



## **Robotic Radical Prostatectomy**

**Radical prostatectomy is a surgical procedure to remove the entire prostate, seminal vesicles and pelvic lymph nodes for prostate cancer. The bladder and the urethra, which is the tube you urinate out of, require surgical reconstruction after the prostate is removed. The pelvic lymph nodes are removed in order to check for and remove any cancer that has grown outside of the prostate. Alternatives to surgery for prostate cancer include observation, hormone therapy, and radiation therapy. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or practitioners. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed through a minimally invasive robotic approach. Five small incisions are used to perform the surgery. The surgical robot is a tool that has been demonstrated to reduce operative pain, reduce length of time spent in the hospital and to minimize scarring for this specific surgery. The surgical robot does not perform any tasks independently, your surgeon is in complete control of the robot throughout the surgery.
- Surgery time is approximately 5 hours. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have a Foley catheter in place which is a tube going into the penis and into the bladder to drain your urine. This catheter is crucial for the immediate healing of the bladder and urethra after surgery. Your catheter will remain in place for

typically 10 days after surgery. You will be instructed how to drain and take care of the catheter.

- In some instances, a surgical drain is placed at the time of surgery. This will be placed through one of your small abdominal incisions. If it is determined that a surgical drain is necessary, the drain output will be monitored by the nursing staff while you are in the hospital. The vast majority of drains are removed by the hospital staff prior to your discharge home.
- Depending on your time of surgery, patients are typically either standing up and moving around the night of surgery or the following morning. The nursing staff in the hospital will assist you with standing and walking immediately after surgery. You are encouraged to walk in the hospital as well as when you are discharged home. Walking, climbing stairs, walking outside and light activities that do not require lifting more than 15 pounds are encouraged to speed up your healing process. You must refrain from lifting more than 15 pounds for at least 3 weeks after surgery.
- The vast majority of patients who undergo the surgery are discharged from the hospital the next day. Some patients may require additional time spent in the hospital to ensure a safe recovery. You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation. A fully updated home medication list will be provided to you by the hospital at discharge.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the catheter that is obstructing urine flow or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- The pathology lab examining your surgical specimen typically takes 1 week for a full analysis. This will be reviewed at your post-operative visit. You will be seen in the urology office typically 10 days after surgery to have your Foley catheter removed. Once your Foley catheter is removed, you will begin experiencing bladder leakage/urinary incontinence. You and your surgeon discussed the expectation of urinary incontinence following this procedure. We strongly encourage performing Kegel exercises and following up with pelvic floor physical therapy to hasten your recovery. Many men regain full or nearly full continence by a few months after surgery, but incontinence may persist longer or even lifelong for some patients. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.

- Your next post-operative appointment will be approximately 6 weeks after surgery. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After surgical removal of the prostate, it is important to continue following up with your urologist to track your postoperative recovery. This includes routine PSA blood tests to assess for any recurrence of prostate cancer.



## **Robotic Simple Prostatectomy**

**A simple prostatectomy is a surgical procedure to remove the internal obstructing portion of the prostate similar to removing the inside of an orange. The outside portion of the prostate (or the peel of the orange) will remain in place. This is done to relieve obstruction of your voiding (urination.) Alternatives to this surgery for prostate obstruction include observation, medical therapy or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This consent outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed through a minimally invasive robotic approach. Five small incisions are used in order to perform the surgery. The surgical robot is a tool that has been demonstrated to reduce operative pain, reduce length of time spent in the hospital, and to minimize scarring for this specific surgery. The surgical robot does not perform any tasks independently, your surgeon is in complete control of the robot throughout the surgery.
- Surgery time is approximately 4 hours. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have a Foley catheter in place which is a tube going into the penis and into the bladder to drain your urine. This catheter is crucial for the immediate healing after surgery. Your catheter will remain in place for typically 7-10 days after surgery at the discretion of your surgeon. You will be instructed how to drain and take care of the catheter.

- In some instances, a surgical drain is placed at the time of surgery. This will be placed through one of your small abdominal incisions. If it is determined that a surgical drain is necessary, the drain output will be monitored by the nursing staff while you are in the hospital. The vast majority of drains are removed by the hospital staff prior to your discharge home.
- Depending on your time of surgery, patients are typically either standing up and moving around the night of surgery or the following morning. The nursing staff in the hospital will assist you with standing and walking immediately after surgery. You are encouraged to walk in the hospital as well as when you are discharged home. Walking, climbing stairs, walking outside and light activities that do not require lifting more than 15 pounds are encouraged to speed up your healing process. You must refrain from lifting more than 15 pounds for at least 3 weeks after surgery.
- The vast majority of patients who undergo the surgery are discharged from the hospital the next day. Some patients may require additional time spent in the hospital to ensure a safe recovery. You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the catheter that is obstructing urine flow or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- Many patients undergoing the surgery are on prostate medications prior to surgery. You are encouraged to continue with these medications postoperatively until you and your surgeon decide to stop these medications. A fully updated medication list will be provided to you by the hospital at discharge.
- The pathology lab examining your surgical specimen typically takes 1 week for a full analysis. This will be reviewed at your post-operative visit. You will be seen in the urology office typically 7-10 days after surgery to have your Foley catheter removed. Once your Foley catheter is removed, you may experience bladder leakage/urinary incontinence. This is typically temporary and if present will resolve in a few weeks after surgery. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.
- Your next appointment will be approximately 4 weeks after surgery for another routine postoperative

exam. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.

- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery, it is important to continue following up with your urologist to track your postoperative recovery.



