



E. Charles Osterberg MD

RECONSTRUCTIVE UROLOGY

Preoperative Instructions

About Your Surgery

This guide will help you prepare for your surgery with Dr. Osterberg at Dell Seton Medical Center (DSMC) and help you understand what to expect during your recovery. Read through this guide at least once before your surgery and then use it as a reference in the days leading up to your surgery. Bring this guide with you every time you come to DSMC, including the day of your surgery, so that you and your healthcare team can refer to it throughout your care.

Before Your Surgery

Preparing for Your Surgery

You and your healthcare team will work together to prepare for your surgery.

About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It is important that you talk with your healthcare providers about your alcohol intake so that we can plan your care.

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medications to help prevent them.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include: bleeding, infections, heart problems, greater dependence on nursing care, and longer hospital stay.

Here are things you can do to prevent problems before your surgery:

- Be honest with your healthcare provider about how much alcohol you drink.

- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or cannot sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you cannot stop drinking.
- Ask us any questions you have about drinking and surgery. As always, all of your treatment information will be kept confidential.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren't sure.

- I take a blood thinner. Some examples are heparin, warfarin (Coumadin®), clopidogrel (Plavix®), and tinzaparin (Innohep®). There are others, so be sure your doctor knows all the medications you're taking.
- I take prescription medications.
- I take any over-the-counter medications, herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia in the past.
- I have allergies, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.

About Smoking

People who smoke can have breathing problems when they have surgery. Stopping even for a few days before surgery can help.

About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods while sleeping. The most common type is obstructive sleep apnea (OSA). This means that the airway becomes completely blocked during sleep, so no air can get through. OSA can cause serious problems when you have surgery. Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (CPAP) for sleep apnea, bring it with you the day of your surgery.

Within 30 Days of Your Surgery

Presurgical Testing

Before your surgery, you will be given an appointment for presurgical admission testing (PAT). During your PST appointment, you will meet with a nurse practitioner who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to sleep during surgery). You can eat and take your usual medications the day of your PAT appointment.

During your appointment, your PAT practitioner will review your medical and surgical history with you. You may have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your nurse practitioner may also recommend you see other healthcare providers.

Your team will talk with you about which medications you should take the morning of your surgery. It is very helpful if you bring the following with you to your PAT appointment:

- A list of all the medications you are taking, including patches and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your doctor(s).

Complete a Health Care Proxy Form

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you are unable to communicate for yourself. The person you identify is called your health care agent. If you are interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one already, or if you have any other advanced directive, bring it with you to your next appointment.

10 Days Before Your Surgery

Do Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. If you have any questions, ask your nurse or respiratory therapist.

Purchase Hibiclens® Skin Cleanser

Hibiclens is a skin cleanser that kills germs for 6 hours after using it. Showering with Hibiclens before surgery will help reduce your risk of infection after surgery. Hibiclens is available at your local pharmacy without a prescription.

Review Your Medications

If you take vitamin E, stop taking it 10 days before your surgery. If you take aspirin, ask your surgeon whether you should continue. Medications such as aspirin, medications that contain aspirin, and vitamin E can cause bleeding

1 Day Before Your Surgery

Drink Only Clear Liquids

You will need to follow a clear liquid diet the day before your surgery. Examples of clear liquids are listed in the table below. Your doctor or nurse will tell you if you will need an extra day of clear liquids or any additional bowel preparation.

While you are on this diet:

- Do not eat any solid foods.
- Make sure to drink plenty of liquids other than water, coffee, and tea. Try to drink at least 1 (8-ounce) glass of clear liquid every hour while you're awake.

Food/Beverage	Drink	Do Not Drink
Soups	<ul style="list-style-type: none">• Clear broth, bouillon, or consommé	<ul style="list-style-type: none">• Any products with particles of dried food or seasoning
Sweets and Desserts	<ul style="list-style-type: none">• Gelatin, such as Jell-O®• Flavored ices• Sweeteners, such as sugar or honey	<ul style="list-style-type: none">• All others
Beverages	<ul style="list-style-type: none">• Clear fruit juices, such as apple, cranberry, lemonade, or grape• Soda, such as ginger ale, 7-Up®, Sprite®, seltzer• Gatorade®• Black coffee (no cream)• Tea	<ul style="list-style-type: none">• Juices with pulp• Nectars• Milk• Alcoholic beverages

The night before your surgery, shower using the Hibiclens solution. To use Hibiclens, open the bottle and pour some solution into your hand or a washcloth. Rub gently over your body from

your neck to your waist and rinse. Do not let the solution get into your eyes, ears, mouth, or genital area. Dry with a clean towel after your shower.

