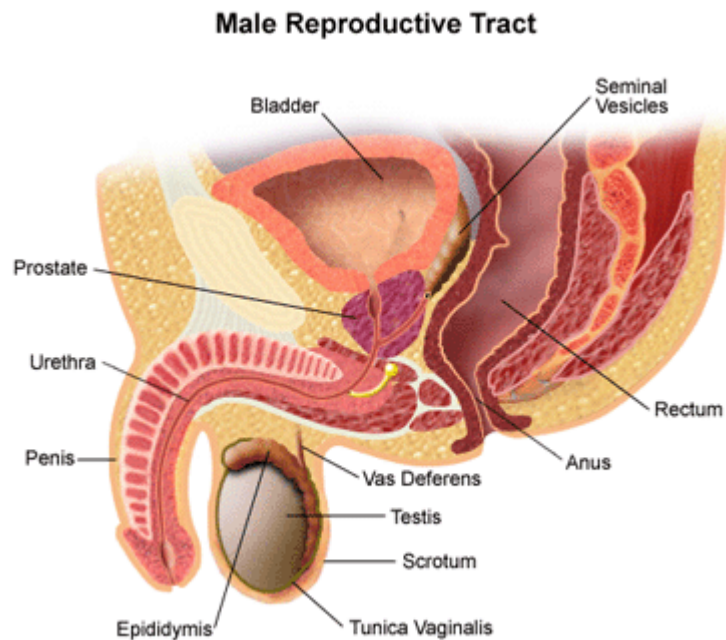
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**MEDICATION:** You should resume your pre-surgery medications unless otherwise instructed. In addition, you will often be given antibiotics to prevent infection, stool softeners, and sometimes a urinary anesthetic. These should be taken as prescribed 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.





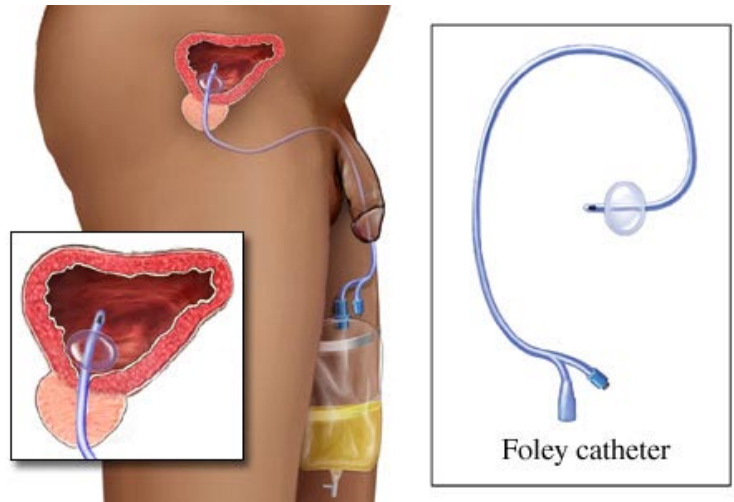
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### Care for your Urinary Catheter

A urinary catheter is a flexible plastic tube used to drain urine from your bladder when you cannot urinate by yourself. A doctor will 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. 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.



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### Living with a catheter

Try to prevent constipation, and be sure you drink enough fluids. Most adults should drink between 8 and 10 glasses of water, non-caffeinated 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 urine collection 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.

### When to call your surgeon

Call your surgeon if:

- No urine or very little 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.
- You have new pain in your abdomen, pelvis, legs, or back.
- Your urine has large blood clots in it.
- Your urine has a foul odor.
- You have a fever of 101° F or higher or back or flank pain.
- You develop nausea, vomiting, or shaking chills.