



# Prostate Surgery Patient Guide

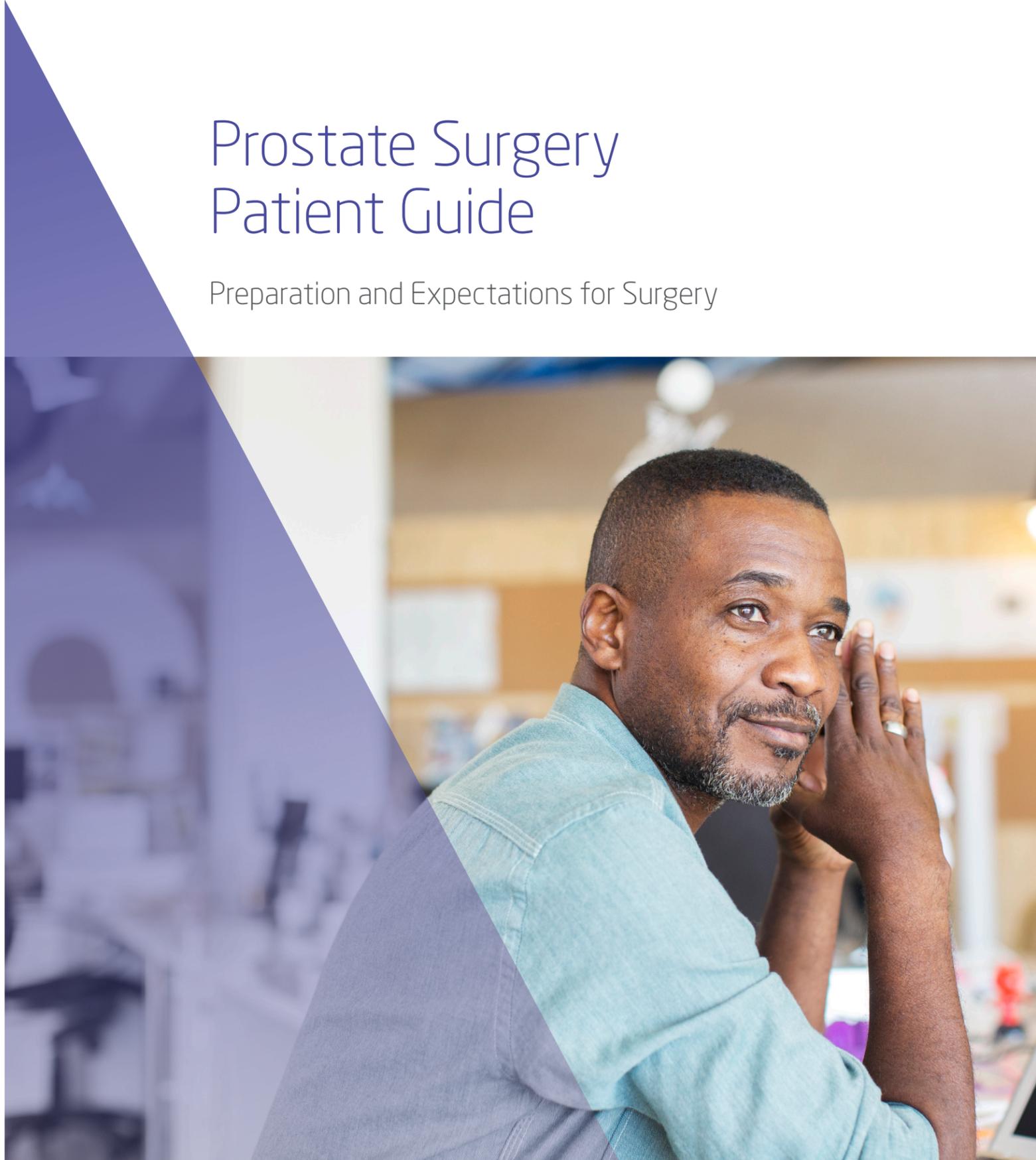
Preparation and Expectations for Surgery



**Polsky Urologic Cancer Institute of the Robert H. Lurie  
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[urology.nm.org](http://urology.nm.org)



Northwestern Medicine is committed to providing excellent care and an outstanding patient experience. This booklet will help you to know what to expect during your hospital stay and recovery. Please bring it to the hospital when you have your surgery.

You are the most important member of your care team. We look forward to working with you. Thank you for choosing Northwestern Medicine.

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# Preparing for your surgery

## Things to do

### Step 1: Schedule your pre-operative (pre-op) evaluation

Prior to your surgery, you will need to have a pre-op evaluation in the Pre-operative Clinic (pre-op clinic). This may involve either a phone screen or an in-person clinic visit, depending on your medical history.

