

Your guide to Endoscopic prostate surgery

This booklet will help you understand and prepare for your surgery. Bring this booklet with you on the day of your surgery.

PRET SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Centre universitaire de santé McGill
McGill University Health Centre

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Important

The information provided by this booklet is for educational purposes.

It is not intended to replace the advice or instruction of a healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.









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About this booklet

When you are admitted to the hospital for endoscopic prostate surgery, you will be part of an enhanced recovery program. The goal of this program is to help you recover quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you can play an active part in your recovery
- Give you daily goals to achieve

Please bring this booklet with you on the day of your surgery.

Use it as a guide during your hospital stay and after you leave the hospital. Hospital staff may refer to it as you recover and review it with you and your family before you go home.

Your MUHC surgery team



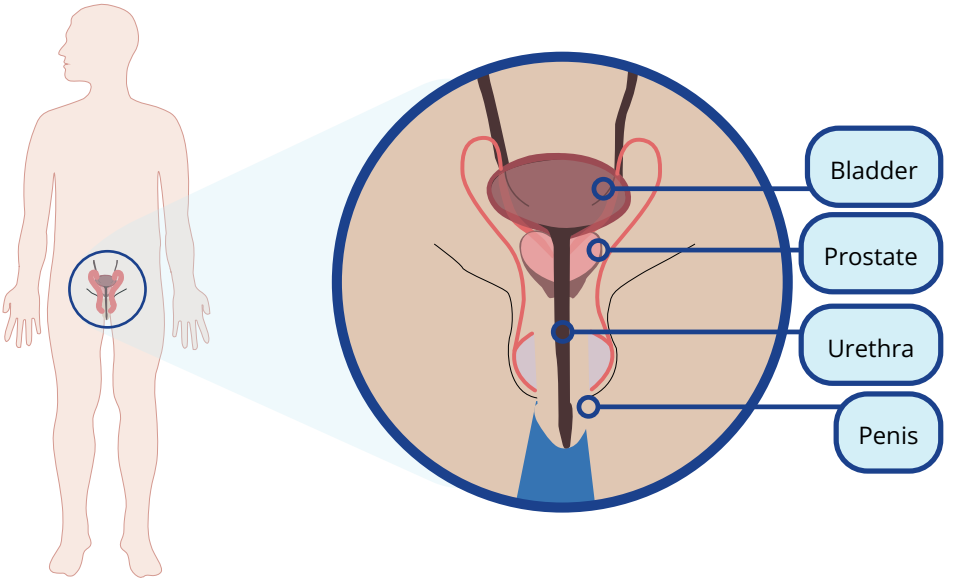
If you are not comfortable with French or English, try to have someone with you during your clinic visits and hospital stay who can help you understand.

What is the prostate?

The prostate is a gland just below the bladder and in front of the rectum that is part of the male reproductive system. The prostate adds fluid with semen. During ejaculation, the prostate helps push semen into the urethra.

The urethra is the tube connected to your bladder. It drains the urine from your bladder and the semen out of your body.

When you reach about 20 years old, your prostate is about the size of a walnut and can get bigger as you get older.



Why does the prostate get larger?

As you get older, it is common for the prostate to get bigger. The prostate can grow to the size of an apple or larger. When this happens, it can press on the urethra, making it harder to empty your bladder.

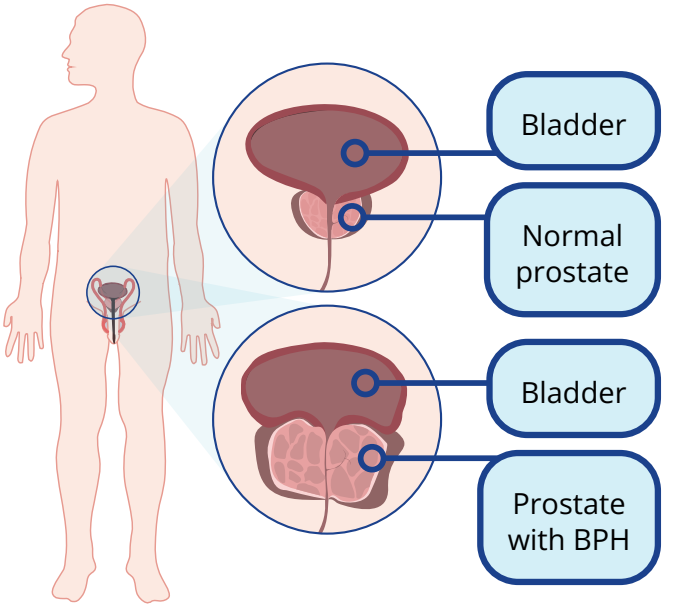
What is benign prostatic hyperplasia?

When your prostate becomes enlarged, it is called benign prostatic hyperplasia (BPH). It is not cancer.

BPH can cause problems with urinating, such as:

- A weak or tired bladder
- Feeling like you need to urinate more often and urgently, especially at night
- Trouble starting to urinate
- Feeling like your bladder is not fully empty after urinating
- Sometimes, it can lead to a urinary tract infection (UTI), blood in the urine, or bladder stones

In some cases, the flow of urine can become completely blocked. If this happens, you may not be able to urinate at all. In this case, you might need a urine catheter, which is a thin tube placed into your bladder to help drain the urine.



What is endoscopic prostate surgery?

Endoscopic prostate surgery is usually used to treat a benign prostatic hyperplasia (BPH). It allows urine to flow more easily again and the bladder to empty properly. This surgery is done using special instruments that go through the urethra.

During your surgery, the surgeon will remove the excess prostate tissue which is blocking the passage of urine. With endoscopic prostate surgery, there are no incisions on your skin.

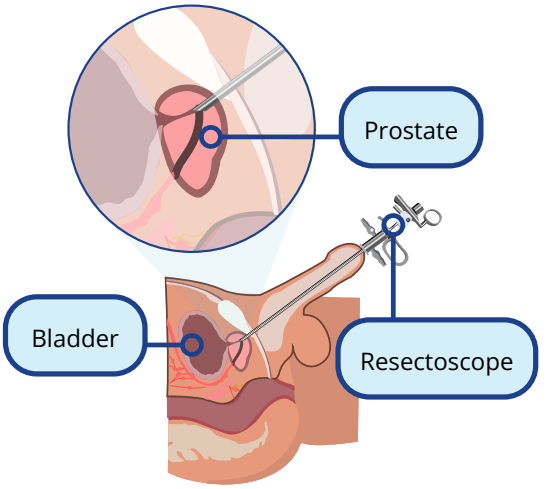
Your surgeon will explain the options and help you choose the one that is best for you. The type of surgery will depend on:

- The size of your prostate
- Your symptoms
- Your overall health
- Any other medical conditions you may have



What is endoscopic prostate surgery?

