

Instructions After Your Cystoscopy

What To Expect After Your Cystoscopy

- You may feel burning when you urinate (pee) for the next 2 to 3 days. Your urine may also look pink. This can happen if there's a small amount of blood in it.
- You may see small pieces of tissue in your urine if you had a fulguration during your cystoscopy. The tissue will look like tiny pink pieces of skin.

What To Do After Your Cystoscopy

- Drink at least 8oz/ cups of fluids, such as water, every day for the next few days. The liquids will help flush your bladder. This is important to help lower the amount of bleeding you may have. It also helps prevent infection.
- You can go back to doing your usual activities after your cystoscopy. When there's no blood in your urine, you can go back to having sexual activity.
- If you're feeling pain, you can take pain relievers such as acetaminophen (Tylenol). If you keep feeling pain after taking pain medication, call your healthcare provider.

When To Call Your Healthcare Provider

Call your healthcare provider if you:

- See bright red blood or blood clots in your urine.
- Have pink-colored urine for more than 5 days.
- Feel burning when you urinate that lasts more than 5 days.
- Have pain that doesn't go away, even after taking pain medication.
- Have a fever of 100.4 °F (38 °C) or higher.
- Have shaking chills.
- Have lower back pain.
- Cannot urinate.
- Have little or no urine when you urinate.
- Have any questions or concerns about your procedure.

Instrucciones después de la cistoscopia

Qué esperar después de la cistoscopia

- Es posible que sienta ardor al orinar durante los próximos 2 a 3 días. Su orina también puede verse rosada. Esto puede suceder si contiene una pequeña cantidad de sangre.
- Es posible que vea pequeños trozos de tejido en la orina si se sometió a una fulguración durante la cistoscopia. El tejido se verá como pequeños trozos rosados de piel.

Qué hacer después de la cistoscopia

- Beba al menos 8 tazas (8 onzas) de líquidos, como agua, todos los días durante los próximos días. Los líquidos ayudarán a enjuagar la vejiga. Esto es importante para ayudar a reducir la cantidad de sangrado que pueda tener. También ayuda a prevenir infecciones.
- Puede volver a realizar sus actividades habituales después de la cistoscopia. Cuando no hay sangre en la orina, puede volver a tener actividad sexual.
- Si siente dolor, puede tomar analgésicos como acetaminofén (Tylenol). Si sigue sintiendo dolor después de tomar analgésicos, llame a su proveedor de atención médica.

Cuándo llamar a su proveedor de atención médica

Llame a su proveedor de atención médica si:

- Observa sangre de color rojo brillante o coágulos de sangre en la orina.
- Tener orina de color rosado durante más de 5 días.
- Siente ardor al orinar que dura más de 5 días.
- Tiene dolor que no desaparece, incluso después de tomar analgésicos.
- Tiene fiebre de 100.4 °F (38 °C) o más.
- Tiene escalofríos.
- Tiene dolor en la parte baja de la espalda.
- No puede orinar.
- Orina poco o nada cuando orina.
- Tiene alguna pregunta o inquietud sobre su procedimiento.

Keytruda Infusion Postoperative Care

Keytruda is not chemotherapy or radiation therapy. It is a monoclonal antibody. It is a type of immunotherapy that works by helping your immune system to kill cancer cells.

A response to treatment is typically seen within 2 to 4 months of starting treatment with Keytruda, but the time it takes to work will vary based on cancer type and stage of disease.

Infusion related reactions - rigors, chills, wheezing, pruritis, flushing, rash, hypotension, hypoxemia and fever

Other adverse reactions:

Pneumonitis - new or worsening cough, shortness of breath, chest pain.

Colitis - abdominal pain, nausea, cramping, stools that are black, tarry, sticky or have blood or mucus, changes in bowel habits, diarrhea.

Hepatitis - yellowing of the skin or whites of the eyes, severe nausea vomiting, pain on the right side of the abdomen, dark urine (tea colored), bleeding or bruising more easily than normal, change in LFTs.

Endocrinopathies - headache that will not go away or unusual headaches, extreme tiredness, weight gain or weight loss, eye problems, eye sensitivity to light, dizziness or fainting, feeling more hungry or thirsty, hair loss, feeling cold, urinating more often, change in mood or behavior, change in thyroid function tests.