Our surgical schedulers may set up the pre-op evaluation for you. If they do not, please call the pre-op clinic at 312.926.4566 and ask for an appointment date that is 7 to 30 days before your scheduled surgery (the sooner the better).

At the clinic, you will meet with specialists in pre-op medicine who will focus on evaluating and preparing you for anesthesia and surgery.

Our surgeons prefer that you have your pre-op evaluation at the pre-op clinic. If you choose instead to see your primary care physician for your pre-op evaluation, you will need to schedule a pre-op phone screen to be completed after the evaluation. The appointment for a phone screen should be made as soon as you have an appointment

#### Northwestern Memorial Hospital Pre-operative Clinic

Lavin Family Pavilion  
259 East Erie Street, 17th Floor  
Chicago, Illinois 60611

Phone: 312.926.4566  
TTY: 312.926.6363

Hours:  
Monday through Thursday, 8:00 am to 5:00 pm  
Friday, 8:00 am to 3:30 pm

with your primary care physician. Any evaluation or completed testing should be sent to the pre-op clinic prior to your phone screen.

#### What to expect at the pre-op evaluation

The pre-op clinic appointment will consist of a thorough review of your health history. A physical assessment will be completed for in-person visits. The clinic follows testing guidelines that will determine what type of testing you will need to undergo to adequately prepare you for surgery. This might include

blood tests and urine cultures, or more extensive testing like an echocardiogram or electrocardiogram (EKG).

You will receive medication instructions for surgery at the time of your appointment. Your team will also discuss with you your options for anesthesia and address concerns you may have about anesthesia. The providers in the pre-op clinic are specialists who can best prepare you for anesthesia and for care before, during and after surgery.

You may eat, drink and take your medications before your pre-op clinic appointment. Clinic visits last approximately 60 to 90 minutes, whereas a phone screen will last approximately 45 minutes.

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When you attend your pre-op appointment, please remember to bring:

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Photo ID

List of medications and dosages, including prescription and non-prescription, and herbal supplements

List of allergies

Name and phone number of your primary care physician and any other specialists caring for you, as well as names and phone numbers of facilities where you may have received prior treatment or testing

Any other relevant medical records or information that may be kept outside of Northwestern Medicine or its affiliates

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### Step 2: Complete blood type testing

You will need to have blood drawn for a type and screen test **no more than 34 days before** your surgery. This identifies your blood type in case blood products are needed during surgery.

Note: If you have ever been told that you have antibodies in your blood or difficulty crossmatching blood, or if you have had a blood transfusion in the past 3 months, you will need to have the type and screen test done **no more than 3 days before** surgery. Do NOT do it sooner.

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Complete the test at one of these locations:

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#### Pre-operative Clinic

259 East Erie Street, 17th Floor, Chicago  
Call 312.926.4566 to schedule an appointment.

#### Diagnostic Testing Center

Arkes Family Pavilion  
676 North Saint Clair Street, 2nd Floor, Chicago  
312.926.4200

No appointment is needed at this location.  
Hours: Monday through Friday, 7:00 am to 7:00 pm, and, Saturday 7:30 am to noon

TTY for the hearing impaired, 312.926.6363

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### Step 3: Identify your healthcare decision maker

Before surgery, you will be asked to name someone to make medical decisions for you if you are unable to make your own decisions. If you already have a living will or healthcare power of attorney, please be sure to bring a copy with you on the day of surgery.

If you would like to make a living will when you arrive for your surgery, please let your nurse know. We will be happy to assist you with the process.

### Step 4: Verify your insurance

Please call the surgery schedulers at 312.695.8146 to verify your insurance before surgery.



### Step 5: Begin discharge readiness planning

Discharge readiness planning starts right after your surgery. Please schedule a ride home from the hospital between 10 am and noon the day following your surgery.

If you need to change your surgery date, contact the surgery schedulers at 312.695.8146.

### Important things to know and do

#### Smoking cessation

Smoking has been linked to poorer surgical outcomes and perioperative complications. If you smoke, we strongly recommend that you try to stop prior to surgery. Your primary care provider should have resources available for you.

#### Lifting precautions

If your work requires that you be able to lift, push or pull more than 25 pounds, you may need to take an extended leave. Please discuss this with your surgeon.

### Medication use before surgery

Be sure to tell your surgeon what medications you are taking, including prescription and over-the-counter medications, and herbal supplements. You may need to stop taking certain medications before surgery; be sure to discuss this with your physician.

If you have Type 1 diabetes and are taking insulin, please consult with your endocrinologist prior to surgery.