These are 3 different types of endoscopic prostate surgery:

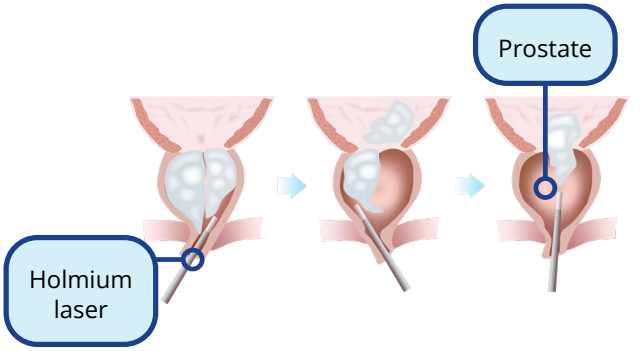


1. TURP: Transurethral Resection of the Prostate

An electric current is used to cut out tissue into chips. The chips are then removed from the bladder.

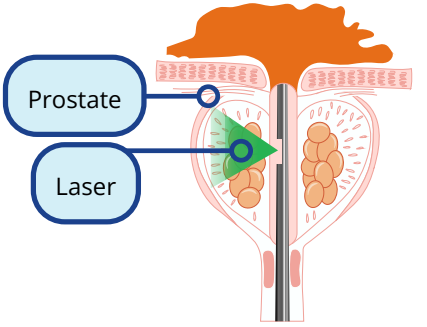
2. HoLEP: Holmium Laser Enucleation of the Prostate

A Holmium laser is used to remove the inner part of the prostate that is blocking urine flow. The removed tissue is pushed into the bladder, then morcellated (broken up and taken out).



3. GreenLight Laser Therapy

A high-energy laser is used to burn away, or vaporize the extra prostate tissue.



Preparing for your surgery

Be active



Exercise helps your body be as fit as possible for surgery. If you are already active, keep up the good work. If you are not, start adding exercise to your day. Exercise does not need to be intense to make a difference. A 30-minute walk at a good pace each day is a good start.

Stop smoking and vaping



Stop smoking and vaping as soon as you can. Try to quit at least 4 weeks before your surgery gives you the most health benefits.

Smokers have a higher risk of complications such as blood clots and lung infection, also called pneumonia. Healing can take longer for smokers.

Quitting is possible even if you are a heavy smoker and have tried to quit many times in the past.

You are not alone on this journey. Talk to your healthcare team to prescribe medication to help you stop smoking. We can also refer you to a specialized clinic to help you quit.

See page 46 to learn more.

Preparing for your surgery

Do not drink alcohol



Do not drink alcohol for at least 2 days before your surgery.

Alcohol can affect:

- How well you recover
- How some medications work

Tell us if you need help to stop drinking alcohol.

Some patients may have to stop drinking alcohol for several weeks before surgery.

Tell us if you use cannabis



Let us know if you use cannabis, also called marijuana. Your nurse or doctor will give you instructions on what to do before your surgery.

Stop herbal and natural products



You will need to stop any herbal or natural products 2 weeks before surgery. Your nurse or doctor will give you instructions.

Preparing for your surgery

Plan ahead

You might need some help at home after your surgery. Make plans with your family and friends in advance to get help with the following things if needed:

- Preparing meals
- Bathing
- Doing laundry
- Cleaning

Fill your fridge and freezer with food that is easy to reheat.





Insurance forms: CNESST, SAAQ, and salary insurance

If you have insurance forms that need to be filled out, bring them on the day of surgery or to your surgery clinic follow-up appointment to have them filled out.

There may be fees involved in completing these forms.

Preparing for your surgery

Your surgeon will let you know when you are able to go home.

Arrange your transport

☐ For day surgery patients:

If your surgeon told you that you will have day surgery, this means that you will have the surgery and go home on the same day as your surgery.

Arrange to have an adult with you to take you home from the hospital and stay with you for the first 24 hours after your surgery.

You will not be allowed to leave the hospital alone. You cannot drive, take a taxi, or public transportation by yourself.

Your surgery will be cancelled if you do not have someone to take you home and stay with you for the first 24 hours.

☐ For patients staying in the hospital:

If your surgeon told you that you will be staying overnight in the hospital, you will be admitted to a hospital room after your surgery.

Tell your nurse if you are worried about going home.

Remember to make sure you have someone who can drive you back home.



Preoperative Clinic visit

The reason for this visit is to check your health, plan your care, and make sure you are ready for surgery.

During your Preoperative Clinic visit, you will meet with:

- A nurse, who will explain how to get ready for your surgery and what to expect on the day of your surgery.
- A doctor, who will ask you questions about your health.
- If you have medical problems, you might be referred to another doctor, a specialist.

You might also:

- Have blood tests.
- Have an electrocardiogram, also called an ECG, to check your heart.
- Meet an anesthesiologist, the doctor who puts you to sleep during surgery.

The Preoperative Clinic doctor will tell you which medications you should stop and which ones you should keep taking.

If you already have a urine catheter or have a urine infection, you might need to take antibiotics before surgery.

☐ **If you have any questions, contact the Royal Victoria Hospital - Glen site Preoperative Clinic nurses:**

514 934-1934, ext. 34916
Monday to Friday, 7 a.m. to 3 p.m.
D S1. 2428 (Block D, level S1)

☐ **If you have any questions, contact the Lachine Hospital Preoperative Clinic nurses:**

514 934-1934, ext. 77419
Monday to Friday, 8 a.m. to 4 p.m.
3D-5 (3rd floor)



When to come to the hospital?

Royal Victoria Hospital - Glen site

The day before your surgery, the Admitting Department will call you to tell you when to come to the hospital. If your surgery is scheduled for a Monday, the hospital staff will call you the Friday before.

Arrive 2 to 3 hours before your planned surgery time. The time of surgery is not exact. It can happen earlier or later than planned.

Exception: If your surgery is scheduled for 7:30 a.m., arrive at 6:15 a.m.

Date of surgery: _____

Time to arrive at the hospital: _____

Room: **Surgery Registration – C 03.7055 (Block C North, 3rd floor)**

Enter the building through the Royal Victoria Hospital – Glen site main entrance. Take the 1st set of elevators (North) you will see. Go to the 3rd floor.