Sleep

Go to bed early and get a full night's sleep.



Do not eat solid foods after midnight.

Morning of Your Surgery

Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of clear liquids (see Figure 3).



Figure 3. 12 ounces of clear liquid

Examples of clear liquids include:

- Clear broth, bouillon, or consommé (no particles of dried food or seasonings)
- Gelatin, such as Jell-O®
- Clear fruit juices (no pulp), such as white cranberry, white grape, or apple
- Soda, such as 7-Up®, Sprite®, ginger ale, seltzer, or Gatorade®
- Coffee or tea, without milk or cream



Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water, hard candy, and gum.

Things to Remember

- Do not put on any lotions, creams, deodorants, makeup, powders, or perfumes.
- Do not wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuables, such as credit cards, jewelry, or your checkbook at home.
- Before you are taken into the operating room, you will need to remove your eyeglasses, hearing aids, dentures, prosthetic device(s), wig, and religious articles, such as a rosary.



What to Bring

- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
- A pair of loose-fitting pants (sweat pants are a good choice).
- Sneakers that lace up. You may have some swelling in your feet, lace up sneakers can accommodate this swelling.
- Only the money you may need for a newspaper, bus, taxi, or parking.
- A CD player and CDs or an iPod, if you choose. However, someone will need to hold these items for you when you go into surgery.
- If you usually wear contact lenses, wear your glasses instead. Remember to bring a case for them.
- Your Health Care Proxy form, if you have completed one.

Once You're in the Hospital

You will be asked to state and spell your name and date of birth many times. This is for your safety. People with the same or similar names may be having surgery on the same day.

Get Dressed for Surgery

You will be given a hospital gown, robe, and nonskid socks.

Meet With Your Nurse

A nurse will meet with you before your surgery. Tell him or her the dose of any medications (including patches and creams) you took after midnight and the time you took them.

Marking Your Surgical Site

In addition to being asked your name and birth date, you may also be asked the name of your surgeon, what operation you are having, and which side is being operated on. Your surgeon or another member of the surgical team will use a marker to initial the site on your body that will be operated on. This is for your safety; it ensures that all members of the surgical staff are clear about the plan for your surgery.

After Your Surgery

The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

What to Expect

In the Recovery Room

Your surgery will take about anywhere from 1 to 5 hours. When you wake up after your surgery, you will be in the Post-Anesthesia Care Unit (PACU).

You will have an oxygen mask covering your nose and mouth. A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You will also have compression boots on your lower legs to help your circulation.

Your visitors can see you briefly in the PACU, usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them.

You will be taken to your room following recovery in the PACU. There, your nurse will tell you what you can do to recover from your surgery.

During Your Hospital Stay

You will be in the hospital for 1 day or more. However, your stay may be shorter or longer, depending on your recovery. Below are examples of ways you can help yourself recover safely.

- It is important to walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. When using your incentive spirometer or other breathing exercises, it may help to splint your incision. To do this, hold a pillow or blanket against the incision sites. This will reduce movement in your muscles.
- Managing Your Pain

You will have some pain after your surgery. Your doctor and nurse will ask you about your pain often. You will receive medication to help your pain through oral and IV pain medications.

If your pain is not relieved, please tell your doctor or nurse. It is important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

Swelling

Right after surgery, you may have some swelling in your genitals and groin area. This is normal and will go away after several weeks. You may also notice some discharge from your penis or vagina. This should also go away over several weeks.

Eating

You will not be able to have solid foods immediately after your surgery. During this time you will receive clear liquids only and once you are recovering, then your diet will be advanced slowly assuming you do not become nauseous.

Your appetite may not be the same as it was before your surgery and you may feel full quicker. Eat several small meals throughout the day, rather than 3 large meals. Eating this way will help your digestion and give you energy throughout the day.

Eating a balanced diet high in calories and protein is important for healing after surgery. Your diet should include a good protein source at each meal, as well as fruits, vegetables, and whole grains.

Learning to Care for Yourself

You will be able to shower with help within 2 days after your surgery.