## Robotic Partial Nephrectomy

**A partial nephrectomy is a surgical procedure to remove a mass on the kidney that is suspicious or previously proven to be a cancer. Alternatives to surgery include observation, complete surgical removal of the kidney or sometimes cryoablation or radiofrequency ablative therapy. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records and it is always scanned into your medical record and easily available for review.
- You and your surgeon have discussed a partial nephrectomy to remove the concerning mass and preserve the remainder of the kidney. This is not always feasible and your surgeon will determine whether a complete mass removal or, to prevent surgical complications, a total removal of the kidney (radical nephrectomy) is necessary at the time of the surgery. You will have discussed your specific risk of complete versus partial removal of the kidney with your surgeon.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed through a minimally invasive robotic approach. Five or 6 small incisions are used in order to perform the surgery. The surgical robot is a tool that has been demonstrated to reduce operative pain, reduce length of time spent in the hospital and to minimize scarring for this specific surgery. The surgical robot does not perform any tasks independently, your surgeon is in complete control of the robot throughout the surgery.
- Surgery time is approximately 4 hours. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have a Foley catheter in place which is a

tube going into the bladder to drain your urine. This catheter is crucial to monitor your kidney function after surgery. Your catheter will typically be removed the following day in the hospital.

- In some instances, a surgical drain is placed at the time of surgery. This will be placed through one of your abdominal small incisions. If it is determined that a surgical drain is necessary, the drain output will be monitored by the nursing staff while you are in the hospital. The vast majority of drains are removed by the hospital staff prior to your discharge home.
- Depending on your time of surgery, patients are typically either standing up and moving around the night of surgery or the following morning. The nursing staff in the hospital will assist you with standing and walking immediately after surgery. You are encouraged to walk in the hospital as well as when you are discharged home. Walking, climbing stairs, walking outside and light activities that do not require lifting more than 15 pounds are encouraged to speed up your healing process. You must refrain from lifting more than 15 pounds for at least 3 weeks after surgery.
- The vast majority of patients who undergo the surgery are discharged from the hospital within 1-2 days. Some patients may require additional time spent in the hospital to ensure a safe recovery.
- You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation. A fully updated home medication list will be provided to you by the hospital at discharge.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, blood in the urine or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office typically 2 weeks after surgery. The pathology lab examining your surgical specimen typically takes 1 week for a full analysis. This will be reviewed at that appointment. Your next post operative appointment will be approximately 1 month after surgery. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your



responsibility to provide all necessary paperwork to the office staff.

- After removal of the kidney mass, it is important to continue following up with your urologist to track your postoperative recovery. It is important to also follow up with your urologist in the long term to track your kidney function and to screen for recurrent cancer if applicable.



## **Robotic or Laparoscopic Nephrectomy**

**A nephrectomy is a surgical procedure to remove a mass on the kidney that is suspicious or previously proven to be a cancer. Alternatives to surgery include observation, or sometimes cryoablation or radiofrequency ablative therapy. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed through a minimally invasive approach. Small incisions are used in order to perform the surgery. One of the incisions is extended just long enough to remove the kidney at the end of the surgery. Depending on your specific anatomy and surgical history, your surgeon will either perform this surgical laparoscopically or robotically. The surgical robot does not perform any tasks independently, your surgeon is in complete control of the robot throughout the surgery.
- Surgery time is approximately 3-4 hours. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have a Foley catheter in place which is a tube going into the bladder to drain your urine. This catheter is crucial to monitor your kidney function after surgery. Your catheter will typically be removed the following day in the hospital.
- In some instances, a surgical drain is placed at the time of surgery. This will be placed through one of your abdominal small incisions. If it is determined that a surgical drain is necessary, the drain output will be monitored by the nursing staff while you are in the hospital. The vast majority of drains are

removed by the hospital staff prior to your discharge home.

- Depending on your time of surgery, patients are typically either standing up and moving around the night of surgery or the following morning. The nursing staff in the hospital will assist you with standing and walking immediately after surgery. You are encouraged to walk in the hospital as well as when you are discharged home. Walking, climbing stairs, walking outside and light activities that do not require lifting more than 15 pounds are encouraged to speed up your healing process. You must refrain from lifting more than 15 pounds for at least 4 weeks after surgery.
- The vast majority of patients who undergo the surgery are discharged from the hospital within 1-2 days. Some patients may require additional time spent in the hospital to ensure a safe recovery.
- You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation. A fully updated home medication list will be provided to you by the hospital at discharge.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, blood in the urine or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office typically 2 weeks after surgery. The pathology lab examining your surgical specimen typically takes 1 week for a full analysis. This will be reviewed at that appointment. Your next post operative appointment will be approximately 1 month after surgery. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After removal of the kidney, it is important to continue following up with your urologist to track your postoperative recovery. It is important to also follow up with your urologist in the long term to track your kidney function and to screen for recurrent cancer if applicable.



## **Robotic Nephroureterectomy**

**A nephroureterectomy is a surgical procedure to remove a kidney and the ureter (urinary drainage tube) that has previously proven to contain cancer. Alternatives to surgery include observation, chemotherapy or sometimes laser ablative therapy. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed through a minimally invasive robotic approach. Small incisions are used in order to perform the surgery. One of the incisions is extended just long enough to remove the kidney at the end of the surgery. The surgical robot does not perform any tasks independently, your surgeon is in complete control of the robot throughout the surgery.
- Surgery time is approximately 4 hours. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have a Foley catheter in place which is a tube going into the bladder to drain your urine. This catheter is crucial to monitor your kidney function and for your bladder to heal after surgery. Your catheter will typically be removed 3-10 days after surgery in the urology office and timing will be determined by your surgeon.
- In some instances, a surgical drain is placed at the time of surgery. This will be placed through one of your abdominal small incisions. If it is determined that a surgical drain is necessary, the drain output will be monitored by the nursing staff while you are in the hospital. The vast majority of drains are removed by the hospital staff prior to your discharge home.

