

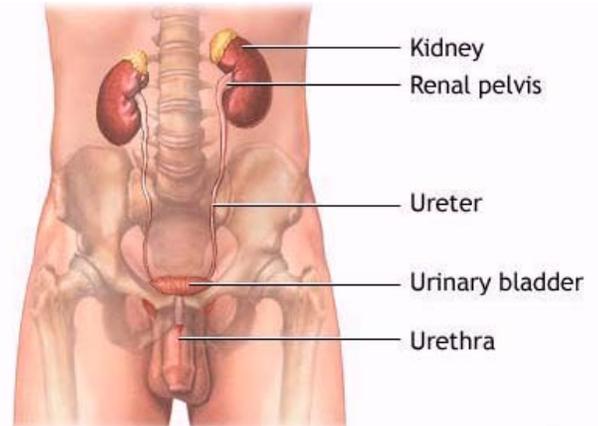


UROLOGY ASSOCIATES OF FREDERICKSBURG

Expert Surgical Care of the Urologic Patient Since 1975

Laparoscopic Urologic Surgery

PROCEDURE: Surgical procedures on organs in the urinary tract often require large incisions in the abdominal area. Sometimes these surgeries can be performed through very small keyhole incisions using specialized scopes and instruments. Special ports are placed inside the abdomen and a lighted scope (laparoscope) allows the surgeon to see inside. The belly is inflated with carbon dioxide to give the surgeon room to operate. Slender instruments are used to perform surgery on the kidney, bladder, ureter, adrenal gland, testicle or prostate. In some cases neighboring organs, like the bowels, liver, and spleen can be moved aside to allow access to the kidney. If the surgeon removes part or all of an organ then one of the incisions will be made slightly larger to get it out.



RISKS: Need to convert to traditional open surgery, injury to other organs (bowels, liver, gallbladder, spleen, reproductive organs, nerves, and blood vessels), bleeding, infection, hernia, blood clots, stroke, heart attack, breathing problems, and very rarely, death.

RECOVERY: When you wake up from surgery nurses will help get you settled in your hospital room. You may still have a urinary catheter in place after surgery. Sometimes tubes may be used to drain your incisions to help them heal. As you recover your nurse will review instructions for care of your incisions at home. When you are ready your surgeon will discharge you home.

Your recent surgery requires very special post hospital care. Despite the tiny incisions the surgical procedure performed inside may have been extensive. Certain precautions are needed to ensure that you heal well on the inside. Avoid strenuous activities or lifting objects heavier than 10 lbs until cleared by your surgeon. Bloating, gas pains, and sometimes shoulder cramps are common after laparoscopic surgery. Follow the instructions below to avoid complications.

DIET: Begin with clear liquids, Gatorade and popsicles. After a day or two try some, soup, or applesauce. After you begin passing gas and have a small bowel movement slowly try some solid foods. Most patients report gas pains and bloating for several days after surgery. Take short walks several times a day to relieve gas pains. Take a generic brand stool softener daily to prevent constipation. Warm prune juice can promote bowel movement if you are feeling constipated.



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ACTIVITY: Your physical activity is to be restricted, especially during the first few weeks. During this time use the following guidelines until cleared by your surgeon:

- No heavy lifting - nothing greater than 10 lbs.
- No driving or prolonged sitting in a car.
- No strenuous exercises - limit stair climbing to a minimum.
- No swimming or baths (showers are ok 48 hours after your discharge).

BOWELS: It is important to keep your bowels regular during your healing time. 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.

MEDICATION: You should resume your pre-surgery medications unless otherwise instructed. In addition, you may be given antibiotics, stool softeners, and pain relievers. 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 from your incision or in the urine (some mild spotting is normal).
- Inability to urinate.
- Reaction to medications: hives, rash, nausea, vomiting, diarrhea.
- Severe burning or pain with urination that does not improve.
- Swelling or pain in your legs.
- New or worsening pain in your abdomen 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 (540) 374-3131 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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BOWEL PREP INSTRUCTIONS

1. Clear liquids only the day before surgery. (see below)
2. Magnesium Citrate; ½ to 1 bottle at 12 noon the day before the surgery.
3. Nothing by mouth after midnight the day before surgery.

Foods allowed on a clear liquid diet are:

Beverages: Coffee-decaf or regular, tea with lemon juice, clear carbonated beverages, apple juice, cranberry juice, grape juice or any combination thereof, warm fruit flavored gelatin, fruit flavored drinks and powders.

Desserts: Plain gelatin desserts, clear water ices and popsicles.

Soups: Fat free clear broths and bouillon.

Sweets: Sugar and hard candy.

Remember... No milk or milk products or anything not listed above.

WARNING: NOTHING TO EAT OR DRINK AT ALL AFTER MIDNIGHT OR YOUR PROCEDURE WILL BE CANCELLED BY THE ANESTHESIOLOGIST