Managing Your Pain

The length of time each patient has pain or discomfort varies. Some patients may have incisional soreness, tightness, or muscular aches for up to 6 months or longer. It does not mean that something is wrong. Follow the guidelines below.

- Call your doctor if the medication prescribed for you doesn't relieve your pain.
- Do not drive or drink alcohol while you are taking prescription pain medication.
- As your incisions heal, you will have less pain. As time goes on, the amount of pain medicine that you need will decrease. A mild pain reliever such as acetaminophen (Tylenol) or ibuprofen (Advil) will relieve aches and discomfort.
- Pain medication should help you as you resume your normal activities. Take enough medication to do your exercises comfortably. Pain medication is most effective 30 to 45 minutes after taking it.
- Keep track of when you take your pain medication. It will not be as effective if your pain has been allowed to increase. Taking it when your pain first begins is more effective than waiting for the pain.

Managing Constipation

Your usual bowel pattern will change after surgery. You may have trouble passing stool (feces). This is a common side effect of pain medication. Here are some suggestions to help prevent constipation:

- Take a stool softener such as docusate sodium (Colace®) 3 times a day. Continue taking the stool softener until you are no longer taking pain medications.
- If you have not had a bowel movement in 2 days, take a mild laxative. We recommend 1 packet of polyethylene glycol (MiraLAX®) with a tall glass of warm water. Do not take a laxative if you have nausea, vomiting, or stomach swelling. If you have these symptoms, call your doctor.

- Drink at least 2 liters of liquids a day, preferably juice or water. Prune juice may also help.
- If you feel bloated, avoid foods that can cause gas, such as beans, broccoli, onions, cabbage, and cauliflower.
- Make sure your meals and snacks are well balanced and high in protein.
- Increase the fiber in your diet to soften your stool. Foods high in fiber include:
 - Bran
 - Whole-grain cereals and breads
 - Unpeeled fruits and vegetables
 - Mixed green salads
 - Apricots, figs, and raisins
- Walk daily

Eating

You may eat all the foods you did before unless your Dr. Osterberg has put you on a special diet. You may drink alcohol in moderation if:

- You are not taking a narcotic, such as morphine, hydromorphone or oxycodone.
- Your doctor says it is okay.

Drink plenty of liquids without alcohol or caffeine each day. The amount you need to drink may vary based on your body size and the temperature outside. You should drink enough liquids so that the urine in your bag is a very light yellow color or clear. If it becomes dark yellow or orange, that is a sign that you need to drink more fluids. (Note: beets will turn your urine a reddish color temporarily. Do not worry if this happens.) Foods with protein (meat, fish, eggs) and vitamin C (fruits) help heal wounds.

Caring for Your Incision

- You may have some pain at the incision for the first few weeks after the surgery. If this occurs, take your pain medication as prescribed by your doctor.
- Shower daily but do not take a bath until 6 weeks after your surgery. Use soap but not directly on your incision. Do not rub the area around your incision. Pat the area dry with a clean towel after you shower and leave your incision uncovered.

Resuming Activities

It is normal to have less energy than usual after your surgery. Recovery time varies with each patient. Increase your activities each day as much as you can. Always balance activity periods with rest periods. Rest is a vital part of your recovery.

When you leave the hospital, your incision will appear to be healed on the outside but it will not be healed on the inside.

- Do not lift anything heavier than 10 pounds (about 4 ½ kilograms).
- Do not do any strenuous activity for at least 6 weeks after your surgery. For example, do not jog or play tennis or any contact sports. Ask your doctor about any other exercise.

- Walk 2 to 3 times a day for 20 to 30 minutes. If the weather does not permit you to walk outside, your local mall or shopping center may be a good alternative.



Call your doctor or nurse if you have:

- A fever of 101° F (38.3° C), chills, or both
- Any bleeding
- Leakage or drainage from your incision
- Redness at your incision
- Increased pain
- Nausea or vomiting
- Leg swelling or pain
- Shortness of breath
- Catheter or drainage tubes that are dislodged or not draining
- No bowel movement for more than 2 days
- Decreased urine output
- Any problems you did not expect
- Any questions or concerns

After 5:00 PM, during the weekend, and on holidays, please call the doctor on call for Urology.

During the weekday, if you have any questions, please call 512-324-7873