- Depending on your time of surgery, patients are typically either standing up and moving around the night of surgery or the following morning. The nursing staff in the hospital will assist you with standing and walking immediately after surgery. You are encouraged to walk in the hospital as well as when you are discharged home. Walking, climbing stairs, walking outside and light activities that do not require lifting more than 15 pounds are encouraged to speed up your healing process. You must refrain from lifting more than 15 pounds for at least 4 weeks after surgery.
- The vast majority of patients who undergo the surgery are discharged from the hospital within 1-2 days. Some patients may require additional time spent in the hospital to ensure a safe recovery.
- You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation. A fully updated home medication list will be provided to you by the hospital at discharge.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine obstructing the catheter or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office typically 3-10 days (as determined by your surgeon) after surgery for a foley catheter removal and post-operative appointment. The pathology lab examining your surgical specimen typically takes 1 week for a full analysis. This will be reviewed at that appointment. Your next routine postoperative appointment will be approximately 4 weeks after surgery. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After removal of the kidney, it is important to continue following up with your urologist to track your postoperative recovery. It is important to also follow up with your urologist in the long term to track your kidney function and to screen for recurrent cancer if applicable.



## Robotic Pyeloplasty

**A pyeloplasty is a surgical procedure to reconstruct the way your kidney drains urine to the bladder to relieve an obstruction. Alternatives to surgery include observation, or sometimes endoscopic therapy. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed through a minimally invasive robotic approach. Small incisions are used in order to perform the surgery. The surgical robot does not perform any tasks independently, your surgeon is in complete control of the robot throughout the surgery.
- Surgery time is approximately 3 hours. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have a Foley catheter in place which is a tube going into the bladder to drain your urine. This catheter is crucial to monitor your kidney function and for your bladder to heal after surgery. Your catheter will typically be removed the following day after surgery in the hospital.
- In some instances, a surgical drain is placed at the time of surgery. This will be placed through one of your abdominal small incisions. If it is determined that a surgical drain is necessary, the drain output will be monitored by the nursing staff while you are in the hospital. The vast majority of drains are removed by the hospital staff prior to your discharge home.

- You will also have an internal tube called a ureteral stent. This stent is crucial for your internal stitches, used to reconstruct your urinary system, to heal correctly. This stent will remain in place for up to 6 weeks after surgery. This will be removed in the urology office with a quick procedure under local anesthesia called a cystoscopy.
- Depending on your time of surgery, patients are typically either standing up and moving around the night of surgery or the following morning. The nursing staff in the hospital will assist you with standing and walking immediately after surgery. You are encouraged to walk in the hospital as well as when you are discharged home. Walking, climbing stairs, walking outside and light activities that do not require lifting more than 15 pounds are encouraged to speed up your healing process. You must refrain from lifting more than 15 pounds for at least 3 weeks after surgery.
- The vast majority of patients who undergo the surgery are discharged from the hospital within 1-2 days. Some patients may require additional time spent in the hospital to ensure a safe recovery.
- You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation. A fully updated home medication list will be provided to you by the hospital at discharge.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. You will also be discharged with specific pain medication to help your urinary system adjust to the internal stent irritation. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office typically 2 weeks after surgery for a post-operative appointment. Your next post operative appointment at approximately 6 weeks after surgery will be to perform a cystoscopy for stent removal. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your

responsibility to provide all necessary paperwork to the office staff.

- After this surgery it is important to continue following up with your urologist to track your postoperative recovery. It is important to also follow up with your urologist in the long term to track your kidney function and to screen for recurrent obstruction.





## **Transurethral Resection Prostate (TURP)**

**A TURP is a surgical procedure to remove obstructive prostate tissue affecting your urination.**

**Alternatives to surgery include observation, medical therapy or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed with a camera passed through the penis. Surgery time is approximately 90 minutes. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have a Foley catheter in place which is a tube going into the bladder to drain your urine. This catheter is crucial for post-operative healing and to drain out any postoperative blood. Your catheter will typically be removed 1-3 days after surgery, you will be instructed by the hospital staff how to care for your catheter at home.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay for significant blood in the urine or effects from anesthesia.
- You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation. Many patients undergoing the surgery are on prostate medications prior to surgery. You are encouraged to continue with these medications postoperatively until you and your

surgeon decide to stop these medications. A fully updated home medication list will be provided to you by the hospital at discharge.

- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine blocking the catheter or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office, at the discretion of your surgeon, typically 1-3 days after surgery for a foley catheter removal appointment. This is performed in the morning and you are expected to return to the office that afternoon for another appointment to assess your voiding. You may experience incontinence after your foley catheter is removed. We recommend you bring in adult diapers and/or incontinence pads to your postoperative foley removal appointment.
- Your next post operative appointment will be 1 month after surgery. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and voiding function.



## **Greenlight Laser Prostatectomy**

**A Greenlight laser prostatectomy is a surgical procedure to remove obstructive prostate tissue affecting your urination. Alternatives to surgery include observation, medical therapy or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed with a camera passed through the penis. Surgery time is approximately 90 minutes. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have a Foley catheter in place which is a tube going into the bladder to drain your urine. This catheter is crucial for post-operative healing and to drain out any postoperative blood. Your catheter will typically be removed 1-3 days after surgery, you will be instructed by the hospital staff how to care for your catheter at home.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay for significant blood in the urine or effects from anesthesia.
- You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation. Many patients undergoing the surgery are on prostate medications prior to surgery. You are encouraged to continue with these medications postoperatively until you and your surgeon decide to stop these medications. A fully updated home medication list will be provided to you

by the hospital at discharge.

- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine blocking the catheter or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office, at the discretion of your surgeon, typically 1-3 days after surgery for a foley catheter removal appointment. This is performed in the morning and you are expected to return to the office that afternoon for another appointment to assess your voiding. You may experience incontinence after your foley catheter is removed. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.
- Your next post operative appointment will be 1 month after surgery. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and voiding function.



## Urolift

**A Urolift is a surgical procedure to pull aside obstructive prostate tissue affecting your urination. Alternatives to surgery include observation, medical therapy or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital or sometimes in the Bloomfield urology office.. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed with a camera passed through the penis. Surgery time is approximately 60 minutes. You will be under general anesthesia and asleep for the entirety of the procedure . Upon waking up from anesthesia, you will have a Foley catheter in place which is a tube going into the bladder to drain your urine. This catheter is crucial for post-operative healing and to drain out any postoperative blood. Your catheter will typically be removed 1-3 days after surgery, you will be instructed by the hospital staff how to care for your catheter at home.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay for significant blood in the urine or effects from anesthesia.
- You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation. Many patients undergoing the surgery are on prostate medications prior to surgery. You are encouraged to continue with these medications postoperatively until you and your surgeon decide to stop these medications. A fully updated home medication list will be provided to you

by the hospital at discharge.

- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine blocking the catheter or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office, at the discretion of your surgeon, typically 1-3 days after surgery for a foley catheter removal appointment. This is performed in the morning and you are expected to return to the office that afternoon for another appointment to assess your voiding. You may experience incontinence after your foley catheter is removed. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.
- Your next post operative appointment will be approximately 1 month after surgery. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and voiding function.



## **Urolift in the Office**

**A Urolift is a surgical procedure to pull aside obstructive prostate tissue affecting your urination. Alternatives to surgery include observation, medical therapy or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records and it is always scanned into your medical record and easily available for review.
- Your surgery will take place in the Bloomfield urology office. The date of your surgery will be determined by you and the surgical scheduler. Please show up 5-10 minutes before your procedure time. You will be contacted by the urology office to confirm the time of your procedure.
- The surgery is performed with a camera passed through the penis. Surgery time is approximately 30 minutes. You will be under sedation and local numbing medicine will also be used for the entirety of the procedure. At the conclusion of the procedure, you will have a Foley catheter in place which is a tube going into the bladder to drain your urine. This catheter is crucial for post-operative healing and to drain out any postoperative blood. Your catheter will typically be removed 1-3 days after surgery, you will be instructed by the office staff how to care for your catheter at home.
- You will be provided with a prescription for oral pain medicine as well as a stool softener to prevent constipation. Many patients undergoing the surgery are on prostate medications prior to surgery. You are encouraged to continue with these medications postoperatively until you and your surgeon decide to stop these medications.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort.
- You will be provided paperwork regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine blocking the catheter or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.

- You will be seen in the urology office, at the discretion of your surgeon, typically 1-3 days after surgery for a foley catheter removal appointment. This is performed in the morning and you are expected to return to the office that afternoon for another appointment to assess your voiding. You may experience incontinence after your foley catheter is removed. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.
- Your next post operative appointment will be approximately 1 month after surgery. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and voiding function.





## **Transurethral Resection Bladder Tumor (TURBT)**

**A TURBT is a surgical procedure to scrape away concerning tumors or growths on the inside of the bladder. Sometimes at the time of surgery a chemotherapy medicine is instilled into the bladder, this will also be discussed by your surgeon if this is a possibility. Alternatives to surgery include observation, medical therapy or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed with a camera passed into the bladder. Surgery time is approximately 60 minutes. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you may have a Foley catheter in place which is a tube going into the bladder to drain your urine. This catheter is crucial for post-operative healing when required. Your catheter will typically be removed 1-3 days after surgery, you will be instructed by the hospital staff how to care for your catheter at home.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay for significant blood in the urine or effects from anesthesia.
- You will be discharged home from the hospital with oral pain medicine to help with bladder spasms and pain after surgery. A fully updated home medication list will be provided to you by the hospital at discharge.

- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication. It is normal to experience some bleeding and blood clots in the urine for a few days up to a few weeks after a TURBT procedure. This is usually due to the healing process and the scab on the bladder wall coming off. This bleeding can sometimes be intermittent and may even recur after initially clearing up. While small clots are often expected, larger and/or persistent clots blocking the catheter or any other worrisome symptoms like fever, nausea and vomiting please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office, at the discretion of your surgeon, typically 1-3 days after surgery for a foley catheter removal appointment if needed. This is performed in the morning and you are expected to return to the office that afternoon for another appointment to assess your voiding. You may experience incontinence after your foley catheter is removed. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.
- If you do not have a catheter in place, you will be seen approximately 1-2 weeks after surgery to review the pathology results from surgery and to check on your post-operative healing. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and voiding function.



