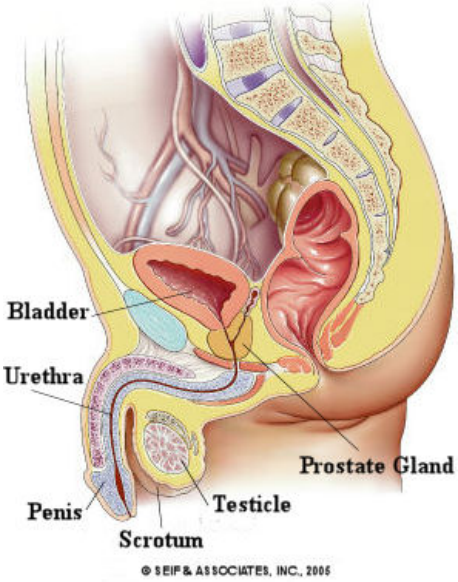
Instructions Before and After Laser Surgery on the Prostate Gland

Often after a man reaches middle age, his prostate gland begins to slowly enlarge. This enlarged prostate is called benign (not cancerous) prostatic hyperplasia (BPH). As the prostate grows larger, it may press on the tube (*urethra*) that carries the urine out from the bladder through the penis.



Your prostate gland is normally about the size and shape of a walnut. It lies at the base of the bladder and wraps around the urethra. It can be felt during a rectal exam. Because your problem has grown worse, you are having laser surgery on your prostate (*prostatectomy*). This will remove the pressure on the urethra. This will help with the problems you have had.

A laser prostatectomy is an operation. While it uses the latest medical technology, it still has significant risks. Your decision to have the operation should be given full consideration.

SIGNS AND SYMPTOMS THAT MAY BE HELPED BY LASER SURGERY:

- Weak urine stream.
- Dribbling after urination.
- Feeling like the bladder has not emptied completely.
- Getting up frequently at night to urinate (*nocturia*).
- Urinating more frequently during the day.
- Difficulty starting urination.
- Complete inability to urinate.

BEFORE THE PROCEDURE

- In the days before the operation, you may be asked to temporarily adjust your diet to include high-acid foods. If so, your caregiver will give you specific recommendations.
- If you are on blood thinners, stop taking them before the operation, or as your caregiver advises.
- Your caregiver may ask you to start taking antibiotics before the procedure if your urine is infected.
- Your caregiver may ask you to start a medicine called Proscar several weeks before the procedure. This will help minimize bleeding during and after the operation. This is most helpful in patients who are on blood thinners and in people with larger prostates.
- You should have nothing to eat or drink for 8 hours before your operation, or as suggested by your caregiver. You may have a sip of water to take medications not stopped for the procedure.

DIAGNOSIS

- Your caregiver often has a good idea what is wrong by taking a history and doing a rectal exam.
- Special x-rays and blood work may be done.

LET YOUR CAREGIVERS KNOW ABOUT:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or Novocaine.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Previous prostate infections.
- Other health problems.

You will probably be comfortable soon after the operation. It will require 10 to 12 weeks, or longer, to heal after you leave the hospital.

RISKS & COMPLICATIONS OF THE PROCEDURE

- Injury to the capsule that holds the prostate. This can lead to leakage of fluid and urine into the belly (*abdomen*). This can cause a slow buildup of fluid in the abdominal cavity (*ascites*).
- Bleeding and the need for blood transfusion.
- Inability to control your urine (*incontinence*). This is more common in those with prostate cancer and those who have received radiation therapy.
- Laser surgery of the prostate is not likely to affect the ability to have sexual relations. However, ejaculation afterward may be into the bladder instead of out of the penis. This is not a problem unless you wish to have children. It does not cause loss of satisfaction.
- Infection at the incision site.
- Blood clots in the legs.
- As with any major surgery, there is always the rare chance of a complicating stroke, heart attack, or other complications that will be discussed with you by the surgeon and anesthesiologist.

HOME CARE INSTRUCTIONS

For your own protection, observe the following precautions for 10 days after your operation.

- You may go home with a catheter. Take care of it as directed. You will receive instruction on catheter care.
- After catheter removal, empty the bladder whenever you feel a desire. Do not try to hold the urine for long periods of time.
- Avoid all lifting, straining, running, strenuous work, walks longer than a couple blocks, riding in a car for extended periods, and sexual relations.
- Take 2 tablespoons of heavy mineral oil or Metamucil® morning and night for 3 or 4 days. After that, gradually reduce the dose to 1 or 2 teaspoons twice daily. Stop it after the stools have been normal for a week. If you become constipated, do not strain to move your bowels. Take an enema if your urologist and you have discussed this but be careful when giving yourself the enema. Notify your caregiver about problems.
- Even after complete healing you may continue to urinate once or twice during the night.
- In addition to your usual medications, you may be given an antibiotic to take for 10 days to 2 weeks. Notify your caregiver if you have any side effects or problems with the medication.
- Avoid alcohol and caffeinated drinks for 2 weeks, as they are irritating to the bladder. Decaffeinated drinks are fine.
- You may continue non-strenuous activities. It is always important to keep active after an operation. This lessens the chance of developing blood clots.
- You may see some recurrence of blood in the urine after discharge from the hospital. If this occurs, force fluids as you did in the hospital.

SEEK MEDICAL CARE IF:

- You have chills, fever, night sweats or an unexplained oral temperature above 100.5º F (38.1º C).
- You are leaking around your catheter or have problems with your catheter.
- You develop side effects which you think are coming from your medications.

SEEK IMMEDIATE MEDICAL CARE IF:

- You are suddenly unable to urinate. This is an emergency.
- You develop shortness of breath or chest pains.

- Bleeding persists or clots develop.
- An unexplained oral temperature above 102 ºF (38.9 ºC) develops.
- You develop pain in your back or over your lower belly (*abdomen*).
- You develop pain or swelling in your legs.
- You develop swelling in your abdomen or have a sudden weight gain.
- Any problems you are having get worse rather than better.

Document Released: 12/18/2006 Document Re-Released: 10/15/2010
ExitCare® Patient Information ©2011 ExitCare, LLC.