Nephritis - decreasing amount of urine, blood in urine, swelling in ankles, loss of appetite, increased serum creatinine.

Exfoliative dermatological condition - severe changes in either structure or function of skin, rash, itching, skin blistering or peeling, painful sores or ulcers in the mouth, nose, throat or genital area.

Myocarditis - chest pain, shortness of breath, fatigue, palpitations, irregular heartbeat, syncope, EKG changes.

Neurological toxicity – confusion, memory problems, blurry vision, double vision, tingling or numbness of the arms and legs, neck stiffness.

Ocular anti-inflammatory toxicity - blurred/distorted vision, blind spots, change in color vision, photophobia, tenderness/pain, eyelid swelling, proptosis, eye redness, floaters.

Plan: CBC with differential, cortisol, TSH, BMP, PSA ordered to be drawn 2 weeks after last infusion. Patient verbalized understanding

Cuidados postoperatorios de la infusión de Keytruda

Keytruda no es quimioterapia ni radioterapia. Es un anticuerpo monoclonal. Es un tipo de inmunoterapia que actúa ayudando al sistema inmunitario a destruir las células cancerosas. Por lo general, se observa una respuesta al tratamiento dentro de los 2 a 4 meses posteriores al inicio del tratamiento con Keytruda, pero el tiempo que tarda en funcionar variará según el tipo de cáncer y la etapa de la enfermedad.

Reacciones relacionadas con la infusión : rigores, escalofríos, sibilancias, prurito, enrojecimiento, erupción cutánea, hipotensión, hipoxemia y fiebre

Otras reacciones adversas:

Neumonitis: tos nueva o que empeora, dificultad para respirar, dolor en el pecho.

Colitis: dolor abdominal, náuseas, calambres, heces negras, alquitranadas, pegajosas o con sangre o mucosidad, cambios en los hábitos intestinales, diarrea.

Hepatitis: coloración amarillenta de la piel o la parte blanca de los ojos, náuseas intensas, vómitos, dolor en el lado derecho del abdomen, orina oscura (color té), sangrado o hematomas con más facilidad de lo normal, cambios en las LFT.

Endocrinopatías: dolor de cabeza que no desaparece o dolores de cabeza inusuales, cansancio extremo, aumento o pérdida de peso, problemas oculares, sensibilidad ocular a la luz, mareos o desmayos, sensación de más hambre o sed, caída del cabello, sensación de frío, orinar con más frecuencia, cambio en el estado de ánimo o el comportamiento, cambio en las pruebas de función tiroidea.

Nefritis: disminución de la cantidad de orina, sangre en la orina, hinchazón de los tobillos, pérdida de apetito, aumento de la creatinina sérica.

Afección dermatológica exfoliativa: cambios severos en la estructura o función de la piel, erupción cutánea, picazón, ampollas o descamación de la piel, llagas dolorosas o úlceras en la boca, la nariz, la garganta o el área genital.

Miocarditis: dolor en el pecho, dificultad para respirar, fatiga, palpitaciones, latidos cardíacos irregulares, síncope, cambios en el electrocardiograma.

Toxicidad neurológica: confusión, problemas de memoria, visión borrosa, visión doble, hormigueo o entumecimiento de brazos y piernas, rigidez en el cuello.

What to Expect When You Receive AVEED®

AVEED® is an injection that is always given at the doctor's office. AVEED® is only available through your doctor's office, clinic, or hospital, and it is not a medicine you will give yourself at home.

When you receive AVEED®, here's what you should expect:

1. Your doctor will inject AVEED® into the muscle of your buttock. Receiving the injection itself takes approximately 60 to 90 seconds.
2. Remain at the doctor's office for 30 minutes in case you experience any serious injection-related side effects.
3. Return to the doctor's office for regular injections. You will get an injection when you start, another injection 4 weeks later, and then an injection every 10 weeks.

Potential Side Effects:

AVEED® can cause serious side effects including lung problems and allergic reactions. Serious side effects relating to the heart and blood vessels and mental status are associated with abuse of testosterone and anabolic androgenic steroids.

