

2022

**Centre intégré de
santé et de services
sociaux de Laval**

Preparation guide for a surgery

Transurethral resection of the prostate and retropubic prostatectomy



**This guide will help you
understand and get ready for
your surgery.**

**Read it over with your family
and bring this guide with you
the day of your surgery.**

Québec 

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Guide de préparation à une chirurgie: résection transurétrale de la prostate et prostatectomie rétropubienne, 2022

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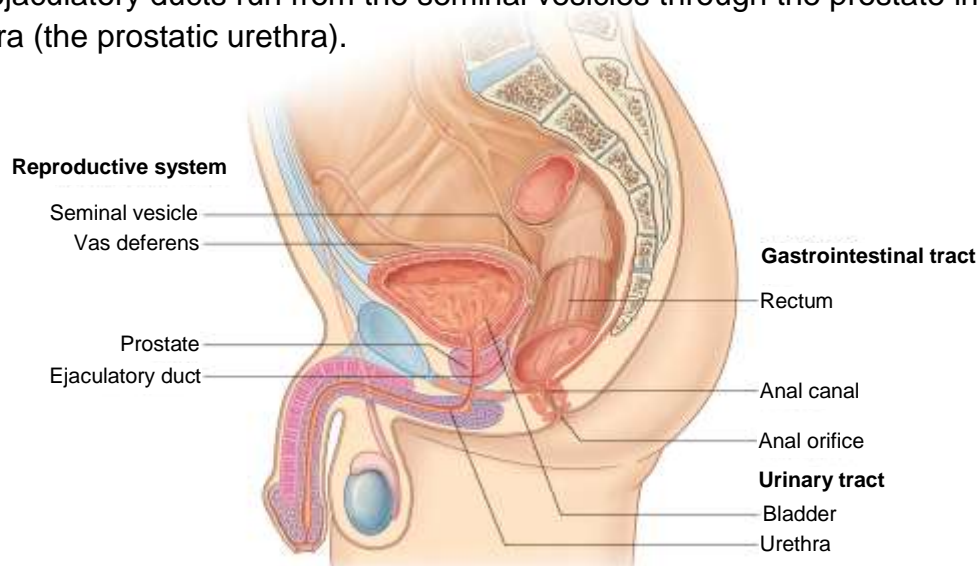
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ANATOMY

The prostate is a walnut-sized gland located below the bladder and in front of the rectum. It surrounds the urethra – the tube that conducts urine from the bladder to the tip of the penis. Passing through the prostate are two ejaculatory ducts, which connect to the vas deferens.

The prostate's primary function is to produce a fluid that is part of sperm and to secrete it during ejaculation.

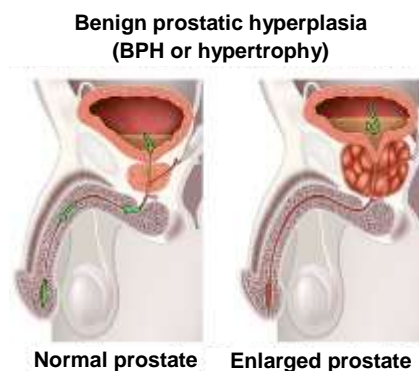
The ejaculatory ducts run from the seminal vesicles through the prostate into the urethra (the prostatic urethra).



« Cancer de la prostate » des Laboratoires Abbott, Limitée, février 1995

As men age, their prostate often enlarges and compresses the urethra, causing an obstruction that makes it more difficult for the bladder to empty. This enlargement of the prostate is known as benign prostatic hyperplasia (BPH) or hypertrophy. It is non-cancerous.

BPH can cause a decrease in urine flow, more frequent urination (especially at night), urinary retention or urinary tract infections.



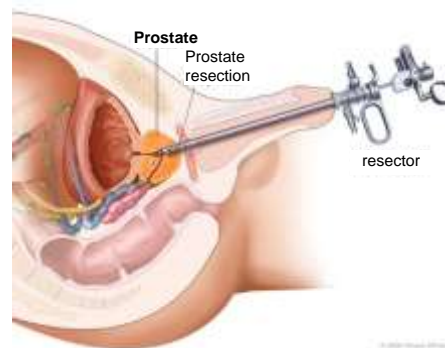
Docteurcllic: un service santé assistance adénome de la prostate

If the flow of urine is completely obstructed, urination will no longer be possible. When this occurs, a catheter must be inserted into the bladder to drain the urine.

