

Finger Lakes Urology Institute
DISCHARGE INSTRUCTIONS

SURGICAL PROCEDURE: Cryosurgical Ablation of the Prostate

Your prostate cancer was treated by freezing the prostate. This was done by placing very cold probes into the prostate in the area between the scrotum and anus. A suprapubic catheter was also placed to drain the bladder through a small incision in the lower abdomen.

INSTRUCTIONS:

Activity

Gradually resume your activities over the next month avoid heavy lifting (10 lbs) or straining for about six weeks. Sexual activity may be resumed when your suprapubic tube is removed and after conversation with your physician.

Wound Care

There may be some bleeding or swelling around the cold probe insertion site and into the base of penis or scrotum. This will disappear gradually over several weeks. A dressing should be changed around the insertion of the suprapubic tube site at least every other day or when wet or dirty and after every shower.

Suprapubic Catheter Care

A suprapubic catheter is used to drain the bladder of urine until the prostate area heals. A balloon on the suprapubic catheter prevents it from falling out. A suture is also used for added protection from being dislodged. These sutures will fall out on their own. Bloody discolorations of the urine or small blood clots are not unusual. 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. Urine may also leak around the suprapubic site. You may have an urge to urinate from bladder spasms. These are normal. You will be instructed by nursing on the care of the catheter and the urine drainage bags.

Bowel Function

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

Hygiene

You may shower as you like. You can get your suprapubic tube wet for short durations. Do not soak in water: swimming, hot tubs, or baths.

Medications

You will be prescribed a pain medication. Ibuprofen or Tylenol can eventually replace your prescription pain medication, but **DO NOT** take Ibuprofen or Tylenol within 4 hours of using the pain medication. Antibiotics will also be prescribed. You should be able to continue with your usual medications. Blood thinners may increase the risk of bleeding after surgery. Your medical doctor or cardiologist 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.

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. If it is after hours, go to the Emergency Department.

Follow-Up Appointment:

[] You have an appointment on (Date Time) at a.m./p.m.

[] 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).

Discharge Medications

[] Keflex (250mg, 500mg) one tab by mouth every 8 hours

[] Levaquin 500mg one tab by mouth every day

[] Cipro (250, 500mg) one tab by mouth twice a day

[] Ibuprofen (400 mg, 600mg, 800mg) by mouth three times a day with food

[] Norco (5, 7.5, 10/325 mg) one tab by mouth every 4 - 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

[] Ditropan 5mg one tab by mouth twice daily

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_____ Date:_____ Time: _____

MD

_____ Date:_____ Time: _____

PA

_____ Date:_____ Time: _____

Nursing

_____ Date: _____ Time: _____
Patient Signature