

Misch Neill

Urologist

www.aucklandurologist.co.nz

Tel: (09) 309 0912

Pre and Post Surgery Information.

ADMISSION:

Bring any medications you are taking to the hospital. Also your items necessary for your stay i.e. toiletries, dressing gown, reading matter etc. Your admission will be the same day of surgery. You will be prescribed a mild laxative to help empty your bowel pre-operatively.

PREPARATION:

- The anaesthetist will visit you
- An ECG (electrocardiography) will be taken of your heart
- You will be fitted with anti embolism stockings
- You may need to stop blood thinning medications pre-operatively.

Bowel preparation:

You will need to administer a Micolette enema on the night prior to surgery (prescription enclosed).

Fasting instructions will be given to you a few days before your surgery (i.e. nothing from midnight the night prior to the surgery).

OPERATION:

The surgery takes approximately 3 – 5 hours and you will spend a further hour or so in the recovery area before returning to your room

AFTER SURGERY; YOU WILL HAVE:

- Intravenous fluids (drip) for 1 day
- Pain pump, also Panadol every 4 hours
- Wound drain for about 2 days
- A urethral catheter to drain the urine from your bladder for approximately 7-10 days
- A light diet – usually on the next day
- The nurses monitor recordings, urine output, wound drainage frequently
- Do not be alarmed about blood in the catheter or if your scrotum is bruised. Your face and neck may also be swollen due to positioning in theatre. (During your operation you will be placed in a slightly “head down” position)
- There might be bladder spasms, causing leakage around the catheter and pain
- Do discuss any concerns with your nurse
- Discharge after 1-2 days. The hospital staff will instruct you on how to care for your catheter and wound after you go home.

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What is a catheter?

A catheter is the tube inserted into your bladder to allow urine to drain. It is held in place with a water filled balloon which rests at the base of the bladder. The catheter is connected to a drainage bag. The tap at the bottom of the bag allows you to empty it.

Your Doctor will have discussed with you the reason for the catheter and how long it will remain in. It may have been inserted for one of the following reasons:

- Retention of urine – you were unable to pass urine or empty the bladder fully
- To allow for healing after certain surgery to the urinary system
- For the management of urinary incontinence.

Some people require catheters long term. The catheter should be changed every three months.

You will be given a leg bag (daytime) and a night bag (large capacity). The day time drainage bag should be changed every 2 weeks. The night time bag once a week.

Hygiene

Wash your hands before and after emptying the drainage bag.

Have a daily shower, taking particular care to clean around the catheter. If you use soap, always rinse well.

Do not use creams or ointments around this area unless they have been prescribed by your Doctor. If you experience slight discharge around the tip of the penis, a dressing held in place by your underwear should be adequate.

Daytime Care

Wear the leg bag during the day. Strap it comfortably to your thigh or calf depending on the length of the drainage tube to the bag. Empty it regularly so it does not become too full and heavy.

Overnight Drainage

The large capacity night bag connects at the tap of the day bag. You will be shown how to do this – make sure you remove the protective cap first.

It is important to check that the tubing does not kink or the urine will be unable to drain.

Once you have connected the night bag to the day bag, make sure you open the tap from the day bag and position the night bag lower than your bed.

Cleaning the Drainage Bag

After you disconnect the night bag, it needs to be emptied, cleaned and stored in a dry place. Clean it with warm soapy water (eg. Dishwashing liquid), rinse with clean water, pat dry and place in a clean towel in the hot water cupboard. A funnel makes washing and rinsing the inside of the bag easier.

Leaking Around the Catheter

Some people experience bladder spasms. These occur because the catheter irritates the bladder. Bladder spasm may cause leakage, discomfort and the feeling that you need to pass urine. Panadol may help the discomfort, but if it continues to be troublesome you should contact our rooms, your District Nurse or GP. Leakage may also occur if the catheter is not draining. Always check that the tubing is free of kinks and the urine is draining.

Fluid Intake

You are advised to drink at least 2 litres of fluid a day – about 12 cups.

A high fluid intake will promote catheter drainage and reduce the risk of infection or blockage of the catheter.

Infection

A complication associated with a catheter is infection. You can reduce the risk of infection by following the previous guidelines.

You should contact your GP if you have symptoms such as:

- Fever, shivering or chills
- Pain in the bladder or back
- Urine is cloudy or has an offensive odour

General Advice

Take care to prevent 'pulling' on the catheter – this will cause discomfort and trauma to the bladder and urethra.

If the catheter is not draining, first check the tubing is not kinked. If there is no drainage and you feel your bladder filling, especially if the urine is bloodstained, you should phone our rooms or your GP promptly. Sometimes the catheter can become blocked by debris or blood clot.

It is not uncommon to have varying amounts of blood in your urine for some time if you have had surgery in this area. This may be worse after your bowels are open or after exercise and should clear with extra fluid intake.

The catheter **MUST NOT** be removed or re-inserted by anyone except following discussion with a Urologist.

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What is the pelvic floor?

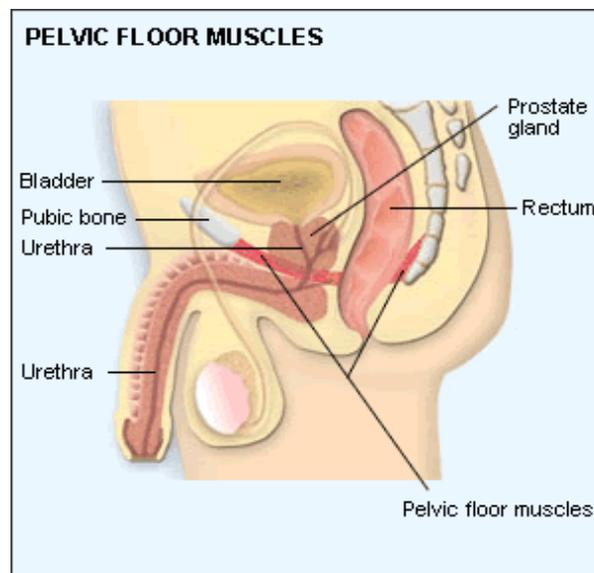
The muscles of the pelvic floor stretch from the pubic bone in front of the tail bone. They help to support the bladder and bowel and to close the bladder outlet and back passage.

