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POSTOPERATIVE TRANSURETHRAL PROSTATECTOMY INSTRUCTIONS

It takes approximately six weeks for the prostate to heal up completely after a prostatic resection. It is very common initially to experience irritative urinary symptoms including frequency, urgency, and occasional urgency incontinence. These symptoms will typically improve very rapidly as prostatic healing occurs.

1. Eat and drink what you like, but restrict the use of alcohol, spicy foods, and caffeine-containing beverages, including coffee and tea.
2. Keep your urine flowing freely by drinking plenty of water during the day (at least eight 8 oz. glasses), preferable before 8 p.m. Drinking after 8 p.m. will often result in frequent and annoying night time trips to the bathroom.
3. Do not be afraid of engaging in non-exertional physical activities, but be careful not to overdo it.

During this period, please:

- Limit driving—do not drive if taking a narcotic pain medication
 - No long automobile rides
 - No long walks
 - No fast stair climbing
 - No sexual intercourse
 - No golf, tennis or similar exertional sports
4. You may notice blood in the urine periodically. If this occurs, you need to get into bed, rest, and drink copiously. If the bleeding persists or increases, please call our office.
 5. Be sure to take the medications as prescribed and to make an appointment for a postoperative checkup. If you have an adverse reaction to the medication, discontinue its use and call the office for further instructions. It is important that you resume all of your regular prescription medications.
 6. You may bathe or shower daily.
 7. Foley catheter care: You may be sent home with a Foley catheter in order to drain the urinary bladder and allow the surgical site to heal properly. The catheter will be connected to a bag which needs to be emptied when it is full. With a catheter in place, there is no need to urinate as urine will intermittently drip from the bladder through the tube into the drainage bag. One of the side effects of having a catheter is a sense of urinary urgency even though the bladder is not full. You may notice blood in the urine and if this should happen do not be alarmed. It only takes a few drops of blood to tint a significant volume of urine red. If you do notice blood in the urine, this is a sign that you need to step up your fluid intake. Due to bladder spasms you may notice a small amount of urinary leakage around the catheter. If this occurs, typically an anti-spasmodic will improve this situation substantially.
 8. The combination of undergoing an operative procedure and taking pain medication frequently leads to constipation. Early intervention is preferred to avoid the discomfort often associated with this problem. Everyone taking a narcotic pain reliever (i.e., Percocet, Tylenol with codeine, Hydrocodone, Vicodin) should begin taking a stool softener, such as Colace, immediately after surgery. The dose of Colace is 100 mg twice daily. Remember, the more pain pills that you take; the more likely you are to develop a constipation problem. Therefore, you have to carefully consider the benefit of the pain pill versus the bowel side effects.

FOR A SEVERE BOWEL PROBLEM, FOLLOW THIS SCHEDULE:

- a. Dulcolax 10 mg suppository
- b. If no response in one hour, repeat the Dulcolax 10 mg suppository.
- c. If still no response, take 30 milliliters of Milk of Magnesia
- d. Please call the office the following morning if problems persist.

Note: Colace, Dulcolax suppositories and Milk of Magnesia are available without prescription at any pharmacy.

9. Please call the office for a follow-up visit and if you have a Foley catheter, to schedule its removal. If you encounter an emergency, please call the office at 973-539-1050.