

Discharge Instruction

Cryosurgical Ablation of the Prostate

You are now ready to be discharged from the hospital after a cryosurgical ablation of the prostate for control of prostate cancer. The prostate was frozen by placing cryo (very cold) needles into the prostate in the area between the scrotum and anus. A suprapubic tube (bladder drainage tube) was placed by placing a temporary tube into the bladder from a small incision in the lower abdomen.

Activity

It is normal to feel the need for extra rest in the first weeks after a cryosurgical ablation of the prostate. Gradually resume your activities over the next month and try to go for short walks every day. Avoid heavy lifting (10 lbs) or straining for about six weeks from the date of surgery as these activities can injure the healing incision.

Travel is not advisable for about six weeks, until your energy level has returned to normal. Sexual activity may be resumed when your suprapubic tube is removed and you are comfortable.

Wound Care

There may be some bleeding or swelling around the needle insertion areas and into the base of penis or scrotum. This should disappear gradually over several weeks. Any black and blue areas should eventually fade over several months. There are no surgical clips (staples) closing your incision.

A dressing should be changed around the insertion of the suprapubic tube site at least every other day. You should change the dressing after every shower. The dressing should be changed if it becomes dirty.

Suprapubic Tube Care

A suprapubic tube is a catheter running from the bladder and out through the lower abdominal wall. It is used to drain the bladder of urine until the swelling goes down around the frozen prostate area. A balloon on the suprapubic tip in the bladder prevents it from falling out. A suture is also used for added protection from being dislodged.

Before your discharge from the hospital, you will be taught how to manage the suprapubic tube and urine collection bag. Bloody discolorations of the urine or small blood clots are not unusual. A "leg bag" can be fastened to the thigh with straps and worn discretely under the trousers. Keep the bag above your knee. Keep the suprapubic catheter loose and not pulling on your bladder. A larger bag is to be used at night and placed at the bedside for overnight drainage.

It is not unusual for a small amount of urine to leak from the urethra, particularly with straining or at the time of a bowel movement. This happens because the muscular urine control "valve" makes a poor seal because of swelling. Urine may leak around the suprapubic tube. If this happens, you may need to wear a small pad in your underwear. You may have an urge to urinate from bladder spasms. These are normal.

A discharge, sometime with blood or crusting, at the opening of the penis or on the catheter is common. It can be washed away daily with a facecloth and mild soap. Half strength hydrogen peroxide (hydrogen peroxide mixed with water) works well to clean the catheter. In general, the more you try to clean your catheter the more likely you can infect your urinary tract. Do not over clean your catheter.

The urinary bags can be used for weeks. Clean them daily with white vinegar and water.

ALBUQUERQUE UROLOGY ASSOCIATES, P.A.

Aaron J. Geswaldo, D.O., F.A.C.O.S.
Shelly Pierson, M.A.

ABQ: 610 Broadway Blvd. Albuquerque, NM 87102
505-242-3991 x2026 fax:505-243-8405
SF: 490-A West Zia Road, Santa Fe, NM 87505
505-989-9500 fax:505-294-6315

Bowel Function

Your normal bowel pattern should return when you resume your usual diet and activity. Avoid straining to have a bowel movement. A non-prescription stool softener, like Colace, is often helpful. Increasing your fiber helps.

Hygiene

You may shower as you like. You can get your suprapubic tube wet for short durations. Prolonged soaking in water (swimming, hot tubs, or baths) should be avoided.

Medications

Most men will be prescribed a strong painkiller. Additionally, you can take ibuprofen as needed. Ibuprofen or Tylenol can eventually replace your prescription pain medication. You may take a multivitamin along with an iron tablet. Antibiotics may be prescribed.

You should be able to continue with your usual medications. Blood thinners may increase the risk of bleeding after surgery. Your urologist will advise you when you can resume these drugs. If you have any questions, call the office during normal business hours.

Follow-Up

Arrangements will be made for you to be seen usually within a few weeks from the date of surgery for removal of your catheter. Your catheter should be removed only under the direction of your urologist. This involves deflating the catheter balloon after which it should slide out easily with minimal discomfort. It is common to have dribbling leakage or urine for a while after the catheter is removed. An absorbent pad, purchased from any pharmacy, should be available when your catheter is removed.

Feeling ill, having fever or chills, or having continuous bright red bleeding is not expected. Call our service and leave your name and number for a call back. My assistant, Shelly can help answer your questions at 505-242-3991 x2026.

Bladder Training

Your bladder may get a little lazy following a cryosurgical ablation of the prostate. It can also get lazy with a suprapubic tube in place. We will start to return the bladder to normal function slowly.

First we will leave the suprapubic tube alone for the first two weeks after surgery. Starting after the second week, we will "turn off" the suprapubic tube. You will be given a catheter plug prior to discharge. The plug is inserted into the Foley catheter during the daylight hours. The plug goes into the larger opening that normally connects to the urine bag. After the bladder fills (3-4 hours after plugging the catheter), you should try to empty your bladder by urinating normally (through your penis). After each time you urinate, you should check to see if there is any additional urine left in your bladder by removing the catheter plug. It is not important to record the exact amount of residual urine left in your bladder. Only note if the quantity of urine goes down each day. Leave the catheter plugged into your urine bag at night for the next week.

Starting after the third week after your surgery you should leave the catheter plugged the entire time. You can continue to check the residual amount of urine left in your bladder after voiding. When you return to the office after 4 weeks your suprapubic tube will be removed.