## Ureteroscopy for Stones

**A ureteroscopy is a surgical procedure to remove a stone that is in the kidney or the ureter (the drainage tube from the kidney to the bladder). Alternatives to surgery include observation, medical expulsive therapy or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgeon will utilize x-rays in order to locate and remove the stones, the dose of radiation used for these x-rays is a trivial amount and less than the radiation exposure from a domestic plane trip.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed with a camera passed into the bladder, up the urinary system to see and remove the stone or stones. The stone is either removed with a basket or broken apart with a laser. Surgery time is approximately 60 minutes. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have an internal urinary drainage tube called a stent. This stent helps your kidney drain and heal after surgery. This stent may cause flank pain and discomfort but this is temporary. You may have a Foley catheter in place which is a tube going into the bladder to drain your urine but this is unlikely to be needed. You will be instructed by the hospital staff how to care for your catheter at home if required.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay for significant blood in the urine or effects from anesthesia.

- You will be discharged home from the hospital with oral pain medicine to help with bladder spasms or pain after surgery. A fully updated home medication list will be provided to you by the hospital at discharge.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine blocking the catheter or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office, at the discretion of your surgeon, typically 1-3 days after surgery for a foley catheter removal appointment if required. This is performed in the morning and you may be expected to return to the office that afternoon for another appointment to assess your voiding. You may experience incontinence after your foley catheter is removed. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.
- If you do not have a catheter after surgery you will be seen around 3-7 days after surgery for a visit to remove your stent. Most stents are removed with a quick procedure under local anesthesia (a numbing agent) in the office called cystoscopy.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and risk of developing future stones.



## **Ureteroscopy for Tumor Biopsy and Ablation**

**A ureteroscopy is a surgical procedure to identify, biopsy and laser ablate a tumor in the kidney or the ureter (the drainage tube from the kidney to the bladder). Alternatives to surgery include observation or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgeon will utilize x-rays in order to locate the tumor, the dose of radiation used for these x-rays is a trivial amount and less than the radiation exposure from a domestic plane trip.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed with a camera passed into the bladder, through the urinary system to see and remove the tumor. Surgery time is approximately 60 minutes. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have an internal urinary drainage tube called a stent. This stent helps your kidney drain and heal after surgery. This stent may cause flank pain and discomfort but this is temporary. You may have a Foley catheter in place which is a tube going into the bladder to drain your urine but this is unlikely to be needed. You will be instructed by the hospital staff how to care for your catheter at home if required.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay for significant blood in the urine or effects from anesthesia.
- You will be discharged home from the hospital with oral pain medicine to help with bladder spasms or

pain after surgery. A fully updated home medication list will be provided to you by the hospital at discharge.

- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine blocking the catheter or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office, at the discretion of your surgeon, typically 1-3 days after surgery for a foley catheter removal appointment if required. This is performed in the morning and you may be expected to return to the office that afternoon for another appointment to assess your voiding. You may experience incontinence after your foley catheter is removed. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.
- If you do not have a catheter after surgery you will be seen around 2 weeks after surgery for a visit to remove your stent and discuss the pathology results of your surgery. Most stents are removed with a quick procedure under local anesthesia in the office called cystoscopy.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and risk of developing recurrent tumors.



## Bladder Stone Removal

**A cystolithopaxy is a surgical procedure to remove a stone that has formed within the bladder. Alternatives to surgery include observation or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and this is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed with a camera passed into the bladder to see and remove the stone. The stone is either crushed or broken apart with a laser. Surgery time is approximately 60 minutes. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you may have a Foley catheter in place which is a tube going into the bladder to drain your urine. This catheter is crucial for post-operative healing when required. Your catheter will typically be removed 1-3 days after surgery, you will be instructed by the hospital staff how to care for your catheter at home.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay for significant blood in the urine or effects from anesthesia.
- You will be discharged home from the hospital with oral pain medicine to help with bladder spasms or pain after surgery. A fully updated home medication list will be provided to you by the hospital at discharge.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain

and discomfort. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.

- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine blocking the catheter or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office, at the discretion of your surgeon, typically 1-3 after surgery for a foley catheter removal appointment if required. This is performed in the morning and you are expected to return to the office that afternoon for another appointment to assess your voiding. You may experience incontinence after your foley catheter is removed. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.
- If you do not have a catheter after surgery you will be seen around 2 weeks after surgery for a routine postoperative visit.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and voiding function.





## Hydrocele/Spermatocele Removal

**A hydrocelectomy or spermatocelectomy is a surgical procedure to remove a collection of fluid arising from the testicle or a water balloon forming around the testicle. Alternatives to surgery include observation or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is under general anesthesia. Surgery time is approximately 60 minutes. You will be asleep for the entirety of the procedure. A single incision is made on the scrotum used to drain the fluid and remove the tissue that created the fluid collection sac. Upon waking up from anesthesia, you will have dissolvable stitches and likely a dressing over the incision. All skin sutures are dissolvable. For very large fluid collections sometimes a surgical drain is left in place to drain any leftover fluid. If a drain is left, it will be removed in the urology office 1-2 days after surgery.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay due to effects from anesthesia.
- You will be discharged home from the hospital with oral pain medicine to help with pain after surgery. A fully updated home medication list will be provided to you by the hospital at discharge.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Ice packs are also very effective in reducing pain and swelling after surgery. Swelling,

redness and pain is typical for 1-2 weeks after surgery. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.

- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant bleeding or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office typically 4 weeks after surgery for a wound check and routine postoperative visit, or sooner if a drain is to be removed.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and to monitor for any recurrence of fluid.



