Follow-up

Before you leave the hospital, your doctor will tell you when to make an appointment for a follow-up visit in his office. It is very important to keep this appointment and follow his instructions about diet, fluids and activity.

If you have any of the following symptoms, contact your doctor right away:

- Bloody urine after it has been clear yellow
- Severe pain in the bladder
- Inability to urinate

You will be advised whether to come to the office or go to the emergency room. The most common cause for these symptoms is a blood clot in the bladder which is treated by inserting a catheter and irrigating the bladder to remove the clot and allow urine to flow freely again.

Most patients do well after having prostate surgery and feel better once the troublesome symptoms are gone. You can expect to be back to normal activity within a few weeks and will be glad you had the procedure.

PREPARING FOR YOUR PROSTATE SURGERY

As men get older, the prostate gland gradually enlarges and in later life can become large enough to block the urethra, the tube that leads from the bladder to the outside. This causes symptoms such as frequent urination, especially at night, difficulty starting urination and/or a decreased stream. These symptoms can be very bothersome and, if the blockage is severe enough, can lead to bladder infections or urinary retention, which means the bladder is unable to empty properly. In the most severe cases, patients can even develop kidney failure.

PROCEDURES

You and your urologist will decide on the procedure that is appropriate for your case. Described below are the most common procedures currently being used.

Transurethral Prostatectomy (TURP)

With this procedure, an instrument is passed into the urethra and the prostate tissue that is blocking it is shaved off. Special solutions are used to wash away these chips of the prostate and control any bleeding that occurs. Sometimes this irrigation is continued for several hours after surgery, but not always. A catheter is left in the bladder for 24 - 48 hours to allow urine to drain. At first this will look bloody which won’t seem so alarming if you know that it only takes a little blood to color your urine. This will gradually clear and then the catheter will be removed. Once you have urinated without the catheter, you will be ready to go home.

Laser Prostatectomy

A laser prostatectomy also removes the prostate tissue blocking the urethra but the doctor uses a special light beam called a laser that burns away the tissue instead of cutting it. A catheter is left in for several days to allow urine to drain. You will be in the hospital overnight and will be taught how to care for the catheter before you go home.
Transurethral Vaporization Prostatectomy (TUVP)

This is a new procedure in which the excess prostate tissue is cauterized at a very high temperature which vaporizes the tissue rather than resecting it. It also requires a catheter to drain the bladder for a period of time after the procedure.

Open Prostatectomy

Certain conditions of the prostate are not amenable to one of the above procedures and an open prostatectomy is performed. This is a more extensive procedure will not be discussed in this pamphlet.

PRE-OPERATIVE PREPARATION

Three - Four Weeks Before Surgery:

Your urologist will discuss the possible need for blood transfusion. Not all procedures need to have blood available and even for procedures when it is available as a precaution, transfusion is unlikely. Some patients, however, wish to donate their own blood which is kept until the time of surgery. This is called an autologous transfusion. If the blood is not needed, it is discarded as it cannot be used for any other purpose.

If you wish to have your own (autologous) blood available, your urologist will give you instructions to go to the blood bank about a month before your surgery.

One - Two Weeks Before Surgery:

You will need to make an appointment with your primary care physician for a complete physical examination to make sure your general health permits a surgical procedure. If you take aspirin on a regular basis, you will be told when to stop taking it before surgery. It is important to stop the aspirin as it interferes with your blood clotting mechanisms.

One - Three Days Before Surgery:

You will be asked to come to the hospital a few days before you are scheduled to be admitted to pre-register. You will go to the Admitting Office off the main Lobby where the clerks in the admitting department will check your insurance cards and ask some questions. You will then be instructed to go to the third floor to the Surgery and Ambulatory Procedure Center for some additional registration procedures. If you have not already done so, you will need to go to the laboratory to have some blood tests drawn.

The Day of Surgery:

You will be given printed instructions about what to do the night before and the morning of surgery. These will include when you must stop eating and drinking. If you take medications regularly, tell your doctor who will decide if you can skip them for one day.

If you are diabetic and take insulin, be sure to follow the doctor’s instructions on whether to take your regular dose. Often insulin is given during the procedure and, if you have already taken your regular dose, it could cause you to get too much and have a reaction.

On the day of your surgery, you will be instructed on the time to come to the hospital where you will go to the third floor Surgery and Ambulatory Procedure Center to be checked in. A nurse will ask you some questions about your medications, allergies and medical conditions which are being treated. Your blood pressure, pulse and temperature will be checked. If you did not see the anesthesiologist when you pre-registered, he/she will visit you to discuss the anesthesia plan.

After Surgery:

Regardless of which procedure you have, you may have some temporary changes in urination.

Frequency and Urgency: This lasts for a short period after the catheter is removed and is caused by irritation from the procedure and the catheter. Drinking 6 - 8 glasses of water per day will dilute your urine and minimize any burning you experience with urination. If symptoms are severe or last longer than expected, call your doctor so he can decide if he needs to see you.

Dribbling and leakage: This can be upsetting but usually gets better in a few weeks. Pelvic exercises to strengthen specific muscles may help control leakage when you cough or sneeze. If the problem persists, tell your doctor.

Blood in the urine: It is not uncommon for your urine to be pink or red for several days after you go home. If it is dark red and you can see clots, call your doctor who will let you know if he needs to see you.