



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.