If you do not receive a call by 2 p.m. the day before your surgery, call the Admitting Department at 514 934-1934 ext. 31557.



When to come to the hospital?

Lachine Hospital

Two days before your surgery, the Admitting Department will call to tell you when to come to the hospital. If your surgery is scheduled for a Monday, the hospital staff will call you the Thursday before.

Arrive 2 to 3 hours before your planned surgery time. The time of surgery is not exact. It can happen earlier or later than planned.

Exception: If your surgery is scheduled for 8 a.m., we will ask you to arrive between 6:30 and 7:30 a.m.

Date of surgery: _____

Time to arrive at the hospital: _____

Room: **Admitting, 1st floor, booth 5 or 6**

If you do not receive a call by 2 p.m. the day before your surgery, call the Admitting Department at 514 934-1934 ext. 77155.



Cancelling your surgery



If you get sick or for any reason you cannot come to the hospital for your surgery, call as soon as possible:

1. your surgeon's office

and

2. the Centralized Operating Room Booking at :

- **If your surgery is at the Royal Victoria Hospital - Glen site:**
  514 934-4488
  (Monday-Friday: between 7 a.m. - 3 p.m.).
- **If your surgery is at the Lachine Hospital:**
  514-934-1934 ext. 77156 or 77434
  (Monday-Friday: between 7:30 a.m. – 3 p.m.)

If you call after 3 p.m., leave a message on the answering machine with:

- full name
- date of surgery
- phone number
- Quebec Health Insurance Card number, also called a Medicare or RAMQ card
- surgeon's name
- reason for cancelling or postponing your surgery

If you need to cancel your surgery the day before, and it is after 3 p.m.:

- **If your surgery is at the Royal Victoria Hospital - Glen site:**
  Call the Admitting Department at 514 934-1934 ext. 31557.
- **If your surgery is at the Lachine Hospital:**
  Call the Admitting Department at 514-934-1934 ext. 77155.

Your surgery might need to be delayed or cancelled because of an emergency. If so, your surgeon will reschedule it as soon as possible.

Washing

The night before your surgery



1. Wash your hair with shampoo and your face with regular soap.
2. Take a shower or a bath with regular soap.
3. Wash your body from the neck down, including your belly button and your genital area.
4. Do not shave the area where the surgery will be done.
5. Wear clean clothes to bed.

The morning of your surgery



1. Take a shower or a bath with regular soap.
2. Do not put on lotion, perfume, makeup, or nail polish. Do not wear jewelry or piercings.
3. Do not shave the area where the surgery will be done.
4. If you wear contact lenses, wear your glasses instead.
5. Put on clean and comfortable clothes.

What to eat and drink?

Before a marathon, runners do not stop eating and drinking. Instead, they prepare their bodies with the right nutrition to make sure they have the energy they need. Like a marathon runner, you should also prepare and feed your body.

The Preoperative Clinic nurse will explain what to eat and drink before your surgery.

Day before surgery

- Eat and drink normally until midnight, unless you have been told otherwise.



After midnight and the morning of your surgery

- Stop eating and do not have any dairy products or juice with pulp.
- Unless you are told otherwise, you can drink up to 500 mL (2 cups) of clear liquids until 2 hours before your surgery (see list on page 20). Then stop drinking.
  Example: if you are asked to come for 10 a.m., stop drinking at 8 a.m.

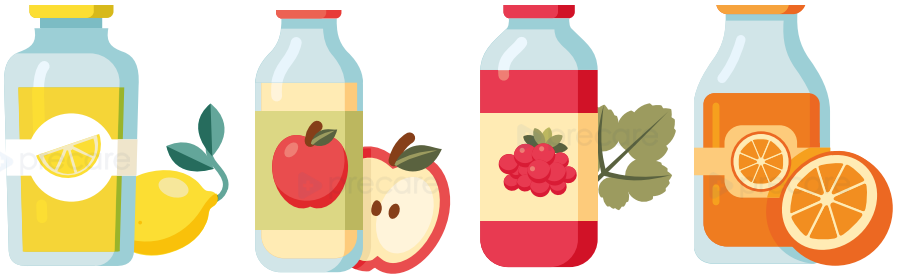


Exception: If you are asked to come to the hospital at 6 a.m., stop drinking any clear liquids at 5:30 a.m.



What to eat and drink?

Liquids allowed up to 2 hours before your surgery	
Water	Iced tea
Lemonade (without pulp)	Orange juice (without pulp)
Apple juice (without pulp)	Cranberry juice

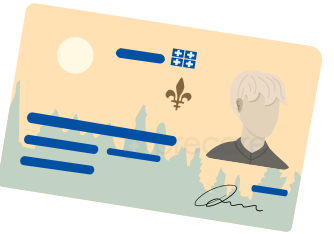


NOT allowed on the day of your surgery	
Eat	Drink any juice with pulp
Drink any dairy products	Coffee

Note: No sugar-free or diet drinks.

Remember: Some people should not drink at all on the day of their surgery. Your nurse will tell you if you need to stop drinking at midnight.

What to bring to the hospital?



- ☐ This booklet
- ☐ The list of medications you take. Ask your pharmacist to give you one.
- ☐ Québec Health Insurance Card, also known as a Medicare or RAMQ card
- ☐ Urine incontinence pads or urine incontinence underwear

If you are staying overnight at the hospital:

- ☐ Non-slip slippers or shoes
- ☐ Loose comfortable clothing for your return home
- ☐ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, and tissues

If needed:

- ☐ Your CPAP machine, if you have sleep apnea
- ☐ Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- ☐ Cane, crutches, walker, labeled with your name

Bring these items in a small bag labeled with your name. Storage space is limited.

Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



At the hospital

Admitting area

☐ **If your surgery is at the Royal Victoria Hospital - Glen site**

Go to the Surgery Registration C 03.7055 (Block C North, 3rd floor) at the time you were told.

Enter the building through the Royal Victoria Hospital - Glen site main entrance. Take the 1st set of elevators (North) you will see. Go to the 3rd floor.

☐ **If your surgery is at the Lachine Hospital**

Go to the Admitting Department, booth 5 or 6 on the 1st floor, at the time given.

In the operating room

A patient attendant, also called an orderly, will take you to the operating room.

In the operating room, you will meet your surgical team and your anesthesiologist. The anesthesiologist is the doctor who will make sure you feel no pain during the surgery.