Intervention

TURP (transurethral resection of the prostate)

Transurethral resection of the prostate (TURP) is a type of surgery performed using a “resectoscope.” This instrument is inserted through the urethra to examine the prostate. The prostate tissue causing the obstruction is then removed. This allows urine to flow more easily again and the bladder to empty properly.

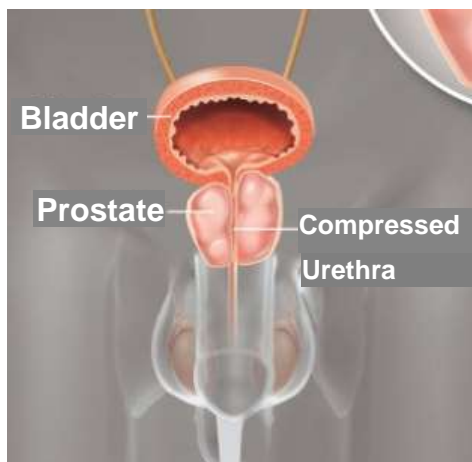


No skin incisions on the abdomen are required.



Laser surgery, although not currently available, is another option that can be used for certain types of prostate issues, as determined by your surgeon.

Greenlight laser surgery is an approach that is as effective as conventional surgery with fewer side effects. The use of laser involves vaporizing the excess prostate tissue rather than cutting it away, as is done during TURP.



<http://ramsayqds.fr/nos-soins-nos-soins/r%C3%A9section-de-la-prostate-par-laser>

RPP (retropubic prostatectomy)

This operation consists of removing the inner part of the prostate that is causing the obstruction through an incision in the lower abdomen.

It is performed when the prostate is too large.

TOBACCO

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain. We strongly suggest that you stop smoking completely 2 to 4 weeks before the surgery.

If you need help to quit smoking, don't hesitate to contact:

If you need help to quit smoking, don't hesitate to contact:

- Your CLSC at **450 978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (527-7383)**.

Website: tobaccofreequebec.ca/iquitnow/.

ALCOHOL

Avoid drinking alcohol **7 days before your surgery**. Alcohol can interact with some medications and increase the risk of bleeding and complications.



To get help to stop right now, contact the regional hotline (for Laval residents):

Alcochoix+ Laval at 450 622-5110, ext. 64005.

<https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>

DISCHARGE PLANNING

Before your operation, it is important that you prepare in advance for your return home.



- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.

EXERCISES

Exercising helps ensure that your body is in the best possible condition for your surgery.

If you are already exercising, keep up your good habits. If not, slowly start adding exercise to your daily routine.

Exercise does not have to be strenuous to be effective. In fact, a 15-minute walk is much better than doing nothing at all.

You can also start practicing the exercises you will need to do after surgery (see page 22).

PREOPERATIVE DIET

The goal of this diet is to ensure that you have the strength and nutrients you need to recover quickly.

Suggestions to boost your protein intake



	Add this	To this
	Skim milk powder or protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc.
	Milk (2% or 3.25% MF)	Hot cereals, soups, casseroles, hot chocolate (instead of water)
	Soy beverage	Smoothies, soups
	Greek yogurt	Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips
	Hard-boiled eggs	Sandwiches, salads, vegetables, potatoes, sauces and soups
	Peanut butter or nut butter	Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast, ice cream
	Tofu	Milkshakes, soups, casseroles, stir-fries, salads
	Canned dried peas or beans, legumes and lentils (if you can tolerate these)	Casseroles, soups, stews, salads, rice, pasta and dips
	Seeds and nuts (if you can tolerate these)	Salads, cereal, ice cream, yogurt
	Pieces of cooked beef, pork, poultry, seafood or fish	Salads, soups, scrambled eggs, quiches, baked potato, pasta



To complete your diet, you can also take a supplement such as Ensure or Boost.

ADMISSION DATE AND TIME

You will receive a call from the hospital's pre-admission department. The secretary will inform you of the date of your surgery. You will be informed of the time of your arrival at the hospital by phone **24 to 48 hours before** the surgery.



Date of your surgery: _____

Arrival hour: _____

SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery:

- You have a sore throat, a cold or the flu.
- You have a fever.
- You are taking antibiotics.
- You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- Redness, inflammation, discharge, wound or any other problem at the operating site.
- Any other discomfort.



Call immediately to inform the administrative officer at:

Urology 450 975-5394

BEFORE YOUR VISIT TO THE PREADMISSION CLINIC

Your record will be transferred to the hospital's Preadmission Clinic. Someone will call you with the date and time of your Preadmission Clinic appointment.