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If at anytime during your bladder training you find that you are experiencing pain, discomfort or urinary retention, you can give your bladder a rest for 24-48 hours by leaving it to the over side drainage bag.

Summary:

Bladder retraining schedule after cryosurgical ablation of the prostate					
	Week 1	Week 2	Week 3	Week 4	Follow-up in office
Surgery	Catheter is left to over-side-drainage (let the urine drain into the urine bag).		Plug the catheter during daylight hours. Urinate as you normally would with your penis. Record residual urine after each void.	Plug the catheter the entire day. After each void, unplug the catheter and record the residual volume.	

Follow-Up Appointment:

- You have an appointment on _____ at _____ a.m./p.m.
Date Time
- The office will call with your follow-up appointment date and time. *(Please call my assistant if you do not hear back from us 7 business days post operatively).*
- (New Patients)* Please call our office for a follow-up appointment within 2 weeks unless otherwise instructed.

Please notify our office for any signs or symptoms of infection, such as fever (>101), chills, nausea, vomiting, or feeling ill. Call if you have bright red continuous bleeding, pain not controlled by your prescriptions, or retention of urine. My assistant, Shelly can be reached at 505-242-3991 x2026.

Discharge Medications

- Keflex (250mg, 500mg) one tab by mouth every 8 hours
- Levaquin 500mg one tab by mouth every day
- Cipro 500mg one tab by mouth twice a day
- Ibuprofen (400 mg, 600mg, 800mg) by mouth three times a day with food
- Lortab (5, 7.5, 10 /500 mg) one tab by mouth every 6 hours as needed for pain
- Percocet (5, 7.5, 10/325 mg) one tab by mouth every 6 hours for pain
- Colace 100mg by mouth twice a day
- Proscar 5mg one tab by mouth every day
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Shelly is available to answer your questions during business hours at 505-242-3991 x2026.

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Chart Cow

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Summary:

Bladder retraining schedule after cryosurgical ablation of the prostate					
	Week 1	Week 2	Week 3	Week 4	Follow-up in office
Surgery	Catheter is left to over-side-drainage (let the urine drain into the urine bag).		Plug the catheter during daylight hours. Urinate as you normally would with your penis. Record residual urine after each void.	Plug the catheter the entire day. After each void, unplug the catheter and record the residual volume.	

Follow-Up Appointment:

- You have an appointment on _____ at _____ a.m./p.m.
Date Time
- The office will call with your follow-up appointment date and time. *(Please call my assistant if you do not hear back from us 7 business days post operatively).*
- (New Patients)* Please call our office for a follow-up appointment within 2 weeks unless otherwise instructed.

Please notify our office for any signs or symptoms of infection, such as fever (>101), chills, nausea, vomiting, or feeling ill. Call if you have bright red continuous bleeding, pain not controlled by your prescriptions, or retention of urine. My assistant, Shelly can be reached at 505-242-3991 x2026.

Discharge Medications

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- Cipro 500mg one tab by mouth twice a day
- Ibuprofen (400 mg, 600mg, 800mg) by mouth three times a day with food
- Lortab (5, 7.5, 10 /500 mg) one tab by mouth every 6 hours as needed for pain
- Percocet (5, 7.5, 10/325 mg) one tab by mouth every 6 hours for pain
- Colace 100mg by mouth twice a day
- Proscar 5mg one tab by mouth every day
- _____
- _____
- _____
- _____

Shelly is available to answer your questions during business hours at 505-242-3991 x2026.

A COPY OF THIS FORM WAS GIVEN TO PAIENT ALONG WITH APPROPRIATE PERSCRPTIONS. DISCHARGE INSTRUCTIONS WERE EXPLAINED. ALL QUESTIONS WERE ANSWERED. THE PATIENT (AND/OR FAMILY) UNDERSTANDS THE IMPORTANCE OF PROPER FOLLOW-UP.

This document is an official patient record. Please place in the chart.

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Discharge Summary

Patient Label :

Date of Procedure: _____

Diagnosis: _____

Procedure: [JJ stent placement: Left, Right, Bilateral]

Crysurgical ablation of prostate, transrectal ultrasound of prostate, insertion of SPT

OTHER: _____

Medications (patient was given Rx at discharge)

Lortab (5, 7.5, 10 /500)

Percocet (5. 7.5, 10/325)

Pyridium (100, 200)

Cipro (250, 500) mg

Ibuprofen (400, 600, 800) mg

Proscar 5mg QD

Other: _____

Follow-up Studies: [Attention Albuquerque Urology Schedulers]

The patient needs to be scheduled for the following study

CT Scan abdomen and Pelvis (stone study – no IV or PO contrast)

CT scan abdomen and pelvis with IV contrast

KUB XR

Chest XR

Renal US

Renal and Bladder US

IVP

Whole Body Bone Scan

Renal Flow Scan (Renogram)

CBC

BMP

BUN/Cr

UA

The patient was discharged with the above orders for follow-up

Follow-Up Appointment: [Attention Albuquerque Urology Schedulers]

Schedule patient for follow up appointment in _____ weeks. **Call the patient with date and time.**

Patient has an appointment on _____ at _____ a.m./p.m.
Date Time

The patient was called with appointment date and time.

Scheduled by: _____ Date : _____

This document is an official patient record. Please place in the chart.