

ALBUQUERQUE UROLOGY ASSOCIATES, P.A.

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ABQ: 610 Broadway Blvd. Albuquerque, NM 87102
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POST-OPERATIVE DISCHARGE INSTRUCTIONS TRANSURETHRAL RESECTION OF PROSTATE (TURP)

Transurethral resection of your prostate is the process of looking, with a medical telescope, into the bladder and prostate. Prostate tissue is removed either using heat or laser energy.

Despite the fact that no skin incisions were used, the area around the prostate is raw and covered with scabs to promote healing and prevent bleeding. Certain precautions are needed to insure that these scabs are not disturbed over the next 6-12 weeks while the healing proceeds.

Because of the raw surface inside your bladder and the irritating effects of urine you may expect frequency of urination and/or urgency (a stronger desire to urinate) and perhaps even getting up at night more often. This will usually resolve or improve slowly over the healing period. You may see some blood in your urine over the first six weeks. Do not be alarmed, even if the urine was clear for a while. Get off your feet and drink lots of fluids until clearing occurs. If you start to pass clots or do not improve, call the office.

Diet: May resume regular diet as tolerated. Because of the raw surface, alcohol, spicy foods, acidic foods and drinks with caffeine may cause irritation or frequency and should be used in moderation. To keep your urine flowing freely and to avoid constipation, drink plenty of fluids during the day (8-10 glasses). TIP: Avoid Cranberry Juice which is very acidic.

Activity: Quiet activity for the next two weeks. Your physical activity is to be restricted, especially during the next 4-6 weeks. During this time do not lift anything greater than 10 lbs. Do not drive a car and limit long car rides. No strenuous exercise. Limit stair climbing to minimum. No sexual intercourse for 6 weeks. No severe straining during bowel movements and take laxatives if required.

Bathing: May use shower or bathtub when fully recovered from anesthesia.

Medication: You should resume your pre-surgery medication unless told not to. In addition you will often be given an antibiotic to prevent infection and stool softeners. These should be taken as prescribed until the bottles are finished unless you are having an unusual reaction to one of the drugs.

Medications:

- Lortab** (5, 7.5, 10 /325) 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 as needed for pain
- Proscar** 5mg on tab by mouth once a day
- Avodart** 0.5 mg by mouth once a day
- Cipro** (250, 500) mg one tab per mouth twice a day
- Ibuprofen** (400, 600, 800) mg by mouth every 6 hours with food for pain (use Ibuprofen first and if you still have breakthrough pain use your narcotic prescription)
- Other: _____

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Blood Thinners (if applicable):

It is important to restart your blood thinning medications as directed. However, with use of these medications after a transurethral surgery increases the risk of post operative bleeding.

- Resume Aspirin on: _____
- Resume Coumadin on: _____
- Resume Plavix on : _____

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.

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Chart Copy