Date and time of your appointment: _____

During your Preadmission Clinic visit

You will:

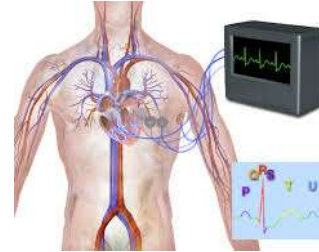
Meet with a nurse, who will explain how to prepare for surgery and what to expect during your hospital stay.

Have an ECG (electrocardiogram) if the nurse determines that you need one.

Have blood taken, if required. You will be sent to the hospital's test centre.

The nurse will tell you if you need more tests or have to meet with other doctors or professionals.

Normally, patients are discharged from the hospital about 2 days after surgery and the same day for laser surgeries. If you have any concerns about going home, talk to the pre-admission clinic nurse at your appointment.



CONSENT TO SURGERY AND ANESTHESIA



At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.

This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.

If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.

For further information about anesthesia, please read the guide on anesthesia and pain relief Information guide which the nurse will provide when attending your preadmission meeting.

The anesthesiologist will discuss with you on the morning of the operation which anesthesia (general or spinal) is best for you.

WHEN TO STOP OR CONTINUE YOUR MEDICATION

At your appointment with your surgeon or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.



- Aspirin[®], Asaphen[®], Rivasa[®], Entrophen[®], Novasen[®],
 Persantine[®], MSD AAS, Aggrenox[®] (dipyridamole/ASA), etc.
 Stop ____ days before your surgery.
 Do not stop this medication.
- Plavix[®] (clopidogrel)
 Stop ____ days before your surgery.
 Do not stop this medication.
- Effient[®] (prasugrel),
 Ticlid[®] (ticlopidine),
 Brilinta[®] (ticagrelor)
 Stop ____ days before your surgery.
 Do not stop.
- **Anti-inflammatory drugs** (e.g., ibuprofen such as Advil[®], Motrin[®] (including for children), Celebrex[®], Maxidol[®], Aleve[®], Naprosyn[®], etc.)
Stop 2 days before your surgery.
- **All natural products** (glucosamine, omega 3, vitamin E, etc.).
Stop 7 days before your surgery. Preoperative diet

You can keep taking drugs such as Tylenol[®], Tylenol[®] Extra-Strength, acetaminophen and Tempra[®] until midnight the night before your surgery.

If you are taking Coumadin[®], Sintrom[®], Pradaxa[®], Xarelto[®], Eliquis[®],
Lixiana[®]:

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.



You must follow this instruction.

The night before your surgery

You can eat normally.



The day of your surgery

For all users

Starting from midnight the night before your surgery:



- Do not eat solid food.
- Do not consume dairy products.
- Do not consume alcohol and do not smoke.
- For the consuming of clear liquids, refer to the tables on the following page.

THE DAY OF YOUR SURGERY

At home

The nurse will tell you if you need to follow the following beverage instructions:

- **You MUST remain fasting** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.



You can brush your teeth but avoid swallowing the water.

OR

- **You MUST drink clear fluids** before the surgery.

Allowed clear fluids include:

- Water
- Juice without pulp (no pulp is mandatory)
- Coffee or black tea (no milk)



Make sure that you **ONLY** drink these clear fluids and nothing else.

When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning.

Someone will call you 24 to 48 hours before your surgery and will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at...	I have to stop drinking clear fluids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.



You must follow these instructions to ensure your surgery is safe and to prevent serious complications.

HYGIENE BEFORE YOUR SURGERY

- Dexidin disinfectant soap (4%)**: The morning of the surgery, you must shower using the antimicrobial soap you purchased at the gift shop at the main entrance of Block C or Block D or at the pharmacy. You must use the soap from your chin to your toes and then rinse



Put on clean clothes after your shower.



No makeup, no nail polish (fingers and toes), no fake nails, no fake eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.

Do not shave the area to be operated on



Medication

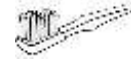
Take these medications **ONLY**
(with some water).



If you do not follow all these instructions, your operation may be cancelled.

WHAT TO BRING TO THE HOSPITAL

- This guide.
- Your valid, unexpired health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers.
- A complete list of your medications (ask your pharmacist for this list).
- Respiratory exercise machine (Respirex). If necessary, it will be given to you by the nurse at your pre-admission clinic appointment.
- Slippers, dressing gown, clothing and comfortable shoes.
- Tissues, toothbrush and soap.
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you use a cane, crutches or a walker, bring them to the hospital and label them with your name.
- Your CPAP, if you suffer from sleep apnea.
- Bring incontinence pants if needed.