## Circumcision

**A circumcision is a surgical procedure to remove the foreskin on the penis that may be causing irritation, infection or cosmetic distress. Alternatives to surgery include observation, topical cream therapy or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You may be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is under general anesthesia. Surgery time is approximately 60 minutes. You will be asleep for the entirety of the procedure. A single circular incision is made to remove the excess foreskin. Upon waking up from anesthesia, you will have dissolvable stitches underneath a gently compressive dressing. This dressing may fall off anytime within 36 hours after surgery, you may also remove the dressing at home if it has not fallen off within 36 hours.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay due to effects from anesthesia.
- You will be discharged home from the hospital with oral pain medicine to help with pain after surgery. A fully updated home medication list will be provided to you by the hospital at discharge.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Ice packs are also very effective in reducing pain and swelling after surgery. Swelling, redness and pain is typical for 1-2 weeks after surgery. Penile skin sensitivity can be present for up to 4

weeks after surgery. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.

- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant bleeding or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office typically 4 weeks after surgery for a wound check and routine postoperative visit.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery.



## **Transrectal Prostate Biopsy (TRUS)**

**A transrectal prostate biopsy is an ultrasound guided office based procedure to sample the prostate to identify cancer, inflammation or other prostate conditions. Alternatives to biopsy include observation, blood or urine tests or imaging tests. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your procedure will take place in the urology office. You do not need to fast prior to this procedure, you will need to stop blood thinners prior to this procedure if appropriate. You can drive yourself home after the procedure or can bring someone for support if desired.
- You will be prescribed a 3-day course of antibiotics to start the day before the biopsy to reduce your risk of infection.
- You will be required to perform an over-the-counter enema 2 hours prior to the procedure or take a laxative the day before the procedure to improve ultrasound visualization and reduce your risk of infection.
- This procedure is done under local anesthesia administered through an ultrasound probe inserted gently into the rectum. The rectal wall and prostate are numbed with local anesthesia. After appropriate numbing, the ultrasound is used to guide the surgeon to obtain typically 12 small prostate biopsy cores. The procedure will take around 10 minutes to complete.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Ice packs are also very effective in reducing pain after the procedure. Finish your antibiotics.
- Some blood in the urine, stool and ejaculate is normal and expected for up to 2 weeks after the procedure.
- Bright red copious blood or blood clots in the stool or urine, fevers, chills, sweats, vomiting are all worrisome symptoms. You should call the urology office or present to an emergency room if you demonstrate these symptoms.

- You will be seen in the urology office or offered a telemedicine around 1 week after the procedure to review the pathology results.
- After this procedure it is important to continue following up with your urologist to track your postoperative recovery and to discuss next steps depending on the biopsy results.



## **Transperineal Prostate Biopsy**

**A transperineal prostate biopsy is an ultrasound guided procedure to sample tissue of the prostate to identify cancer, inflammation or other prostate conditions. Alternatives to biopsy include observation, blood or urine tests or imaging tests. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You may be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- You will be required to perform an over the counter enema 2 hours prior to the procedure or take a laxative the day before the procedure to improve ultrasound visualization and reduce your risk of infection.
- The surgery is under general anesthesia. Surgery time is approximately 30 minutes. You will be asleep for the entirety of the procedure. Small needle pokes are made under the scrotum in the perineal skin to collect the biopsies. Upon waking up from anesthesia, you may have a bandaid or small gauze dressing over the surgical site. There will be no stitches or wound care required.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay due to effects from anesthesia.
- You will be discharged home from the hospital with a fully updated home medication list provided to you by the hospital at discharge.

- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Ice packs are also very effective in reducing pain and after surgery. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- Some blood in the urine, stool and ejaculate is normal and expected for up to 2 weeks after the procedure.
- Bright red copious blood or clots in the stool or urine or fevers, chills, sweats, vomiting are worrisome symptoms and you should call the urology office or present to an emergency room if you demonstrate these symptoms.
- You will be seen in the urology office or offered telemedicine typically 1-2 weeks after surgery to discuss the pathology results.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery.





## **Rectal Spacing Gel and Fiducial Marker Placement**

**A fiducial marker placement and rectal spacing gel surgery is an ultrasound guided procedure to place radiation markers and increase the space between the prostate and the rectum to protect the rectum during radiation treatment. You will have discussed alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You may be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- You will be required to perform an over the counter enema 2 hours prior to the procedure or take a laxative the day before the procedure to improve ultrasound visualization and reduce your risk of infection.
- The surgery is under general anesthesia. Surgery time is approximately 30 minutes. You will be asleep for the entirety of the procedure. Small needle pokes are made under the scrotum in the perineal skin to perform the surgery. Upon waking up from anesthesia, you may have a bandaid or small gauze dressing over the surgical site. There will be no stitches or wound care required.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay due to effects from anesthesia.
- You will be discharged home from the hospital with a fully updated home medication list provided to you by the hospital at discharge.

- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Ice packs are also very effective in reducing pain and after surgery. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- Some blood in the urine, stool and ejaculate is normal and expected for up to 2 weeks after the procedure.
- Bright red copious blood or clots in the stool or urine or fevers, chills, sweats, vomiting are worrisome symptoms and you should call the urology office or present to an emergency room if you demonstrate these symptoms.
- You will follow up with your radiation doctor for the next steps in your radiation treatment. Post-operative follow up with your surgeon can be arranged if necessary but is not mandatory if you have no concerns or complications.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.