Depending on your surgery, you may get one of 2 types of anesthesia:

Regional or spinal anesthesia: This means that the part of your body being operated will be numb. You will not feel pain during surgery. The feeling of numbness is normal and will go away after surgery.

General anesthesia: This means you will be fully asleep during surgery.



At the hospital

Waiting room

If your surgery is at the Royal Victoria Hospital - Glen site

Family or friends can wait for you in the waiting room located at C 03.7158 (Block C North, 3rd floor). Please limit the number of people you bring with you.

When you arrive in the preparation area, you will be given a unique number. You may give this number to your family member or friend to track your progress before, during and after the surgery on the screen in the waiting room. These are the different phases for your surgery:

1. Registered
2. Preparing for procedure
3. In Operating Room (OR)
4. In Recovery Room
5. Discharged from the Recovery Room



Note: Your personal information will never appear on the screen, only the unique number.

If your surgery is at the Lachine Hospital

Family or friends can wait in the waiting room located on the 6th floor (6B-8).

There is free Wi-Fi available at the hospital.	Connect to: Network: CUSM-MUHC-PUBLIC Username: public Password: wifi



Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU), also called the Recovery Room.

The PACU will call the family member or friend you have chosen, to tell them how you are doing.

No visitors are allowed in the PACU.

☐ For day surgery patients:

You will stay in the PACU until you go home. Once you are ready to go home, we will call your family or friend to pick you up.

☐ For patients staying to the hospital:

Your family and friends can visit you once you are in your room.

For visiting hours: https://muhc.ca/visit

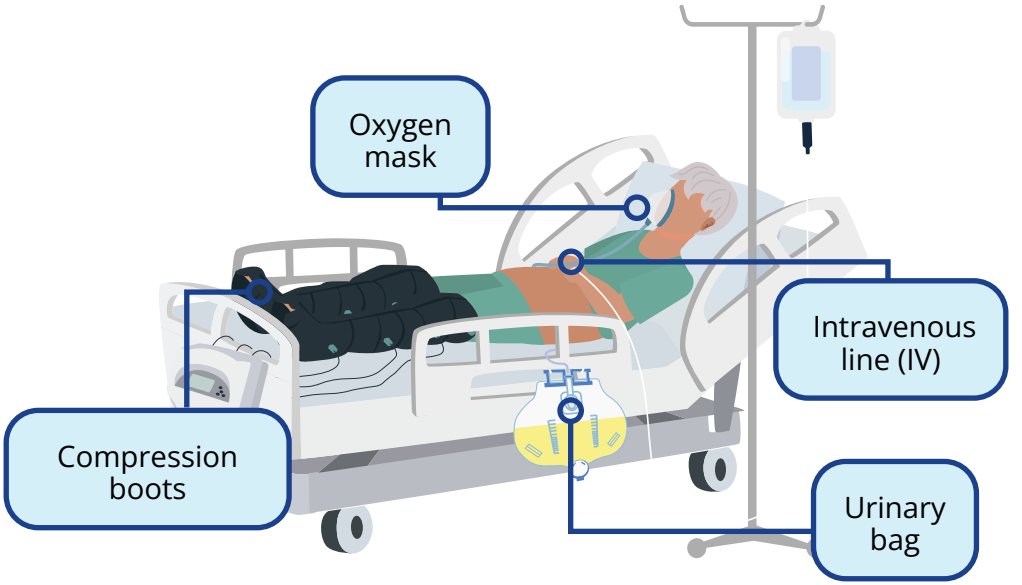
Your nurse will:

- Check your vital signs often, such as your respiration, pulse and blood pressure
- Ask you if you have pain and give you medication
- Make sure you are comfortable

Post-Anesthesia Care Unit (PACU)

You might also have:

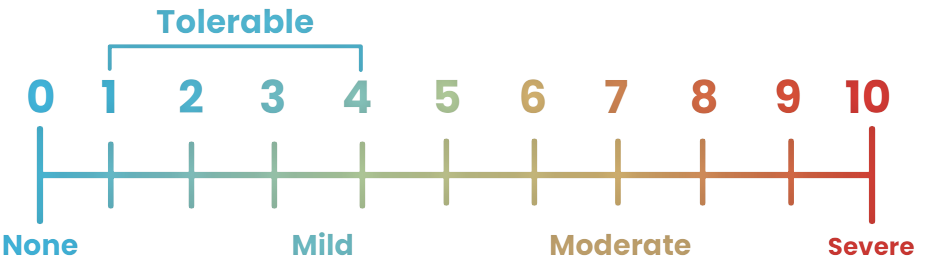
- An intravenous also called an IV, it gives you fluids and medication.
- An oxygen mask to help you breathe better.
- A small tube called a urinary catheter in your bladder. It drains urine out of your bladder into a bag.
- Compression boots on your legs, to help your blood circulation and to prevent blood clots.
- Continuous bladder irrigation (CBI). A steady flow of normal saline liquid goes into your bladder through the urinary catheter. Normal saline liquid is a simple saltwater solution that is safe for your body. This helps to wash out blood and blood clots from the bladder after surgery.



Pain control

It is important to control your pain because it will help you to:

- Breathe better
- Move better
- Eat better
- Sleep better
- Recover faster



We will ask you to rate your pain using a number between 0 and 10.

0 means no pain and 10 is the worst pain you can imagine.

We want to keep your pain below 4. Giving a number to your pain level will help your nurse decide how to best manage your pain.

Everyone feels pain differently. You can expect some pain after surgery, but it should not stop you from doing your exercises.

Pills

You will be prescribed pills after surgery to control your pain. These pills are usually Tylenol, also called acetaminophen.



Let us know if you have pain. Having pain can make you want to move less. This can slow down your recovery.

Exercises

Walking after surgery helps you heal faster and feel better! You need to get out of bed, unless told otherwise by your healthcare team.

Even short walks can make a big difference. Here is why it is important:

- **It helps your lungs stay clear:** you breathe better and lower your risk of pneumonia.
- **It keeps your blood moving:** which helps prevent blood clots.
- **It gets your bowels moving:** which helps prevent constipation.
- **It builds your strength and energy:** you can get back to normal activities sooner.

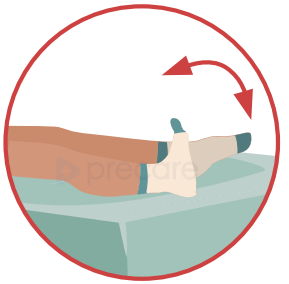
You might feel tired or sore at first, and that is normal. Just take it slow. The more you move, the easier it will get.