Symptoms of a serious Lung reaction

- Trouble breathing
- Tightness in your throat
- Coughing or the urge to cough
- Chest pain
- Excessive sweating
- Feeling dizzy or fainting

Symptoms of an Allergic Reaction

- Itching
- Rash
- Stomach pain
- Feeling flush
- Tightness in your throat
- Trouble breathing
- Excessive sweating
- Feeling dizzy

Qué esperar cuando reciba AVEED®

El AVEED® es una inyección que siempre se administra en el consultorio del médico. El AVEED® solo está disponible a través del consultorio de su médico, clínica u hospital, y no es un medicamento que se administrará en casa.

Cuando recibas AVEED®, esto es lo que debes esperar:

- Su médico le inyectará AVEED® en el músculo de los glúteos. Recibir la inyección en sí toma aproximadamente de 60 a 90 segundos.
- Permanezca en el consultorio del médico durante 30 minutos en caso de que experimente algún efecto secundario grave relacionado con la inyección.
- Regrese al consultorio del médico para recibir inyecciones regulares. Recibirá una inyección cuando comience, otra inyección 4 semanas después y luego una inyección cada 10 semanas.
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Posibles efectos secundarios:

El AVEED® puede causar efectos secundarios graves, como problemas pulmonares y reacciones alérgicas. Los efectos secundarios graves relacionados con el corazón y los vasos sanguíneos y el estado mental se asocian con el abuso de testosterona y esteroides anabólicos androgénicos.

Síntomas de una reacción pulmonar grave

- Dificultad para respirar
- Opresión en la garganta
- Tos o ganas de toser
- Dolor en el pecho
- Sudoración excesiva
- Sensación de mareo o desmayo

Síntomas de una reacción alérgica

- Picazón
- Sarpullido
- Dolor de estómago
- Sensación de rubor
- Opresión en la garganta
- Dificultad para respirar
- Sudoración excesiva
- Sensación de mareo

Ureteral Stent Removal: What to Expect at Home

After the stent removal, you may need to urinate often. You may have some burning during and after urination for a day or two. It may help to drink lots of fluids (unless your doctor tells you not to). This also helps prevent urinary tract infection. Slightly pink urine is common for several days after removal.

How can you care for yourself at home?

Activity

Rest when you feel tired.

Allow your body to heal. Don't move quickly or lift anything heavy until you are feeling better. Most people are able to return to work the day after the procedure. If your work requires intense activity, you may feel pain in your kidney area or get tired easily. If this happens, you may need to do less strenuous activities while you heal.

Medicines

Your doctor will tell you if and when you can restart your medicines. You will also get instructions about taking any new medicines.

If you take aspirin or some other blood thinner, ask your doctor if and when to start taking it again. Make sure that you understand exactly what your doctor wants you to do.

If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine. If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.

Call your doctor now or seek immediate medical care if:

You have pain that does not get better after you take pain medicine.

You have new or more blood clots in your urine. (It is normal to have blood in the urine for a few days.)

A frequent need to urinate without being able to pass much urine or unable to urinate.

Pain in the flank, which is just below the rib cage and above the waist on either side of the back.

A fever.

You are sick to your stomach or cannot drink fluids

Extracción del stent ureteral: qué esperar en casa

Después de la extracción del stent, es posible que necesite orinar con frecuencia. Es posible que sienta algo de ardor durante y después de orinar durante uno o dos días. Puede ser útil beber mucho líquido (a menos que su médico le indique lo contrario). Esto también ayuda a prevenir una infección del tracto urinario. La orina ligeramente rosada es común durante varios días después de la extracción.

¿Cómo puedes cuidarte en casa?

Actividad - Descansa cuando te sientas cansado.

Permite que tu cuerpo sane. No se mueva rápidamente ni levante nada pesado hasta que se sienta mejor.

La mayoría de las personas pueden regresar al trabajo el día después del procedimiento. Si su trabajo requiere una actividad intensa, es posible que sienta dolor en el área de los riñones o se canse fácilmente. Si esto sucede, es posible que deba realizar actividades menos extenuantes mientras se recupera.

Medicinas - Su médico le dirá si puede volver a tomar sus medicamentos y cuándo. También recibirá instrucciones sobre cómo tomar cualquier medicamento nuevo. **Si toma aspirina o algún otro anticoagulante, pregúntele a su médico si debe comenzar a tomarlo de nuevo y cuándo. Asegúrese de entender exactamente lo que su médico quiere que haga.** Si no está tomando un analgésico recetado, pregúntele a su médico si puede tomar un medicamento de venta libre. Si su médico le recetó antibióticos, tómelos según las indicaciones. No dejes de tomarlos solo porque te sientas mejor. Necesita tomar el tratamiento completo de antibióticos.