Please leave all your jewelry and other valuable objects at home.

The hospital is not responsible for lost or stolen items.

(The lockers do not have locks).

Rings will have to be cut off if not removed beforehand.

WHEN YOU ARRIVE AT THE SURGERY UNIT

- On the day of surgery, you must report to RC-5 (block B), and you will be redirected to a unit to prepare for surgery.
- **Only one person** can accompany you.
- After you arrive at the unit, you should expect to wait a moment until being called for your surgery.
- Bring something to entertain yourself if you want to (something to read, a music player with headphones, etc.).
- Your room might not be ready when you arrive. In this case, you will be prepared in the day surgery unit. **Please leave your suitcase in your car.** The suitcase can be retrieved after your surgery once your room is available.



THE INPATIENT UNIT

- At your arrival, the nurse will help you to get ready for your surgery.
- She will give you an hospital gown to put on (you must remove all other clothing before leaving for the operating room)..
- She will proceed to a blood test if necessary.
- She will go over all preparations that you had to do before your surgery.

OPERATING ROOM

When the urologist will be ready to see you:

- You have to urinate before you leave.
- You may only wear the hospital gown and no other personal clothing.



You must remove your:

- Glasses, contact lenses;
- Underwear, jewelry and body piercings;
- Dentures, hearing, hair piece;

Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

For further information about anesthesia, please read “Role of anesthesia information guide”, the nurse will provide when attending your preadmission meeting.

IN THE RECOVERY ROOM

- You will wake up in the recovery room.
- No visitors are allowed in the recovery room.
- The staff will make you comfortable on your stretcher or bed.
- You will not be able to eat or drink right away. The nurse will allow you to do so when you are stable.
- When your condition is stable and your pain is well controlled, you will be transferred to the care unit.



RETURN TO HOSPITAL UNIT

The staff will make you comfortable on your stretcher or bed and take your vital signs several times.

Transurethral resection of the prostate does not require a dressing. Retropubic prostatectomy requires an incision closed with staples, covered with a dressing.

Both surgeries require the installation of a 3-way urinary catheter: one way is used to administer an aqueous solution that cleans the bladder and removes the blood present (Cystoflow®) and the other to collect the urine. The third line is used to inflate the balloon.

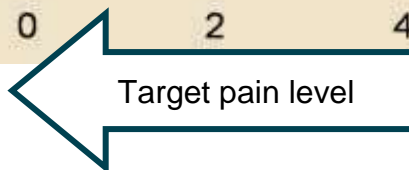
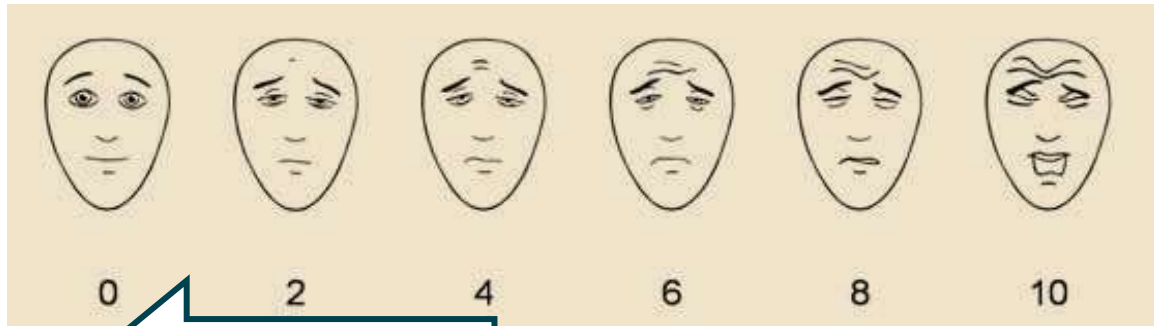
During the retropubic prostatectomy, a drain (tube) will also be installed near the wound to avoid an accumulation of fluid. The nurse will measure the amount of fluid coming from the drain. As soon as there is little fluid, the drain will be removed (2 to 3 days after the surgery). The removal of the drain may cause temporary pain.

The Greenlight Laser surgery (**not currently available**) does not require a dressing but you will have a catheter that you will keep at home for 24 hours and that will be removed in the urology outpatient clinic the day after your discharge. The day surgery nurse will teach you how to care for your catheter at home.

CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

You will be asked to assess your pain on a scale of 0 to 10.



Our goal is to keep your pain below 4/10

Pain relief is important because this will help you:



- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

Techniques to relieve pain

Means that can help you reduce your discomfort:

- Sitting or semi-sitting position.
- Getting up - walking.
- Administration of analgesics (medication to relieve pain).

Analgesia (pain medication)

- Injections (shots) will be given to you if your pain is too great. 
- Medication in tablet form (pill) will be given as soon as you can tolerate it or feed yourself. 

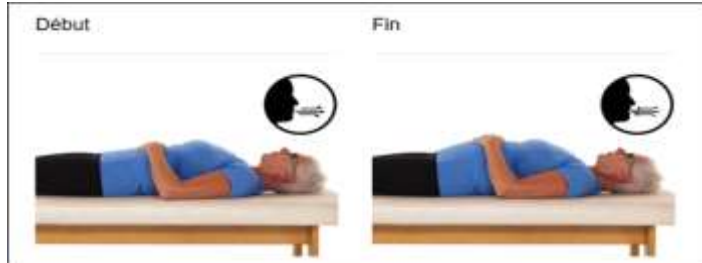
Start your circulation and other exercises as soon as you wake up (See page 22).

BREATHING EXERCICES

Deep breathing

To do as soon as you wake up

1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.
2. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.
3. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.



**This exercise is not easy to do.
Therefore, you need to practice before your operation.**

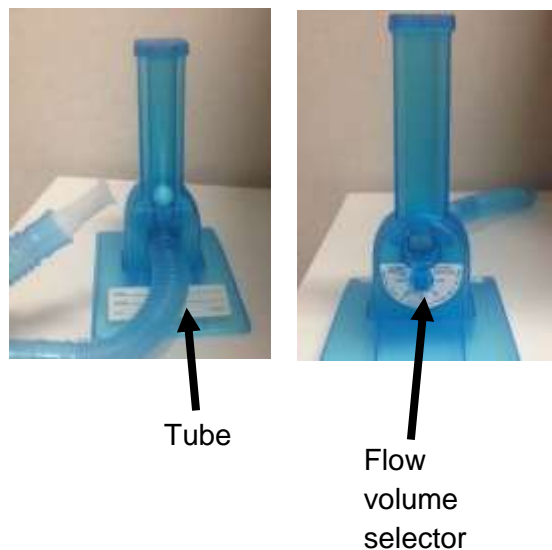
Spirometer

The preadmission nurse will give you this device if you need it.

How do I use it?

Remove the device from the package. Connect the mouthpiece to the tubing. Connect the tubing to the outlet on the other side of the flow volume selector.

1. Get into a comfortable seated position.
2. Adjust the level by turning the flow volume selector to the right that will increase the difficulty of the exercise).
3. Hold the device upright in front of you (if you lean it to the front or back, the exercise is too easy). Exhale normally.



4. Place your lips snugly around the mouthpiece and then inhale. Take in enough air to lift the ball.
5. Continue inhaling to keep the ball elevated for 3 seconds. This step lets you expand your lungs as much as possible. Hold your inhalation for 3 seconds, even if the ball drops back down.
6. Then, breathe out through your mouth through pursed lips. Take a break to breathe normally, and then try again.
7. Repeat steps 4 to 6 for about 5 minutes per hour or as per your nurse's instructions.

Keep the device near you so that you remember to do the exercises. Between uses, you can keep the mouthpiece attached to the end of the tubing.

Spirometer breathing exercises helps you:

- Eliminate lung secretions to prevent respiratory complications.
- Regain and maintain good lung expansion.
- Stimulate the breathing reflex, which is slowed by anesthesia and pain medication.
- Improve your well-being and resume your usual activities more quickly.

CIRCULATION EXERCICES¹

These exercises encourages blood circulation in your legs while you are lying down. They are very important because they can prevent serious complications, such as blood clots in the veins of your legs (thrombophlebitis).

Toe flexion and extension

While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



Image: Wikimedia Commons (2017)

Ankle rotation

While lying on your back or sitting, make ankle circles from left to right and then from right to left. Repeat this exercise 30 times a minute for 1 to 2 minutes, every two hours.