Even if you have wires or tubes, you should still get out of bed. Ask your nurse for help.

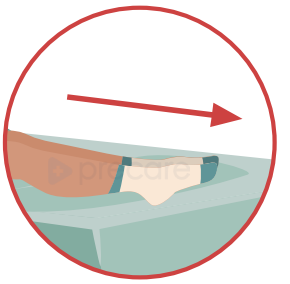
While in bed or sitting in a chair, do each exercise 4 to 5 times every 30 minutes while you are awake:



- Move your feet in a circular motion from the right and to the left.



- Wiggle your toes and point them up and then down.



- Stretch your legs out straight and point your toes up.

Goals of day 0: day of surgery

If you are having a day surgery

Going home

You must have someone to take you home from the hospital and stay with you for the first 24 hours.

Before leaving the hospital, make sure you have a prescription for your medication. Tell your nurse if you have any concerns about going home.

Because of the anesthesia medication you were given, for 24 hours after surgery:

- Do not drive or operate machinery
- Do not drink alcohol
- Do not take tranquilizers or sleeping pills
- Do not make any important decisions or sign any important papers

Read the next section of the booklet called At Home pages 31 to 45.



Goals of day 0: day of surgery

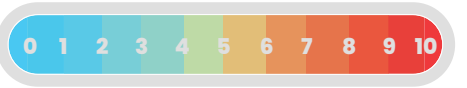
If you are admitted at the hospital



Activities

- When in bed, do your leg exercises (see page 27).
- Get out of bed and sit in a chair in the evening. Walk in the hallway several times a day. Ask for help if you need it.

Pain control



- Tell your nurse if you have pain that is more than 4 out of 10 on the pain scale.

Diet

- Eat and drink the tray of food you receive. If you need a special diet, the nutritionist will come to see you.
- You should always have your meals out of bed while sitting in a chair.

Urine catheter

Your nurse will:

- Monitor the normal saline liquid that cleans your bladder.
- Monitor the colour of your urine draining from your catheter.

Always keep your call bell at your side when in bed or sitting in a chair.

Goals for day 1 after your surgery



Activities

- When in bed, do your leg exercises (see page 27).

Pain control

- Tell your nurse if you have pain that is more than 4 out of 10 on the pain scale.

Diet

- Eat and drink the tray of food you receive. If you need a special diet, the nutritionist will come to see you.
- You should always have your meals out of bed while sitting in a chair.

Urine catheter

Your nurse will:

- Stop the normal saline liquid that cleans your bladder.
- Remove your urine catheter. The next time you urinate, the nurse will check your bladder to make sure it is empty.

Going home

On the day of your discharge, arrange for someone to pick you up before 10 a.m.

Before leaving the hospital

Make sure you:

- Have the information for the follow-up appointment with your surgeon.
- Have a prescription for your medication. Your nurse will review this with you. Your nurse will explain how to safely take your medications.
- Read the next section of this booklet called “At Home” (pages 31 to 45) and ask any questions.

Tell your nurse if you have any concerns about going home.

What should I expect after surgery?

Here are some important things you should know to help you recover safely and understand what is normal after your surgery.

1. Preventing infection



- You may need to take antibiotics after surgery. It is very important to finish all your pills if prescribed.

2. Bleeding

- It is normal to see some blood in your urine after surgery.
- Relax your muscles when you urinate. Do not push or strain.
- The urine may be pink, red, or have small blood clots like the size of a nickel or less (around 2 cm wide). This can last up to 6 weeks.
- To help prevent heavy bleeding for the next 6 weeks:
  - Do not lift anything heavier than 2–4 kg (5–10 pounds).
  - Avoid strenuous exercise, pushing, or straining. For example:
    - Any sports except for walking or light yoga or stretching
    - Moving furniture
    - Lifting heavy grocery bags
    - Straining when using the toilet
  - Avoid sexual activity.



What should I expect after surgery?

2. Bleeding

After your surgery, it is important to check the colour of your urine.

This helps make sure everything is healing well. Keep checking your urine until it goes back to its normal yellow colour.

Here's what to do based on the colour of your urine:

Urine colour	What to do
Yellow to light pink	This is normal. Keep drinking water like you usually do.
Slightly bloody (a little red or pink)	Drink 1 glass of water every 30 minutes until your urine turns yellow or light pink. Sit down and relax.
Bright red or very bloody	Drink 1 glass of water every 30 minutes until your urine turns yellow or light pink. Sit down and relax. If drinking water doesn't help, go to the Emergency Room.
If multiple, large blood clot (larger than a nickel, more than 2 cm wide) or inability to urinate	Go to the Emergency Room.

3. Leaking urine (incontinence)

- Most people have some urine leakage after surgery. This usually gets better over 3 to 6 months.
- If you have incontinence, you should wear incontinence pads or incontinence underwear.
- Empty your bladder regularly, every 2 to 3 hours during the day.
- Do your Kegel exercises, see page 34.
- Avoid drinks like coffee and alcohol. It can help you recover faster.
- Few people have permanent incontinence after the surgery.

What should I expect after surgery?

4. Changes in ejaculation

After surgery, most people will have permanent retrograde ejaculation. This means that during ejaculation and orgasm, semen goes into the bladder instead of coming out of the urethra.

This is not harmful or painful, and you will still experience orgasm but it may feel different.

5. Possibility of prostate growing back

In some people, the prostate may grow back over time. Your doctor may suggest medication or further treatment if that happens.

6. Ongoing urinary symptoms

- Some symptoms might not go away completely after surgery.
- This can happen if you have:
  - A weak or tired bladder
  - Diabetes
  - Obesity
  - Sleep apnea
- Persistent lifestyle habits such as drinking liquids before bed, or drinking too many bladder irritants like coffee, tea, soda or alcohol.
- Making healthy changes can improve your recovery and your quality of life.

How to do Kegel exercises?

Doing Kegel exercises regularly can help improve bladder control and support your recovery. Kegel exercises help strengthen the muscles that control your urine flow.

Here's how to do them:

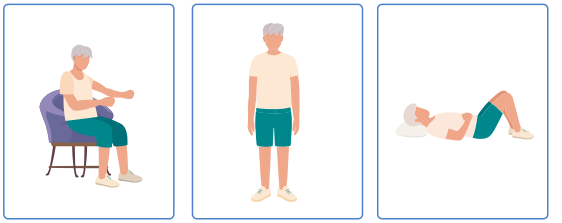
1. Find the right muscles

Try to stop your urine flow when you are urinating. The muscles you use to do this are your pelvic floor muscles.



