

CRYOABLATION OF THE PROSTATE

POSTOPERATIVE PATIENT INSTRUCTIONS

Patient Name: _____ **Date:** _____

Dear Patient,

In order to facilitate your recovery after your prostate cryoablation procedure, please read these post-operative patient instructions before your procedure to help you understand your post-operative recovery and the potential problems that you might encounter. In our experience, most patients have an uneventful post-cryo recovery and I certainly hope that you will be one of them.

Garo M. Tertzakian, M.D.

DISCHARGE AFTER THE CRYO PROCEDURE

You will be discharged from the surgical center or hospital after your cryoablation procedure the same day or in some cases the following morning. What follows are important facts that we want you to be aware of relating to your postoperative care

ACTIVITY

In general, there are no restrictions in activity following cryoablation. You can return to your normal activities as soon as you feel comfortable.

SWELLING

1. There is a good chance you will develop swelling of the penis and scrotum after the cryo procedure (rarely, up to the size of a grapefruit). This is a normal body reaction to the freezing procedure and it always goes away. There can also be some bruising and ecchymoses of the penis and scrotum that always resolves within a few weeks.
2. Applying ice packs to the scrotum and behind the scrotum, 15-20 minutes every hour is very helpful. The ice packs will help keep the swelling down. Use the ice packs for 5-7 days. Some patients may require them for a longer period of time. Wearing a scrotal supporter (jock strap) is very helpful as well.
3. Lying flat on your back will also help decrease the swelling. You may find that during the day when you are sitting up or walking around, the swelling will increase. Lying on your back will decrease it. You may get up to do minimal daily routines, but staying off your feet the rest of the time for 5-7 days will greatly help decrease the swelling.
4. You may shower on the 2nd day after surgery.
5. Gentle physical exercise, swimming and walking can resume 10-14 days after the procedure.

DIET

Resume your normal diet, unless you are having nausea and vomiting, or feel that you are bloated. It is safer to stick to a light diet for a few days until the bowel function returns to normal. If you have constipation, you can try Milk of Magnesia 1-2 tablespoonful every 6-8 hours or a mild laxative like Dulcolax. Do not give yourself any enemas or rectal suppositories because the rectal wall can be inflamed after cryoablation and needs time to heal.

MEDICATIONS ON DISCHARGE

You will be given prescriptions for certain medications that we want you to take after your procedure.

1. Pain medications (always).

2. Antibiotics to prevent infection while your catheter is in place (always).
3. Anti-spasmodic medication to prevent bladder contractions (as needed)
4. You can resume taking your home medications except for blood-thinning medications (aspirin, Coumadin, Plavix) after discharge from the hospital. Ask Dr. Tertzakian or his nurse assistant when to start taking the blood thinners after your first post-operative office visit one week after discharge from the hospital.

CARE OF YOUR URINARY CATHETER

You will be discharged home either with a urethral Foley catheter or a suprapubic catheter in place to drain the urine in the immediate post-operative period. It will be attached to a drainage bag. You will be given instructions regarding catheter care.

a. Foley Catheter

Most probably, you will have a Foley catheter in place draining your bladder when you leave the hospital. While you have the Foley catheter in your urinary tract, you will be taking an antibiotic to prevent a urinary tract infection. We will keep the Foley catheter draining your bladder for one to two weeks, at which time the catheter will be removed and you will be expected to urinate normally. Occasionally, there is residual swelling in the area of the prostate beyond the two weeks, which makes normal urination difficult. If this is the case, the Foley catheter will need to be reinserted for an additional period of time or you will be given the option to perform intermittent self-catheterization if you do not want to have the Foley catheter for an additional period of time. In our experience, more than 95% of the patients are able to urinate on their own within two weeks after the cryo procedure.

b. Suprapubic Catheter

If you have a suprapubic catheter, do not attempt to urinate on your own for 2 weeks. At the end of the two weeks, you can start clamping the suprapubic tube and try voiding on your own (instructions will be given). After you are done urinating or if you are unable to urinate, unclamp the suprapubic tube and drain the urine remaining in the bladder in a plastic measuring cup and record the amount. Keep a voiding diary for the doctor to see.

Clean the area where the suprapubic tube is coming out of your body 2-3 times daily with Hydrogen Peroxide or Betadine. Keep the area open to air.

CATHETER BLOCKAGE

Occasionally, in the immediate post-operative period, your catheter will become plugged up with a small amount of debris or dead tissue that has sloughed from the urinary tract as a result of the treatment. If this occurs, you will notice that the urine drainage bag has stopped filling and you will become uncomfortable as your bladder fills up with urine. Please do not hesitate to call us if your catheter is not functioning properly and you feel you need help. If this happens after office hours, go to the urgent care center or the emergency room for help. Do not wait more than 3-4 hours after the urine stops draining as urine retention can damage the bladder.

EXPECTED FINDINGS AFTER CRYOABLATION OF THE PROSTATE

You may experience a number of findings after the cryoablation that occur in some patients and that should not be cause for alarm. These include:

- 1. Blood in the urine.** When you are discharged from the surgery center, your urine will have some blood in it and may appear cherry red but without any clots in it. This occurs to some degree in all patients after cryoablation and is not a cause for alarm. Your urine should clear in approximately 24-48 hours after the procedure.
- 2. Scrotal and penile swelling.** This occurs about 2-3 days after the cryoablation and is caused by tissue swelling that temporarily blocks the lymph drainage. This is painless and resolves in a couple of weeks. Lying down for short periods of time during the day will improve the swelling.
- 3. Small amounts of bloody discharge from the end of your penis.** This can occur for up to 4-6 weeks after the procedure and is not cause for alarm. It is a sign of healing of the urinary tract lining.
- 4. Some numbness in the head of the penis.** Occasionally, when a large amount of freezing is required, the nerve that supplies sensation to one or both sides of the head of the penis may be affected. After a number of months the sensation returns.
- 5. Abnormal urination.** It is very common for the urination to be abnormal for a period of few weeks after the cryo procedure. This is because most patients have prostatic enlargement that gets worse by the swelling caused by the procedure. Patients can experience frequency, urgency, slow and weak stream, dribbling and occasional incontinence. These symptoms are temporary and usually resolve within 4-6 weeks after the procedure.
- 6. Erection problems.** As you were told during your pre-operative counseling, cryoablation often causes erection problems because the nerves that help get the erection are frozen during the procedure. You can discuss with your doctor penile rehabilitation measures during your post-operative follow-up visit.

FINDINGS OF CONCERN AFTER CRYOABLATION OF THE PROSTATE

There are certain symptoms that you may experience which might indicate a serious problem after cryoablation. If you should have any of these symptoms described below after the procedure, do not hesitate to contact us.

1. **Fever, chills, worsening pelvic pain, or pain during urination.** These symptoms may indicate an infection and must be dealt with promptly.
2. **Decreasing urinary stream.** This may indicate sloughing of some dead tissue in the area of the prostatic urethra. This may clear on its own, or if it becomes severe, may require removal of the dead tissue by irrigation or through a scope.
3. **Diarrhea** after urination or foul smelling urine. These symptoms may indicate an urethrorectal fistula and should be investigated immediately (extremely rare).
4. **Incontinence** of urine not improving with time (extremely rare).

WHEN TO CALL DR. TERTZAKIAN

1. If you have any severe pain, fever or chills.
2. If you have any questions or problems.
3. If your urethral catheter or suprapubic tube is not draining well.