

DISCHARGE INSTRUCTIONS

PROSTATE CRYOABLATION

Ronald Rodriguez, M.D., Ph.D.

DIET

You may eat and drink whatever you wish. You may wish to increase your fresh fruit and vegetable intake to keep your stools soft. If you do become constipated take mineral oil and milk of magnesia (alternate one in the morning, the other at night). Alcohol consumption in moderation is acceptable.

AMBULATION

After you are discharged from the hospital you must avoid heavy lifting and vigorous exercise (calisthenics, golf, tennis, cycling, and vigorous walking) for a total of 2 weeks from the day of surgery. It takes a few months for the ablated prostate tissue to be replaced with fibrous scar tissue. In the meantime, initially it may be a little difficult to urinate. Therefore I leave the catheter in place for a couple of weeks. After this period of time, you should be able to urinate as the swelling from the procedure should be largely resolved. During the first 4 weeks you are at home do not sit upright in a firm chair for more than 1 hour. I prefer having you sit in a semi-recumbent position (in a reclining chair, on a sofa, or in a comfortable chair with a footstool). This accomplishes 2 goals: 1) it elevates your legs, thereby improving drainage from the veins in your legs which will reduce the possibility of clot formation (see below); and 2) it avoids placing weight on the area of your surgery in the perineum (the space between the scrotum and the rectum). If you take a long trip in a car, you need to stop at least once an hour to get up and stretch your legs. This will minimize the risk of blood clots forming.

INCISION

The incisions are needle holes which close quickly and usually are not visible to the eye after a couple of weeks. If there is pain or swelling, you can place an ice pack in the area beneath the scrotum for 20 mins at a time.

CATHETER CARE

The catheter is left in place for two weeks. Please make an appt with the clinic to have one of the nurses remove the catheter. The day before the catheter is to be removed, please start the antibiotics (you will be given a script for this). You will be taught catheter care by the nurses before you are discharged. While at home I would like you to have your Foley catheter connected to the large bedtime drainage bag most of the time. The leg bag should only be used occasionally if you plan to go out of the house. Drink 4-6 glasses of water in a 24-hour period. This helps keep your urine clear. It is normal for your urine to be pink tinged to bloody during the next 2 weeks, especially with walking and bowel movements. Increasing fluids will usually make the urine clear again. If your catheter is not draining, make sure that it is not kinked. This can happen, particularly where the tape is located. If there are no kinks and the urine is not flowing, please notify our office immediately. Sometimes a blood clot can occlude the opening in the bladder and the catheter needs to be irrigated. You may notice a pink colored mucus type discharge at the tip of your penis. This is normal. You can use a warm soapy washcloth to cleanse the area 3 times a day and then apply antibiotic ointment.

Leaking around the catheter - This is very common, especially when you're up walking around. The tip of

the catheter is not in the lowermost part of the bladder; the balloon that holds the catheter in the bladder elevates the tip of the catheter away from the bladder neck. For this reason, when you are up walking around you may have leakage around the catheter. This can usually be managed through the use of diapers or other absorbent materials. If your catheter stops draining completely, lie down flat and drink a lot of water. If, after 1 hour there is no urine coming through the catheter, it is possible that your catheter has become obstructed or dislodged. At that point call me (see below). If we ask you to go to your local emergency room to have your catheter irrigated, ***do not*** let them remove your catheter without talking to me or one of my colleagues first.

PROBLEMS

Clots in the legs - During the first 4-6 weeks after surgery, the major complication that occurs in roughly 1% of men is a clot in a vein deep in your leg (deep venous thrombosis). This can produce pain in your calf or swelling in your ankle or leg. These clots may break loose and travel to the lung producing a life-threatening condition known as pulmonary embolus. A pulmonary embolus also can occur without any pain or swelling in your leg; the symptoms are chest pain (especially when you take a deep breath), shortness of breath, the sudden onset of weakness or fainting, and /or coughing up blood. If you develop any of these symptoms or pain/swelling in your leg, call me. Also, you should **immediately call your local physician** and go to an emergency room and state that you need to be evaluated for deep venous thrombosis or pulmonary embolism. If the diagnosis is made early, treatment with anticoagulation is easy and effective.

Urinary Tract Infection - Urinary tract infections are not uncommon following placement of a catheter and removal. They can be manifested in several ways. The urine may become permanently cloudy (see below) or you may develop some painful urination and frequency of urination. In later stages, you may develop a fever as well. This suggests that you may have a urinary tract infection. Please call me and I may prescribe an antibiotic. Also, it is not unusual for some bacteria to be present in the urine.

Urinary sediment - It is not uncommon for there to be some sediment in the urine. This can be manifested in a number of different ways. Old clots may appear as dark particles which occur after the urine has been grossly bloody. With hydration these will usually clear spontaneously. Also, the pH (acidity or alkalinity) of the urine changes throughout the day. After a meal the urine often times becomes alkaline. There are normal substances in the urine. If you see these periodically do not be concerned. This is a normal phenomenon. However, if the urine is persistently cloudy this suggests that an infection may be present (see above).

Pain – The pain from this operation tends to be mild and self limited. You will be given a script for pain medication before discharge. **Please note it is very normal for both the penis and scrotum to be swollen and discolored for about 1-2 weeks.**

URINARY CONTROL

Difficulty with urination may occur for the first few weeks after the catheter is removed, but is rarely a long term issue and often resolved fairly quickly.

COMMUNICATION

If you have any problems while you are at home please feel free to call my nurse or myself directly. The phone numbers are (Dr. Rodriguez's office) 410-614-6662, (clinic) 410-955-6101. If you should have a problem during the night or on a weekend call the Johns Hopkins Hospital 410-955-6070 and ask for **THE**

UROLOGY RESIDENT ON CALL. The paging operator will put your call through. Please be patient, these pages sometimes take as long as five to ten minutes. If for some reason you need to speak to me and you are not able to get through to someone above, you may call me directly. If I am not out of town, I can usually be contacted in this way. The phone numbers are listed below. I only ask that you reserve such calls for urgent matters. If at any point you are seen by another physician, especially in an emergency room, please provide them with these phone numbers as well:

Home Phone Number: 410-489-5054
Cell Phone Number: 410-917-7978
Pager: 410-283-9550

It has been wonderful taking care of you. I hope you will always consider me as your urologist and your friend.
Good luck.

Ronald Rodriguez, M.D., Ph.D.