## Urethral Stricture Dilation

**A urethral stricture dilation is a surgical procedure to open up scar tissue within the urethra which is the tube you urinate through. This is typically performed with a balloon, laser or cutting mechanism depending on the location and type of scar tissue. Alternatives to surgery include observation, or other surgical procedures. You will have discussed these alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will likely be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. The preoperative appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed with a camera passed through the penis. Surgery time is approximately 30 minutes. You will be under general anesthesia and asleep for the entirety of the procedure. Upon waking up from anesthesia, you will have a Foley catheter in place which is a tube going into the bladder to drain your urine. This catheter is crucial for post-operative healing and to drain out any postoperative blood. Your catheter will typically be removed 3 days after surgery, you will be instructed by the hospital staff how to care for your catheter at home.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay for significant blood in the urine or effects from anesthesia.
- You will be discharged home from the hospital with oral pain medicine for bladder and urethral pain. A fully updated home medication list will be provided to you by the hospital at discharge.
- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain

and discomfort. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.

- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine blocking the catheter or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office typically 3 days after surgery for a foley catheter removal appointment. This is performed in the morning and you are expected to return to the office that afternoon for another appointment to assess your voiding. You may experience incontinence after your foley catheter is removed. We recommend you bring adult diapers and/or incontinence pads to your postoperative foley removal appointment.
- Your next post operative appointment will be approximately 1 month after surgery. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and voiding function.



## Sacral Neuromodulation PNE Trial

**A sacral neuromodulation PNE trial is a nerve therapy test to determine if your bladder and possibly concurrent gastrointestinal symptoms are due to dysregulated nerve signals. This trial is a way to determine if a long-lasting medical implant can significantly improve your symptoms. You will have discussed alternative options with your urologist prior to deciding to undergo this procedure.**

- You signed, or will sign, informed consent paperwork regarding this procedure. This outlines the potential surgical risks and complications associated with this specific procedure. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgery will take place in the office under local anesthesia with you lying on your stomach. The procedure takes around 30 minutes. You will have local anesthesia so you will not feel significant pain during the procedure. You may feel some discomfort from the numbing anesthetic as well as some discomfort from the acupuncture type needle used to find the correct placement for the device. The temporary nerve test device is placed through the skin on both the right and left side near the base of the spine in order to make contact with the nerves that go to the bladder. The placement will be tested at the time of the procedure to ensure accurate location and placed under a large dressing.
- The test trial will last 1 week to see if this therapy is effective for you. You will need to keep a log of your symptoms during the week trial to compare to baseline. You will present to the office again in 1 week to review results and gently remove the temporary device. Removal is not painful or distressing. It is imperative to not get the overlying dressing wet during the week trial to ensure accurate test results.
- Your device will be turned on, programmed, and functional before you leave the urology office. You will have the contact information for the device representative for consistent communication during the trial.
- You will also be provided with warning signs and parameters to call the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery.





## Sacral Neuromodulation Implantation

**A sacral neuromodulation implantation is a surgical procedure to improve various severe urinary and sometimes gastrointestinal symptoms. You likely underwent a successful sacral neuromodulation trial and are now pursuing formal device implantation. You will have discussed alternative options with your urologist prior to deciding to undergo surgery.**

- You signed, or will sign, informed consent paperwork regarding this surgical procedure. This outlines the potential surgical risks and complications associated with this specific surgery. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgery will take place at Saint Francis Hospital. The date of your surgery will be determined by you and the surgical scheduler. The date of your surgery will be set in advance but the exact time of your surgery and the time you are expected to show up at the hospital can be variable up to a few days before the procedure. You will be contacted by the Saint Francis Hospital preoperative nursing team to determine exactly when you are expected to be at the hospital.
- You will be required to complete a preoperative physical exam with your primary care physician, cardiologist if you have one, or other physicians or providers. The surgical scheduler will determine which appointments you need prior to surgery. These appointments are typically 3 to 4 weeks before surgery and your provider will determine which medicines to stop or continue in the perioperative period.
- The surgery is performed under sedation with you lying on your stomach. Surgery time is approximately 60 minutes. You will have local anesthesia as well so you will not feel any discomfort during the procedure. You will wake up with a series of small incisions made to place the device. These are closed with dissolvable stitches and surgical glue.
- The majority of patients who undergo the surgery are discharged from the hospital the same day. Some patients may require an overnight stay for or effects from anesthesia.
- You will be discharged home from the hospital with oral pain medicine as well as a stool softener to prevent constipation. A fully updated home medication list will be provided to you by the hospital at discharge.
- Your device will be turned on, programmed, and functional in the post-operative recovery area prior to you leaving the hospital. You will have the contact information for the device representative for any

mechanical or programming issues with the device.

- You are expected to take Tylenol (Acetaminophen) and Advil (Ibuprofen) for baseline postoperative pain and discomfort. Stronger narcotic based oral pain medicine is to be used as an adjunct for significant or breakthrough pain. Narcotic pain medication can often cause dizziness, confusion, nausea, and constipation. Again, you will also be discharged home with a stool softener to prevent postoperative constipation. It is typical to be passing gas routinely within 2 to 3 days of surgery or sooner, it may take 3 to 5 days to have a bowel movement after surgery. If you have not had a bowel movement 5 days after surgery please utilize MiraLAX or over-the-counter laxatives and if this is not effective call the urology office.
- You will be provided paperwork at the hospital regarding expected postoperative symptoms including warning signs and parameters to call the hospital or the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- You will be seen in the urology office typically 4 weeks after surgery for a routine post-operative appointment. Additional postoperative appointments may be required at the discretion of the patient and your surgeon.
- If you require paperwork or documentation regarding time off of work this paperwork can be completed by the urology office staff. This paperwork does not need to be completed prior to surgery and is often completed after surgery to reflect an accurate timeline for your recovery. It is your responsibility to provide all necessary paperwork to the office staff.
- After this surgery it is important to continue following up with your urologist to track your postoperative recovery and response to the device.
- It is also important to maintain the customer service number for the sacral neuromodulation device company. The company oversees future electronic adjustments or reprogramming of the device.
- The typical battery life for the sacral neuromodulation device is around 12-15 years. You may require future procedures to replace the battery.