If you are taking any blood thinners, such as Coumadin® (warfarin) or Plavix®, you may need to stop this medication prior to surgery. Please discuss this with your cardiologist prior to your procedure.

Stop taking aspirin or any medications that contain aspirin at least 7 days before surgery. However, if you are taking aspirin for a specific reason, such as heart disease, history of stroke or stents, please contact your cardiologist for instructions and notify your surgeon.

Stop taking any anti-inflammatory medicine such as ibuprofen (Advil®, Motrin®) and all herbal supplements at least 7 days before surgery.

You may take acetaminophen (Tylenol®) to relieve minor pain prior to surgery.

If required, start your bowel preparation as directed by your physician.

### Medications you may need after surgery

You may want to purchase medications before your surgery so you have them when you go home. Common over-the-counter medications you may need after surgery are:

- Ibuprofen
- Tylenol
- Colace®

### The day before surgery

The day before your surgery, or on Friday if your surgery is on Monday, **a pre-op nurse will call you between the hours of 2 and 5 pm** to discuss:

- Arrival time and place, and estimated surgery time
- Diet and medication guidelines before your surgery
- Discharge timing, or if you require a hospital stay
- Confirmation of your ride home

If you do not receive a call by 5 pm, missed the call, or would like to talk with the pre-op nurse, please call the appropriate number before 7 pm:

Feinberg Pavilion: 312.926.5450

TTY for the hearing impaired: 312.926.6363

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### What to eat or drink before surgery

**Unless otherwise instructed**, please follow these guidelines. Failure to follow the instructions you are provided may cause your surgery to be delayed or canceled.

**Do not use tobacco or eat anything after midnight the night before surgery**, including:

- Gum
  - Mints
  - Cough drops
- 

**Up to 2 hours prior to your scheduled arrival time** at the surgery center, you may have only the following beverages:

- Plain water
  - Apple juice
  - Gatorade
  - Black coffee/tea (no milk or cream; sugar and artificial sweeteners are allowed)
- 

Please be aware that surgery times may change and are not final until 2 pm, 1 business day prior to surgery.

## Day of surgery

- Do not chew gum or tobacco, smoke, or eat mints or hard candy. Shower and wash your hair. You may brush your teeth, but do not swallow water if you brush your teeth less than 2 hours before you are scheduled to arrive at the surgery center.
- Please arrive for surgery as instructed by the pre-op nurse, often 1 to 2 hours before your surgery.
- Remove all jewelry, including rings and piercings. Do not bring valuables to the hospital.
- Wear loose-fitting clothing and comfortable walking shoes.
- Avoid wearing eye makeup or contact lenses.

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### Please remember to bring:

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Photo ID and medical insurance card.

Advance directives, living will or healthcare power of attorney (if applicable).

Current list of all medications, including prescription and over-the-counter medications, and herbal supplements. The hospital will supply you with your medications during your stay.

List of allergies.

CPAP device if you have sleep apnea.

Any assistive devices or equipment needed after surgery.

Books and magazines to pass the time.

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### What to expect the day of surgery

During your pre-op clinic visit, you may be directed to take some of your regular medication the morning of your surgery.

### Check-in

Check in at the Ambulatory Surgery Department. This is on the 5th floor of the Galter Pavilion.

### Pre-op process

You will meet members of your care team. This includes the anesthesiologist, surgeon, operating room nurses and others who will help you through your surgery and recovery.

The **anesthesiologist and the anesthesia team** will review your medical history and medications, and then decide the best type of anesthesia for you. If you have crowns, bridges or loose teeth, be sure to let the anesthesiologist know so that extra care can be taken.

Your **surgeon and the surgical team** will review the surgical plan with you and answer any questions you have.

You will put on a hospital gown, and an intravenous (IV) catheter will be placed in your arm. Fluids and medications will be given through this tube. You may receive an antibiotic through this tube before surgery.

To help prevent blood clots, sequential compression devices (SCDs) will be placed on

your legs in the operating room. These inflate and deflate to gently squeeze your legs every several seconds.

A urinary catheter will be inserted during surgery to drain your urine. You will go home with this catheter for 7 to 14 days or at the discretion of your surgeon.

### Family

Your family can stay with you until you go into surgery. They can then wait in the family waiting room where they will receive regular updates. To help pass the time, they may wish to bring something to read or another quiet activity.

When your surgery is done, the surgeon will meet with your family or reach them by phone in the waiting area. The surgeon will discuss how your surgery went and answer any questions.

It may be helpful to name a family spokesperson. This person can then update family and friends about your condition. Please know that we will not share your medical information by phone to outside callers.