¿Cuándo debe pedir ayuda?

Llame a su médico ahora o busque atención médica inmediata si:

Tiene dolor que no mejora después de tomar analgésicos.

Tiene coágulos de sangre nuevos o más en la orina. (Es normal tener sangre en la orina durante unos días).

Necesidad frecuente de orinar sin poder orinar mucho o sin poder orinar.

Dolor en el costado, que está justo debajo de la caja torácica y por encima de la cintura a ambos lados de la espalda. Fiebre. Tiene malestar estomacal o no puede beber líquido

Indwelling Catheter Care

How do I care for an indwelling catheter?

When you have an indwelling catheter, you or someone caring for you needs to:

Make sure urine is flowing into the catheter.

Check for signs of skin irritation or infection.

Make sure that the urine collection bag is always below the level of the bladder.

Gently clean all around the area where the catheter enters the body. Also clean the top several inches of the catheter. Use the antibacterial soap or solution recommended by your health care provider.

If you notice any of the following problems, report them to the health care provider according to the instructions you were given:

Too little urine is being collected. Normally adults make 1 to 2 quarts (or liters) of clear, yellow urine each day.

The catheter does not seem to be working right.

You see signs of irritation or infection of the skin.

Urine is leaking around the catheter or the catheter is accidentally pulled out.

If the amount of urine draining into the bag is less than normal, there are several possible reasons, including:

You are drinking less fluid.

Your drainage system is blocked.

You are not correctly measuring the amount of urine collected in the bag.

symptoms, you should see your health care provider because you may have a urinary tract infection:

fever

shaking chills

sweats

lower abdominal pain

back pain

Cuidado del catéter permanente

¿Cómo cuido el catéter permanente?

Cuando tiene un catéter permanente, usted o alguien que lo cuida debe:

Asegúrese de que la orina fluya hacia el catéter.

Compruebe si hay signos de irritación o infección en la piel.

Asegúrese de que la bolsa de recolección de orina esté siempre por debajo del nivel de la vejiga.

Limpie suavemente toda el área donde el catéter ingresa al cuerpo. También limpie las pulgadas superiores del catéter. Use el jabón o la solución antibacteriana recomendada por su proveedor de atención médica.

Si nota alguno de los siguientes problemas, infórmeselo al proveedor de atención médica de acuerdo con las instrucciones que le dieron:

Se recolecta muy poca orina. Normalmente, los adultos producen de 1 a 2 cuartos de galón (o litros) de orina clara y amarilla cada día.

El catéter no parece estar funcionando bien.

Observa signos de irritación o infección de la piel.

La orina se filtra alrededor del catéter o el catéter se extrae accidentalmente.

Si la cantidad de orina que drena en la bolsa es menor de lo normal, hay varias razones posibles, entre ellas:

Está bebiendo menos líquido.

Su sistema de drenaje está bloqueado.

No está midiendo correctamente la cantidad de orina recolectada en la bolsa.

Síntomas, debe consultar a su proveedor de atención médica porque puede tener una infección del tracto urinario:

Fiebre

escalofríos temblorosos

Suda

dolor en la parte inferior del abdomen

dolor de espalda

MRI Fusion Biopsy

The Week Before Your Biopsy

Do not take aspirin or any aspirin-like medication for 7 days prior to your scheduled appointment.
Review this detailed list of what is an aspirin or aspirin-like medication.

If you are taking Coumadin, stop your Coumadin 5-7 days prior to your biopsy.

If you are taking Pradaxa, stop 3 days prior to your biopsy.

*If you are taking aspirin, Coumadin, and/or Pradaxa, please discuss these guidelines with your physician to determine as to when to stop.

The Day Before Your Biopsy

You will have been prescribed three 500mg tablets of Levaquin that you should start taking the day before the procedure and continue the day of the procedure and the day after. It is necessary you do a fleet enema at least two hours before your procedure scheduled time.

The Day of the Biopsy

The morning of the exam, take one tablet of Levaquin.

Give yourself a Fleet enema, following the instructions on the side of the box.