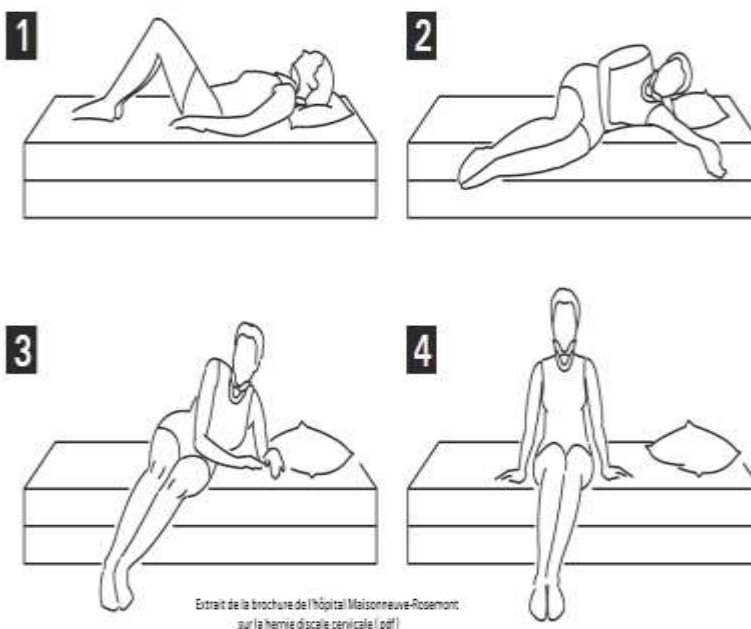
Image: Wikimedia Commons (2017)

¹ Les exercices circulatoires sont tirés de Paradis et Poissant

GETTING UP

When you get up for the first time, a staff member will be there to assist you, however, you should only get up at your own pace. You need to walk and increase the distance you walk each time you get up. Increase your pace gradually.



To help you get in and out of bed, you need to raise slightly the head of your bed.



1. Lying on your back, bend your knees. Turn toward your non-operated side.
2. Push against the mattress using your elbow on the non-operated side and your other hand to sit up on the edge of the bed. Slide your legs over the bed at the same time.
3. Hold the sitting position on the edge of the bed or stretcher for a few minutes, as you may feel dizzy. Take deep breaths and exercise your ankles (rotation) slowly.
4. When you feel comfortable, slide your buttocks quietly to the edge of the bed or stretcher to allow your feet to touch the floor.

N.B.: If you are not feeling well, tell the nurse or attendant immediately; the staff will help you sit in the chair if necessary.

YOUR DISCHARGE FROM THE UNIT

- Your urologist is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home. 
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain. 

The nurse will give you a follow-up appointment with your urologist. You must absolutely go to this appointment, even if you feel well:

Urologist name: _____

Date & time of appointment: _____

Location: _____



You will receive a proof of hospitalization or medical leave from work form if you need one. Your urologist should be notified if you need these documents.



If you have insurance forms that need to be completed, contact your urologist secretary at his private office. (See urologist referral on page 32).

- All forms must be forwarded to the private office. No forms will be filled out at the hospital on the day of surgery.

ONCE YOU GET BACK HOME - INSTRUCTIONS

Your incision

Transurethral resection of the bladder (TURB) has no incision on the belly; this procedure is performed through the natural route of the penis.



Retropubic prostatectomy (RPP), has an incision on the lower abdomen closed with staples and a bandage. A sensation of numbness or burning around the wound is possible. This sensation will gradually disappear.

Hygiene

For RPP, do not wet the dressing.

When the dressing is removed and there is no discharge for 48 hours at the staple sites, showering is allowed.



The staples are removed after 7 to 10 days by the CLSC nurse. A reference will be made to this effect when you are discharged from the hospital.

If you have Steri-Strips® installed after the removal of the staples, they will fall out after 8 to 10 days, otherwise you can remove them.

You can take a shower with the staples. Wait until they have fallen off to take a bath.

The wound can be cleaned with a mild, unscented soap, rinsed well and dried.

CATHETERS

Catheter care (TURP, RPP)

The urinary catheter with irrigation (Cystoflow), is in place for 1 to 2 days after the operation, until the urine is almost clear.

The urinary catheter is also installed to facilitate the healing of the surgical site (urethra) and to drain the urine from the bladder. A balloon placed in the bladder at the end of the catheter prevents the urine from coming out.



Ccpma sonde foley 3 voies rusch (010)

Bladder spasms

The bladder catheter (catheter placed in the bladder during surgery) may cause you discomfort. You may feel the need to urinate. You need to relax as the urine flows uncontrolled through the catheter.

