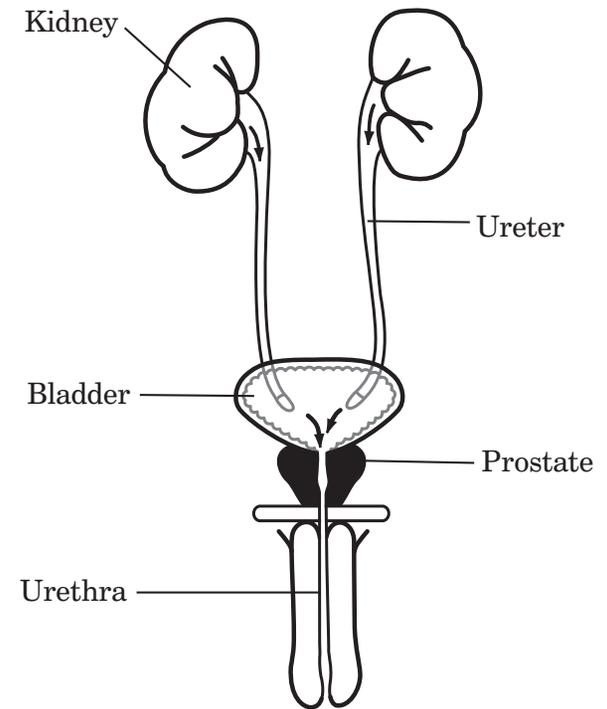


Holmium Laser Enucleation of the Prostate

Discharge Information

General Information

A removal of the prostate is usually done under a spinal or general anesthetic. A laser is used to take out excess prostate tissue growth.



Important Points

Diet:

- Remember that a well-balanced diet is important for wound healing
- Drink 12-14 glasses of water a day to keep urine flowing, unless your doctor tells you not to

Avoid the following:

- straining during bowel movements
- alcohol and caffeine (i.e. coffee, tea, cola's), until bladder symptoms settle (alcohol and caffeine may worsen your symptoms)
- spicy foods (they may produce substances in your urine that irritate the healing area)

Activity:

When you are home:

- You should rest the day after your surgery
- Do not lift anything over 15 lbs or 6.8 kg for the next 3 weeks

Once your catheter is taken out:

- You may start to take short walks
- Do not take long walks for 2 weeks after your surgery
- Avoid strenuous exercise (tennis, hockey, weight lifting over 15 lbs or 6.8 kg) for at least 4 weeks after after your surgery to reduce your chance of bleeding

Medications

- You may get a prescription for pain medication. Some of these medications can cause **constipation**.
- Include high fiber in your diet to prevent constipation. Eat full grain breads, bran cereals (All Bran, Bran Buds, Fruit & Fiber), fruits (prunes, raisins, dates), and vegetables. Avoid bananas and apples as they may cause constipation.
- Ask your doctor or pharmacist about a mild laxative or stool softener if constipation is a problem for you.
- If on Aspirin (ASA) or anticoagulants, restart when told by your surgeon.
- Restart all regular medications. You may have been told to stop your previous prostate medications after your surgery. If you are unsure about this, please call your surgeon's office.
- Do not drink alcohol when taking pain medication.

Catheter:

You will have your catheter removed the next day in most cases. Your surgeon will let you know if he wants you to leave the catheter in for a longer time.

If you are sent home with a catheter:

- Do not be worried if there is blood-tinged urine in your catheter bag (it only takes ½ teaspoon of blood in 1 liter of urine to change the colour red).
- Before you leave the hospital, the nurses will teach you how to take your catheter out. They will also give you written instructions.
- **When you get home, if you can't take out your catheter, call your surgeon's office for instructions.**

Blood Tinged Urine:

You can expect:

- some blood in your urine for at least 2–3 weeks after the surgery

Voiding (urinating):

You may have:

- little warning before you have to void (this will get better over time as the bladder heals itself, now that the obstruction from the enlarged prostate has been relieved).
- some urinary leakage when you cough, laugh, or lift anything heavy after the prostate surgery. Do not worry as this leakage gets better in most patients within the first few weeks after surgery. In a small number of patients, the leakage may take up to 3 months or longer to get better.

Bathing:

While your catheter is in place:

- You may shower and you can wash around the catheter and penis with a mild soap and water
- Do not take a bath
- Do not place any creams or ointments around the tip of the penis

Sexual Activity:

You may resume sexual intercourse at 4–6 weeks after surgery if you are not having any problems. However, if you have any concerns about resuming sexual activity, wait until your surgeon has seen you in your follow-up appointment.

Follow-Up Appointment

Your surgeon will see you in 3 months for follow-up. Write down any questions you want to ask at your visit. Call your surgeon's office if they have not contacted you within 3 months.

Notify your doctor or go to the Emergency Department if you experience any of the following:

- heavy bleeding when you void (looks like tomato juice with blood clots)
- if you are unable to urinate for more than 5–6 hours even though you have had lots of fluids
- chills, fever above 38°C (100.4°F)
- severe abdominal or back pain
- persistent nausea and vomiting

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