2. Get comfortable

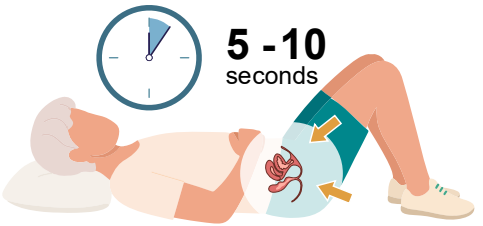
You can do Kegels sitting, standing, or lying down—whichever feels easiest.



3. Do the exercise

Tighten your pelvic floor muscles and hold the squeeze for 5 to 10 seconds.

Then relax the muscles for 5 to 10 seconds.



4. Repeat

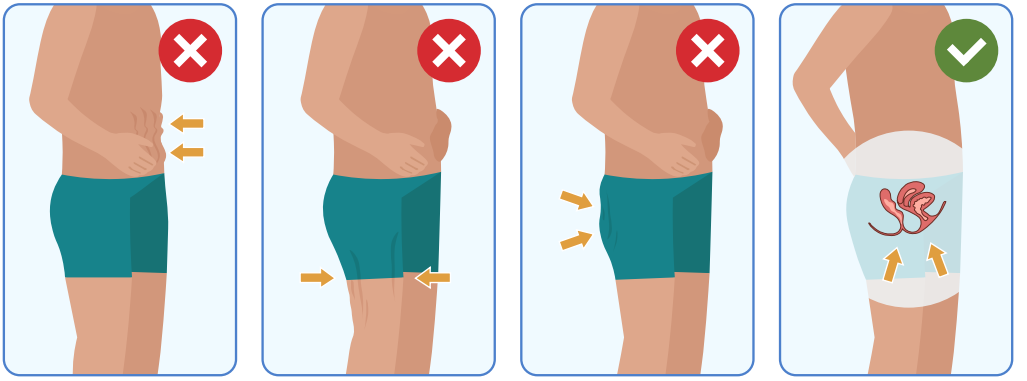
Try to do 10 repetitions, 3 times a day.



How to do Kegel exercises?

Tips:

- Do not squeeze your tummy, thighs, or butt muscles—only your pelvic floor muscles.
- Do not hold your breath. Breathe normally while doing the exercises.
- If you have difficulty with Kegel exercises, you can be referred to a pelvic floor physiotherapist outside the hospital. Speak to your surgeon to obtain a referral.



Managing pain

It is normal to have some pain after surgery. You might not be completely pain-free, but your pain should be tolerable during activities such as getting out of bed or from the chair and walking.

To control your pain, take acetaminophen, also called Tylenol, as prescribed.

If you have severe pain that does not get better with the pain medicine, or have a fever over 38°C or 100.4°F and generally do not feel well, you should:

Contact your surgeon or the Urology Clinic.
If you cannot reach them, go to the nearest Emergency Department (ED).

Preventing constipation

It is very important to avoid constipation after your surgery. Straining to have a bowel movement can increase the risk of blood in your urine.

To help prevent this, you will get a regular stool softener called Lax-A-Day. Take it as prescribed to keept your bowel movements regular and gentle.

To help your bowel movements stay regular:

- Drink at least 6 to 8 glasses of liquids every day. Water is best.
- Unless told otherwise, eat more foods whole grain foods, fruits, and vegetables.
- Move and walk regularly.

If you have not had a bowel movement for at least 3 days despite following these tips, consult a health care professional (family doctor, pharmacist, Info-Santé at 811).

Taking care of your urine catheter

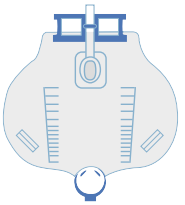
Some patients may go home for a few days with their urine catheter. It is normal to have blood in your urine after this surgery.

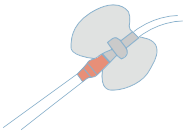
If you see blood in your urine, drink more water and do less activity until your urine clears up. Always make sure that urine continues to drain into your bag.

You will go home with:

- A day bag: small bag you wear on your leg
- Night bag: larger bag for overnight use
- Urine tube stabilizer: makes sure that the tube stays attached to your leg and does not pull

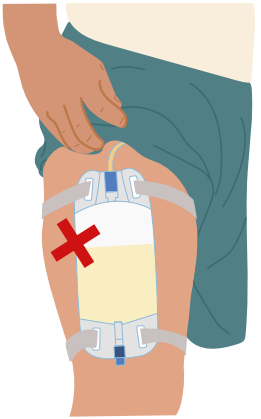






1. Wear the smaller bag during the day

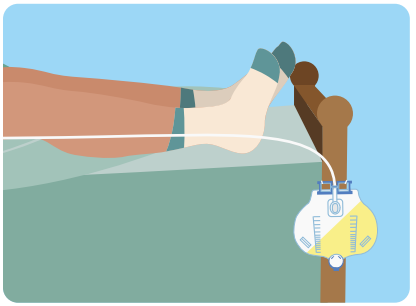
- Attach it to your leg. Make sure it is not too tight.
- Be sure that the bag is low enough, below the bladder, but remains above the knee.
- Make sure the tube does not get twisted or kinked.
- Empty the bag every 2 to 3 hours so it does not get too full.
- Never let it get more than 3/4 full.



Taking care of your urine catheter

2. Use the larger bag at night when you are in bed

- Make sure the urine drains into the bag by putting it lower than your body.



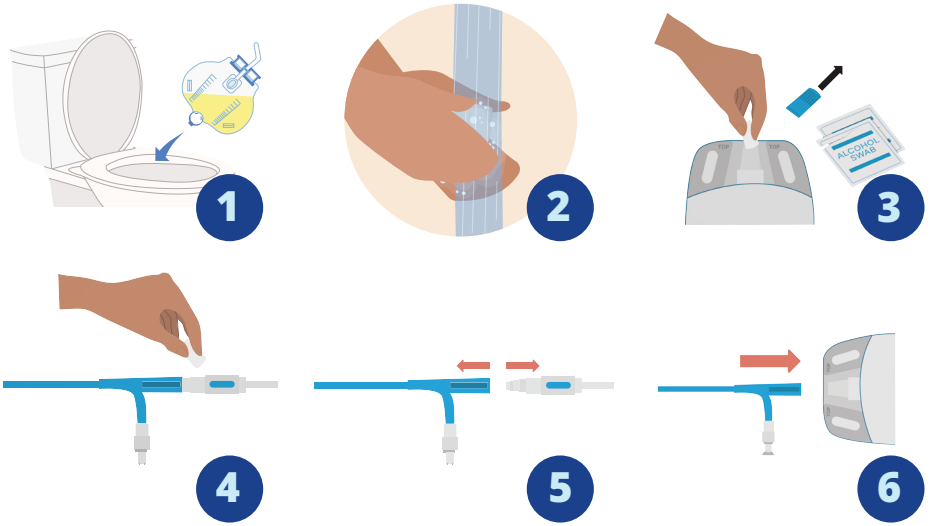
- Empty the bag in the toilet every morning



Note: Some patients will prefer to keep the larger bag until the urine catheter is removed.