This discomfort is related to the spasms caused by the inflated balloon at the end of the catheter. The balloon allows the catheter to stay in place, but when it touches the bladder wall, it can make you feel like you need to urinate.

If bladder spasms are severe, they can cause urine to leak around the catheter. This is not dangerous.

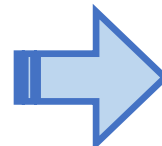
N.B. You can get pantliners, sold in pharmacies, specifically designed to protect against this discomfort, if you leave the hospital with the urinary catheter.

Removing the catheter

Removing the catheter may make you feel anxious. Don't worry, it's not painful. The urologist or nurse will deflate the balloon and gently pull the catheter out.

After the catheter is removed, you may notice that your urination control is not perfect:

- The urge to urinate may come on very quickly;
- You may have pain when urinating;
- The urine stream is slower (the urine drips...)



**This will
gradually
disappear**

Remember to urinate as soon as the need arises (bring a pad to put in your underwear to minimize discomfort, if required).

Some men may go home with the urinary catheter (without irrigation), which will be removed a few days later by the CLSC nurse, according to the urologist. A document on "catheter care" will be given to you by your nurse when you leave the hospital and she will teach you how to take care of the catheter and the drainage bag. You can shower with a urinary catheter.

Because of the presence of blood in your urine or small blood clots for up to 6 weeks after surgery, it is recommended that you drink every hour when you are awake max of 8 to 10 (250 ml) glasses per day, if you have no medical restrictions, to help clean your bladder and urethra properly.

Beware of constipation! Avoid straining to pass stool as this can cause bleeding from the healing prostate gland. See the "Diet and Hydration" section below for tips on this.

NUTRITION AND HYDRATION

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.



If you have nausea (you feel sick to your stomach), start by drinking clear fluids and gradually increase the amount and change the texture of the foods you eat as you can tolerate them.

To avoid constipation, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



If, despite these tips, you are unable to have a bowel movement:

You can use a mild laxative such as Metamucil[®], Colace[®], Lax A day[®]

or

Prodiem[®] at a pharmacy. Ask your pharmacist for advice.

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

ACTIVITIES



You can drive when:

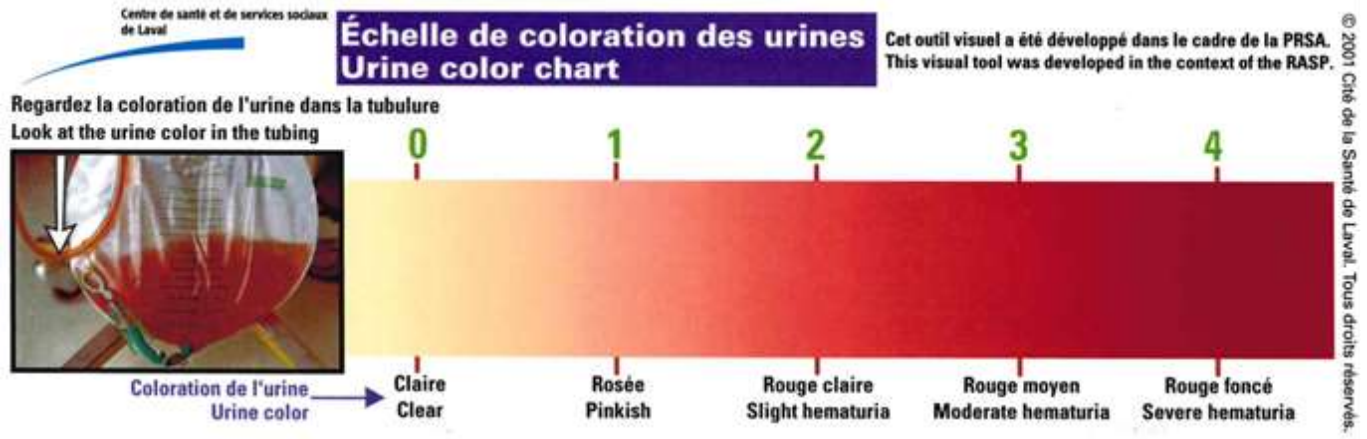
- You no longer feel dizzy.
- You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.