## **Botox Instillation**

**A bladder botox instillation is a therapy to reduce your refractory bladder symptoms. You will have discussed alternative options with your urologist prior to deciding to undergo this procedure.**

- You signed, or will sign, informed consent paperwork regarding this procedure. This outlines the potential surgical risks and complications associated with this specific procedure. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Your surgery will take place in the office under local anesthesia. You will need to provide a urine sample upon arriving at the urology office to check for infection prior to the procedure. The procedure takes around 30 minutes. First, a local anesthetic will be administered through a small catheter placed into the bladder through which the numbing medicine will be instilled. After the medicine sits inside your bladder for a short time period, a small camera will be passed into the bladder. The camera will be used to identify the places to inject the botox. Typically between 10-20 small needle pokes are used to administer the botox medicine.
- You may need to urinate after the procedure is concluded, some pink or red urine is expected for 1-2 days after the procedure as well as some temporary burning or urgency.
- You will also be provided with warning signs and parameters to call the urology office. For example, if you are experiencing chest pain, severe headache, trouble breathing, dizziness or lightheadedness, severe abdominal pain unresponsive to medication, significant blood in the urine or any other worrisome symptoms please either call the urology office or proceed directly to the emergency room for evaluation.
- If effective, botox instillation typically lasts 6 months before wearing off. You will require repeat botox injections to renew the effects of the medicine depending on your response. The soonest a repeat injection can be performed is typically 3 months.



## Vasectomy

**A vasectomy is an office based procedure to sever and separate the vas deferens which is the tube that carries sperm from the testicle. This is offered to men who are desiring permanent sterilization. Vasectomy is to be viewed by you, the patient, and your partner (if you have a partner) as a permanent form of birth control.**

- You signed, or will sign, informed consent paperwork regarding this procedure. This outlines the potential surgical risks and complications associated with this specific procedure. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Vasectomy reversal is an option in some patients but it is not 100% effective and can be financially costly and is often not covered by insurance.
- Vasectomy is done under local anesthesia in the office. You are encouraged to bring someone if you want for support, many men come by themselves and drive themselves home without issue.
- You do not need to fast before this procedure, if you take blood thinners such as aspirin, warfarin, plavix, brilinta, eliquis or xarelto you must stop these at least 3 days before the procedure.
- You are encouraged to bring music, headphones or other distracting activities if you desire.
- The procedure takes about 30 minutes
- Surgical complications such as infection or bleeding from the skin or in the scrotum are quite rare.
- You will have small dissolvable sutures to close the scrotal skin, you can apply bacitracin or vaseline to this area after showering or otherwise for 1 week after the procedure if you desire.
- Vasectomy failure rate is about 1 in 2000. This is most commonly due to the tubes reconnecting despite the measures taken to separate them.
- If there are residual sperm noted on the initial post vasectomy semen analysis you will need to wait another month, have protected intercourse, and perform another semen analysis test.
- About 1 to 2% of men will have some chronic pain after vasectomy in the testicle or scrotum. This pain is rare but could persist weeks or months or sometimes years after vasectomy.
- You may notice brown or slight red/pink in your ejaculate if you ejaculate within 1-2 weeks after the

procedure which is normal and expected.

- The vast majority of men only have discomfort for a few days to a week afterwards which is managed by ice packs, Tylenol or Advil and form fitting supportive underwear.
- Although not required, you may schedule a post-operative check if you like to check the small incisions.
  - After vasectomy you are not immediately cleared for unprotected intercourse. There are some residual sperm that need to be evacuated prior to clearing you for unprotected sex. This is done around 3 months after the procedure with a semen analysis. The office offers a semen analysis kit for cash purchase that can be performed at home. Semen analysis kits are not covered by insurance but can be used with HSA or FSA funds.



## **Xiaflex Injection**

**A Xiaflex penile injection is an injection therapy used to reduce erectile curvature. This injection uses a collagen and scar breaking medicine to slowly dissolve the penile scar responsible for penile curvature.**

- You signed, or will sign, informed consent paperwork regarding this procedure. This outlines the potential surgical risks and complications associated with this specific procedure. You may request a copy of your informed consent paperwork for your own records, and it is always scanned into your medical record and easily available for review.
- Alternatives to this therapy include observation, penile stretching or modeling without the injections or surgical correction.
- These injections are scheduled twice in the same week, typically Wednesday and Friday. There is a 6 week break in between cycles. Typically 4 cycles are offered. Most men do not see significant improvement until at least the 2nd cycle is complete.
- You will be given a pamphlet outlining injection schedule as well as modeling and stretching techniques. These modeling and stretching techniques assist the medicine greatly in dissolving the plaque and correcting curvature.
- This pamphlet also outlines the risks of erectile damage and penile fracture with this therapy. In order to reduce your risk of these rare but serious complications, you must refrain from intercourse or intimacy that causes bending or pressure on the penis for 4 weeks after each cycle.
- This procedure takes place in the urology office and is injected by your urologist. Some men elect for an initial injection of numbing lidocaine prior to the Xiaflex injection.
- The injection will likely cause some initial pain and discomfort during and after the injection. We recommend utilizing tylenol, advil, ice packs and tighter form fitting underwear to help with bruising and swelling after the injection.
- If you notice severe swelling or bruising or pain after your injection, please call the urology office for assessment.