Taking care of your urine catheter

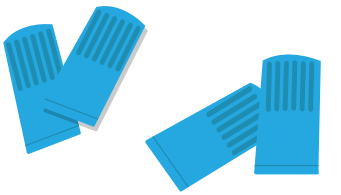
How to switch from one bag to the other?



1. Empty the bag of urine in the toilet.
2. Wash your hands.
3. Uncap the new bag and clean the tip of the bag with an alcohol swab for 15 to 30 seconds. Then, keep the bag on a clean towel.
4. With a new alcohol swab, clean the connection between the urine bag and the catheter for 15 to 30 seconds before disconnecting it.
5. Disconnect the urine catheter from the bag.
6. Connect the urine catheter to the new bag.

Always:

- Save the caps from the bags
- Keep the caps clean
- Always keep a cap over the tip of the unused bag



Frequently asked questions about urine catheter

- **Can I take a shower with the urine catheter?**

Yes, you can take a shower with your urine catheter unless your surgeon tells you not to. Do not take a bath, as sitting in water can raise the risk of infection.

- **What do I do if there is urine leaking around the urine catheter?**

1. Check if the tube is twisted or kinked and if the urine bag is below the level of your bladder.
2. If the tube is not twisted or kinked, urine leaking could also be a sign that you have bladder spasm. A bladder spasm is a sudden, involuntary contraction, a feeling of tightening of the bladder muscle. It can be caused by:
    - A strong, urgent need to urinate
    - Discomfort or cramping in the lower abdomen
    - Urine leakage (especially around a catheter)

    Bladder spasms can be uncomfortable, but they are not usually dangerous.

- **When will the urine catheter be removed?**

Your surgeon should tell you when it will be removed. Usually 1 to 3 days after your surgery.

- **Can I still move around with the catheter?**

Yes, you can walk around with the catheter.

- **What do I do if there is no urine draining in the bag?**
    - First, make sure the tube is not twisted or kinked, and the urine bag is below the level of your bladder.
    - If you still have no urine in the bag, this indicates the urine catheter is blocked. Call your surgeon or go to the Emergency Room.

Diet

You can eat anything you want unless your nutritionist, surgeon, or nurse tells you not to.

Eat foods with fibre such as fruits, vegetables, and whole grains. Drink plenty of fluids every day to help prevent constipation and blood clots in your urine. Try to drink about 2 liters of water each day — that's around 8 glasses.

To avoid irritating your bladder, stay away from caffeine (like coffee and tea), fizzy beverages and alcohol.

Eat a balanced diet including proteins like meat, fish, tofu, chicken, legumes, and dairy products like yogurt.

If you find it difficult to eat 3 large meals, try:

- Eating 6 small meals.
- Adding snacks between meals.
- Avoiding having sugary like juice or soda because they are more filling.
- Having high protein, high calorie shakes like Ensure, Boost or Glucerna.



Exercises and activities

It is normal to feel tired after surgery.

Ask your family and friends to help with:



- Taking you home
- Preparing your meals
- Grocery shopping
- Cleaning the home
- Laundry

- Walking is good exercise. You should do it every day.
- Generally, once you are pain free you can go back to most activities.
- Do not lift anything heavier than 2–4 kg (5–10 pounds) for 6 weeks. These activities can cause blood in your urine. Acceptable activities include:
  - Walking at a conversational pace
  - Walking up stairs
  - Gentle stretching or yoga
  - Gentle swimming in a pool



Exercises and activities

- Avoid strenuous exercise, pushing, or straining for 6 weeks. These activities can cause blood in your urine. Examples of these activities include:
  - Working out at the gym
  - Playing sports, such as golf or tennis
  - Swimming laps in a pool
  - Running or walking faster than at a conversational pace
  - Doing heavy yard work
  - Moving furniture or luggage
  - Carrying heavy grocery bags
- Avoid driving if you have pain or fatigue.
- Avoid sexual activity for 6 weeks.
- Your surgeon will decide when you are able to go back to work, depending on your recovery and your type of job.



6 weeks



6 weeks

Follow-up appointments

You will need a follow-up appointment with your surgeon after your surgery. You will be contacted by the urology clinic to schedule your follow-up appointment, approximately 4 to 6 weeks after your surgery.

Write down any questions you might have to prepare for your follow-up.

For Royal Victoria Hospital - Glen site patients

If you have questions, contact:

Urology Clinic at the Royal Victoria Hospital - Glen site: 514 843-1608

Email: urologie.hrv@muhc.mcgill.ca

For Lachine Hospital patients

If you have questions, contact: 514-637-7789

Info-Santé: 811

To speak with a nurse for non-urgent health issues, 24 hours a day, 365 days a year.

When to call your surgeon

If you have any of the following symptoms, go the Emergency Department:

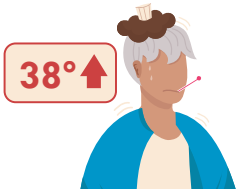
- You cannot drink or keep liquids down without vomiting



- Your pain is getting worse, and the pain medications are not working



- You have a fever (temperature of 38 ^{0}C or 100.4 ^{0}F or higher)



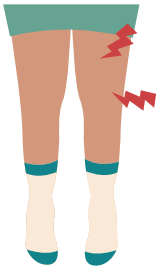
- You have trouble breathing



- You feel very weak



- You have pain or swelling of either leg



- You cannot urinate



- You have a large amount of blood or clots in your urine, despite drinking plenty of water and resting



Resources

Resources to help you to stop smoking

- Quit line: 1-866-527-7383 (free) or: www.iquitnow.qc.ca
- Quit smoking centers: ask your CLSC for information
- The Quebec Lung Association:
  1-888-768-6669 (free) or poumonquebec.ca/en/
- Smoking cessation clinic at the MUHC: send the referral from your doctor by fax: 514-934-8488

More information about your surgery

Hospital library: McConnell Patient Resource Centre at the Royal Victoria Hospital - Glen site – Glen site (B RC.0078)

For more information on pain, anesthesia, or quitting smoking, visit the MUHC library's website:

Main page: muhclibraries.ca/patients

Pain: muhclibraries.ca/pain

Anesthesia: muhclibraries.ca/anesthesia

Quitting smoking: muhclibraries.ca/smoking-cessation

You can also contact the library at crp-prc@muhc.mcgill.ca or by phone at 514-934-1934, ext 35290 for help finding reliable health and wellness information.