- Depending on your procedure, you may have to follow certain instructions. The urologist or the nurse will give you the necessary instructions. Do not hesitate to ask questions.
- You should continue to be active after surgery, but alternate with periods of rest. It is normal to feel tired.
- Pain should not prevent you from doing your daily activities such as dressing, bathing or eating. Take your pain medication if the pain is too severe and at least 30 minutes before doing your activities, if applicable.
- Walking is one of the best exercises. Increase the distance you walk each day and alternate with rest periods.
- Avoid heavy lifting (more than 10 kg or 20 lbs), strenuous physical activity and sexual activity for 3 to 4 weeks.
- The only sexual change is that ejaculation will be retrograde, meaning that there is no seminal fluid at the time of ejaculation, as it will go into the bladder. The ability to have an erection does not change. This should not affect your pleasure or that of your partner.

Your urologist and the nurse will explain the details of your recovery. This depends on the operation and the type of work you are doing. It is usually 6 weeks for TURP and 8 weeks for RPP.

URINE COLOR CHART

To monitor the color of your urine after surgery and to ensure that it returns to normal, your nurse will give you this urine color chart.



Do not forget to drink 1 glass of water every hour while awake



Urine color is **0 or 1** → **normal**

Urine color is **2** → **drink 1 glass of water every 30 min. until the color returns to 0 or 1**

Urine color is **3 or 4** → **call your C.L.S.C.**

CLSC - CHSLD Ste-Rose: (450) 622-5110
CLSC des Mille-Îles: (450) 661-2572
CLSC – CHSLD du Marigot: (450) 668-1803
CLSC – CHSLD du Ruisseau-Papineau: (450) 687-5690
CLSC of your area:

If you live in Laval, a referral to your CLSC will be made when you are discharged from the hospital and you can contact them as described above.

If you are from outside Laval, see the references on page 32.





COMPLICATIONS


If you have difficulty breathing:

Immediately call Urgence-santé at 911



If you have one or more of the following signs or symptoms:

 <p style="text-align: center;">Fever (38.5 °C or 101 °F or higher) for more than 24 hours</p> <p style="text-align: right; font-size: small;">Image: Pixabay</p>	<p>Your pain increases and is not relieved by medication.</p>  <p style="text-align: right; font-size: small;">Image: bloggerbin56.blogspot.com</p>
 <p style="text-align: center;">You have cramps or constant pain in your calf.</p> <p style="text-align: right; font-size: small;">Image: flickr</p>	<ol style="list-style-type: none"> 1. Signs of surgical site infection: <ul style="list-style-type: none"> ➤ Redness. ➤ Pain. ➤ Swelling. ➤ Yellowish or greenish discharge. 2. Significant bleeding from the operated area or urine (with or without clots) 3. If the following symptoms persist: <ul style="list-style-type: none"> ➤ Burning sensation when you urinate; ➤ Feeling of not emptying the bladder; ➤ Frequent need to urinate; ➤ Cloudy urine (not clear). ➤ Inability to urinate for 8 hours  <p style="text-align: right; font-size: small;">Image : Pixabay</p>



Contact an Info-Santé nurse at 811 at any time (24 hours a day)

For all other questions, contact one of the resources listed on the next page.

RESOURCES



Pour toute urgence, composez le 911.
Pour des conseils de santé, composez le 811.
24 heures sur 24, 7 jours sur 7

Outpatient clinics

Preadmission (preoperative only) 450 975-5566
Urology.....450 975-5913, option 4

Private offices of Urologist surgeons in Laval

Policlinique Concorde
300, boulevard de la Concorde est, Laval 450 667-5310

CLSC

Laval area

Accueil première ligne..... 450 627-2530, ext. 64922
CLSC des Mille-Îles 450 661-2572
CLSC du Ruisseau-Papineau 450 682-5690
CLSC et CHSLD Sainte-Rose..... 450 622-5110
CLSC de l'Ouest-de-l'île 450 627-2530
CLSC et CHSLD Idola-Saint-Jean 450 668-1803

Laurentian area

Centre intégré de santé et de service sociaux des Laurentides:

Thérèse de Blainville 450 433-2777
Des sommets 819 324-4000
St-Jérôme..... 450 432-2777
Pays d'en haut 450 229-6601
Jean-Olivier Chenier..... 450 433-2777
Argenteuil 450 562-3761
Antoine Labelle 819 275-2118

Lanaudière area

Lanaudière Sud 450 654-2572
Lanaudière Nord 450 839-3864

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McGill University Health Centre. Patient Education Office. (2013). *A Guide to Your Bowel Surgery*.

Web sites:

Association des urologues du Canada. (2014). *Résection transurétrale de la prostate (RTUP)*. www.cua.org/fr

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**Centre intégré
de santé
et de services sociaux
de Laval**

Québec 

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