Upon Arrival

- Please plan to spend one to two hours in our clinic to complete the procedure.
 - For your safety, the MRI technologist will ask you several questions.
 - You will be asked to remove all jewelry and metals, including removable dentures, and piercings.
- You will be provided with a locker to secure your belongings.

After Your Biopsy

Please be sure to take the final doses of the antibiotics prescribed to you.

There are no driving restrictions associated with this procedure, you may drive yourself home.

Biopsy results are typically available in a few days. Your ordering healthcare provider will be notified of the results, who will then share them with you at your follow up appointment or by phone.

Catheter Removal After Care

After catheter removal, you can resume normal activities as soon as you feel able. However, you may experience bladder weakness and irritation for up to two days. Here are some tips for aftercare:

Urination

You may experience stinging or soreness when urinating, difficulty starting to urinate, or needing to urinate more often. You can try sitting in a warm bath to help you urinate. Don't force yourself to urinate or strain to have a bowel movement. You can also try to empty your bladder before bed to avoid waking up to urinate at night.

Fluids

Drink extra fluids, like 8–10 glasses of water per day, to help flush out your bladder. If you see blood in your urine, drink more liquids until it stops.

Caffeine and alcohol

Avoid caffeine and alcohol, which can irritate your bladder. If you're leaking urine, you should also limit how much you drink after 7 PM.

Healing

You might see blood or blood clots in your urine for several weeks after removal. This is not dangerous and usually lasts 24–48 hours.

Contact your healthcare provider

If you can't pass urine after eight hours, or if you have any other questions or concerns, you should contact your healthcare provider.

What is BCG treatment?

Bacillus Calmette-Guerin (BCG) treatment is a type of intravesical (in your bladder) immunotherapy. This liquid drug is made from a strain of *Mycobacterium bovis* — the same bacterium used to create the tuberculosis vaccine. When used in medicine, *Mycobacterium bovis* is weakened to reduce harm to your body.

What happens during BCG cancer treatment?

Before beginning BCG treatment, local anesthesia is given to numb the area and keep you comfortable. Next, your healthcare provider will place a catheter into your urethra (the hole you pee from) and inject the liquid BCG solution into your bladder. When the process is complete, you're free to leave your appointment. But you should avoid peeing for at least one more hour.

How long do you hold BCG in your bladder?

Once the BCG solution is injected into your bladder, you'll hold it for a total of two hours. After this point, you'll be able to pee.

What does BCG do to the bladder?

When the BCG solution enters your bladder, your immune system cells begin to attack the cancer cells in your bladder.

BCG treatment schedule

The initial BCG cancer treatment occurs weekly for six weeks. This is called induction therapy. If the treatment is working, your doctor may prescribe BCG maintenance therapy. Maintenance therapy is given once a week for three weeks at the three-, six- and 12-month marks. For some people, this may be continued up to three years.

Is BCG treatment contagious to others?

Yes. The drugs used for BCG treatment contain live bacteria, which can be passed to other people. To reduce the risk of contamination, follow these instructions for six hours after every BCG treatment:

Don't use public toilets.

Drink lots of fluids to dilute your pee.

Sit down on the toilet to avoid splashing.

After you pee, add 2 cups of undiluted bleach to the toilet, close the lid, wait 15 to 20 minutes and then flush.

What are some potential BCG treatment side effects?

It's normal to develop certain side effects within the first 24 hours after BCG treatment. These side effects may include:

A small amount of blood in your pee

Low-grade fever (99-100 degrees Fahrenheit or 37.22-37.77 degrees Celsius)

Tiredness

A burning sensation when you pee

Needing to pee more often (frequent urination)

Less commonly, you may experience additional complications, including:

Skin rash
Fever higher than 101.3 degrees Fahrenheit (38.5 degrees Celsius)
Nausea and vomiting
Loss of bladder control
Bladder spasms
Inability to pee
Urinary tract infections
Inflammation of your testicles
Ureteral obstruction
Bladder contracture (thickening or scarring of your bladder muscles)
Necrosis (cell death)

When To Call the Doctor

When should I see my healthcare provider?

It's normal to have a low-grade fever and mild achiness after BCG treatment. However, you should call your healthcare provider if you develop:

A fever is higher than 101.3 degrees Fahrenheit (38.5 degrees Celsius).

Chills.

Severe shivering.

Bladder spasms.