Points of interest

For Royal Victoria Hospital - Glen site patients

Cafeteria: Located in the adult Atrium on level S1

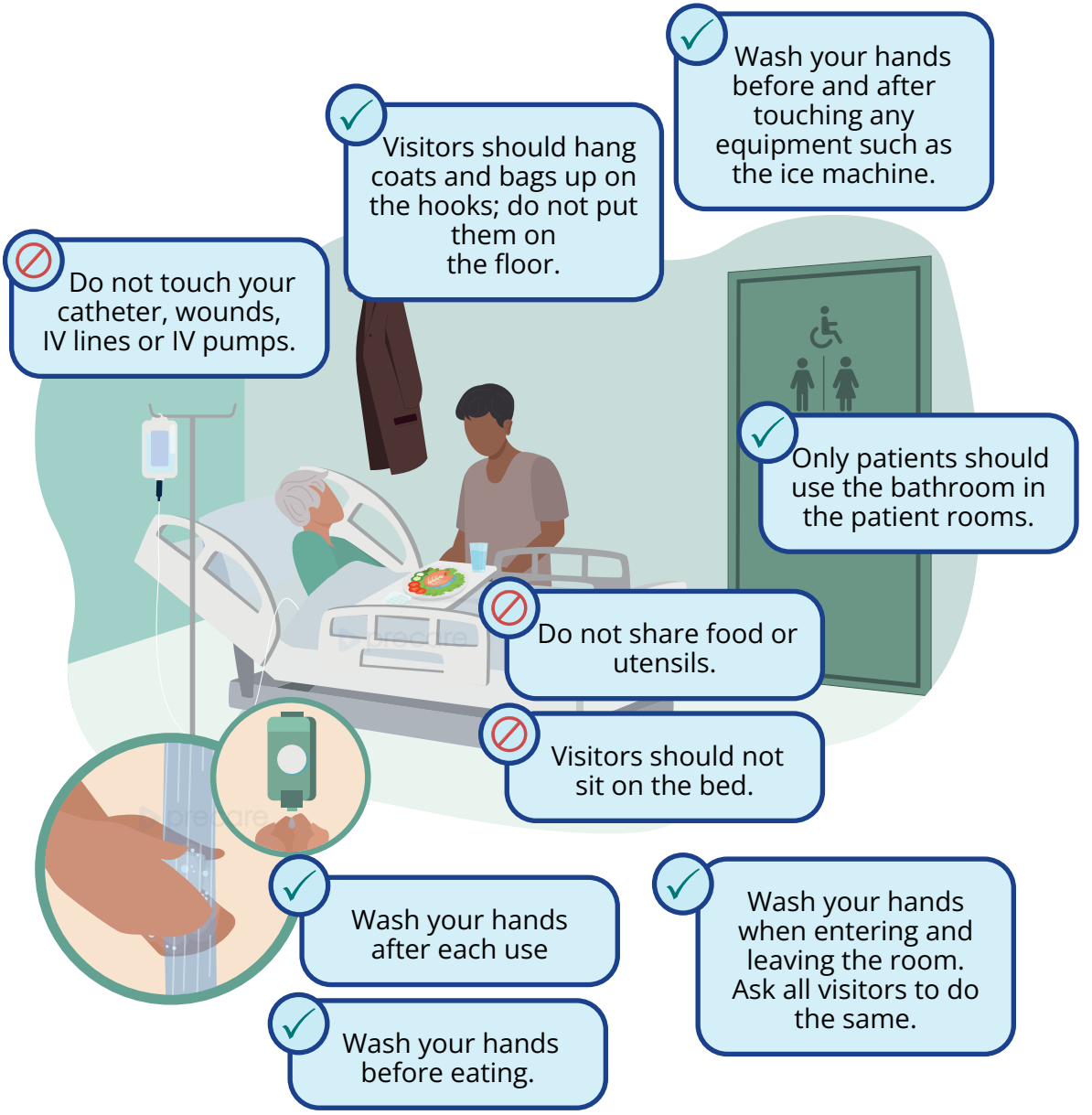
Bank machine: Blocks C and D, level RC and level S1

For Lachine Hospital patients

Cafeteria: behind the elevators on the 1st floor

Coffee shop: on the 1st floor, near the elevators

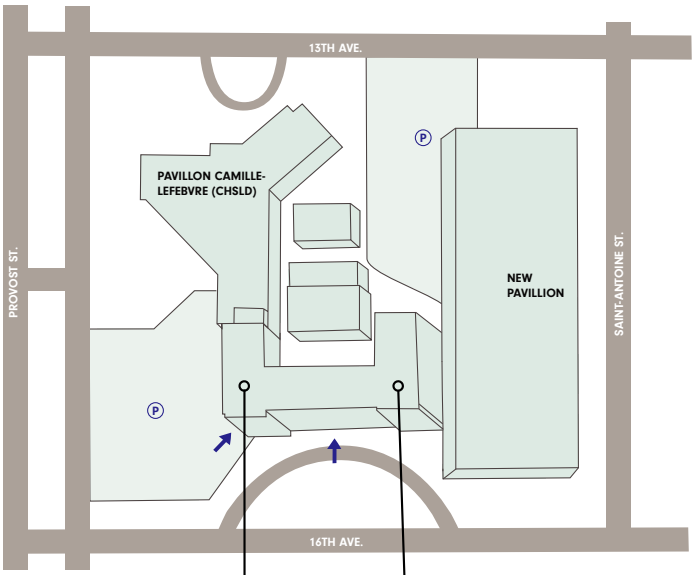
Tips to prevent infection in the hospital room



Map of the Royal Victoria Hospital - Glen site



Lachine Hospital



PRET SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Centre universitaire de santé McGill
McGill University Health Centre