How does the pelvic floor work?

The muscles are kept firm and slightly tense to help stop leakage of urine from the bladder or faeces from the bowel.

When you pass water or have a bowel motion, the pelvic floor muscles relax. Afterwards they tighten again to restore control.

Weak muscles may give you less control and you may leak urine, especially with exercise or when you cough, sneeze, laugh, change position or lift.



How to find the Pelvic Floor Muscles:

1. Bladder muscle group
 - Imagine you are trying to stop the flow of urine from the bladder. Tighten the muscles and lift up inside. Hold tight for at least three seconds if you can and keep breathing normally. Then relax for a few seconds.
Practice three times.
 - Now tighten and relax these muscles as quickly and strongly as you can.
Do this three times pausing between each.

2. Rectal Muscle Group
 - Pretend you have wind.
Pull up the rectal muscles as if trying to stop passing wind. Hold tight for at least three seconds and keep breathing normally. Then relax for a few seconds.
Practice three of these at a time.
 - Now tighten and relax these muscles as quickly and strongly as you can.
Do this three times pausing between each.

If you are unable to feel the pelvic floor muscles working, then try to locate them by stopping the flow of urine halfway through emptying your bladder. Once you have stopped the flow, relax and allow the bladder to empty fully.

Do not worry if you only manage to slow down the flow. The muscles will improve and strengthen with exercise.

Do not do this test each time you go to the toilet. Do it as a check only once week.

Practicing Your exercises:

Do the whole set of exercises 5 times a day.

Do the exercise at the times you are afraid you might leak – pull up the muscles before you change position, lift, laugh, cough or sneeze.

It takes time for exercises to make muscles stronger.

You may need to do the exercises regularly for several months before the muscles gain their full strength.

After Dribble:

“Milking” the urethra (tube from the bladder to the outside) might help.

Wait a few seconds after you have finished passing urine.

Place 2 finger tips behind the scrotum.

Apply gentle pressure and move the fingers forward to the base of the penis under the scrotum.

This milks the urine that may be pooled in the urethra forward and then it can be emptied in the usual way.

Repeat 2 times.

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AFTER DISCHARGE

- Continue to drink well
- If you are experiencing any discomfort from your surgery, continue taking Panadol 4 hourly as you need (Take no more than 8 tablets in one 24 hour period).
- You may experience some leakage at times around the catheter – this may be accompanied by pain in the bladder. This is spasm – Panadol and a warm hot water bottle on your stomach may help. If troublesome, contact our rooms during business hours.
- Continue antibiotics if you have been prescribed them.
- Drinking plenty of fluid and a diet high in fibre will help your bowel function (foods such as cereals, pears, kiwi fruit, passionfruit, wholemeal breads, high bran and sunsweet prunes are good sources of fibre)
- Approximately 1 week after the surgery we will set up a radiology appointment for you to have a scan to check all is healed before having your catheter removed. A post operative appointment to see Mr Neill will also be made and these details will be sent to you after your surgery.
- The sutures are in the skin layer and are dissolvable so do not need to be removed.
- Your wound dressing can be removed 5-7 days following the surgery. It is alright to shower with this in place, once removed keep your healing wound dry.

CONTINENCE:

- Practice pelvic floor exercises as explained to you (see separate information sheet attached). Do these before your surgery and after the catheter is removed. Continence may be poor initially when the catheter is removed. This is due to several factors. The bladder control muscle (sphincter) may be weak. The bladder is inflamed and the bladder may have a low capacity having been extremely empty for two weeks. Good continence usually returns over time. You will need to obtain a supply of pads in preparation for this (see example sheet enclosed).

ERECTILE DYSFUNCTION:

- May return after surgery but can take several months. There are options available to maintain erectile function, these include; medication such as Viagra, the vacuum pump, or penile injections.

ACTIVITY:

- Gradually increase your daily activities, walking etc. Avoid heavy lifting, straining or strenuous exercise for about six weeks.
- You may drive when you feel able to, confident that you could brake suddenly if needed. Remember that your reaction time will be longer, so take care.

ONGOING FOLLOW UP/SURVEILLANCE:

- The first PSA blood test will be taken approximately 6 weeks following the surgery, then generally your PSA will be monitored every 3 months for the first 12 months, then 6 monthly thereafter with or without review with the doctor.
- Prior to your surgery and at various intervals during your recovery we will send you 2 questionnaires for you to fill in.

IF AT ANY TIME YOU HAVE CONCERNS, DO NOT HESITATE TO CONTACT:

THE ROOMS ON : 09 309 0912
OR YOUR FAMILY DOCTOR.

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You will need to purchase urinary pads for use following removal of the catheter. We suggest purchasing one box to start you off as it is not possible to predict the quantity you will need until after your catheter is removed.

There are two types we recommend – you only need to choose one brand.

Both products are comparable with regard to absorbency. You may choose a product based on price or whichever offers you the most convenient way of purchasing their product.

Independent Living Service is Auckland Based and can offer cash sales at their premises as well as delivery via courier. Please phone them for further information. Attached is an order form with the details.

Tena products are available in some supermarkets and pharmacies. You may wish to check pricing at these places and compare prices with those offered by Independent Living Service.