## Recovery in the hospital

### Post-surgery care

#### The Post-anesthesia Care Unit

After your surgery, you will begin your recovery in the Post-anesthesia Care Unit (PACU). In the PACU, you will have your vital signs checked frequently by a nurse and will be monitored as you come out of anesthesia. You may be in the PACU for several hours until you are stable and a room is available in the inpatient nursing unit.

#### Inpatient nursing unit

You will be transported from the PACU to the inpatient nursing unit where you will remain for the duration of your stay. You will receive a discharge readiness checklist soon after you arrive on the unit.

#### Your care team

Your healthcare team includes your surgeon, resident physicians, nurse practitioners, staff nurses and patient care technicians. They will care for you throughout your stay and make sure that you are ready for discharge.

#### Shift change

Nurses change shifts between 7:00 and 7:30 am and again between 7:00 and 7:30 pm. Nurses discuss your care at your bedside during these times, and we encourage you to participate in these conversations.

#### Meals

Breakfast, lunch and dinner will be delivered to your room. A catering associate will come before lunch and dinner to take your order. After dinner, they will return to take your order for breakfast the next day. **We recommend small amounts of light food at first until your bowels begin to move.**

#### Blood draws

Blood draws are done between **3 and 5 am** so that your physician can review your results early in the day and order any necessary tests or medicines you may need.

#### Hourly checks

Your nurse or patient care technician will check on you every hour to help ensure we are meeting your needs. If you need anything

in between those times, press the call light button for assistance.

A charge nurse or clinical coordinator will be on duty at all times to address any concerns you have.

#### Patient education resources

We have a variety of educational videos for you to watch from your patient room TV. Topics include medications, relaxation, nutrition, medical conditions, special procedures and self care. Your nurse can show you how to access these videos. We would like you and your family to learn about catheter care as early as possible. Before you are discharged, your nurse will provide hands-on education about how to care for your catheter at home.

#### Visiting hours

Visitors are welcome every day between 8:30 am and 9:00 pm. One adult may stay overnight with you in your room.

#### Early activity and walking

Unless otherwise instructed by your surgeon, we will help you get up and walk on the same day as your surgery. We expect you to try to walk every 90 minutes and spend most of the day in the chair rather than the bed.

- You should sit up in the chair during meals, 3 times per day.
- We expect you to walk every 90 minutes while awake, or 8 to 9 times per day.

Note: For your safety, a nurse will need to assess your steadiness on the day of surgery or the morning after. Please do not attempt to get out of bed without help.

#### SCDs

Wear SCDs on your legs at all times when you are in bed to help prevent blood clots.

#### Incentive spirometer

Use this 10 times every hour while you are awake to help prevent lung problems, such as pneumonia.

#### Diet

Unless otherwise instructed by your surgeon, you will begin with a clear liquid diet. The day after surgery, we will advance your diet as long as you have no nausea or vomiting. Small, frequent amounts of light food is recommended until normal bowel movements return. We suggest foods that are easier to digest, such as fish or chicken; cooked, canned or steamed vegetables; and fruits.

#### Urine output

We will be checking your urine output from a catheter. It is normal for a catheter to make you feel like you have to urinate. This generally improves with time. You will be

discharged with a catheter and will use it at home for 7 to 14 days or at the discretion of your surgeon.

#### Getting in and out of bed

When you get in and out of bed, move your shoulders and hips together in one “log roll” motion. Avoid twisting.



#### Catheter care

You will be going home with a catheter to use for 7 to 14 days. We encourage you to start learning as soon as possible from your nurse how to care for your catheter.

Emptying your bag: Drain your bag every 2 to 4 hours or before it becomes full.

1. Wash your hands with soap and water.
2. To drain the bag, flip the clamp downward and point it toward the toilet bowl.
3. Direct the flexible outlet tube to control the flow of urine. Release the metal clamp.
4. Do not disconnect the bag from the catheter to empty it.

Steps for catheter care (to be done 2 times a day):

1. Wash your hands with soap and water.
2. Wet a washcloth with water and put 2 pumps of Hibiclens® “pink soap” (given to you at discharge) on the wet washcloth.
3. Clean the area where the catheter enters your body. Then, wash 3 to 4 inches along the outside of the catheter.
4. Rinse the soap off the entire area around the catheter and down the catheter with warm water.



### Incision care

Your nurse will check and care for your dressing and incisions.

### Drains

During surgery, you may or may not have a drain placed near the incision. Your surgeon will decide whether to place a drain. The drain tube will exit through a small incision in your skin and may be held in place by a stitch. The tube will connect to a suction collection chamber, which is shaped like a bulb.

Your nurse or patient care technician will empty the drain as needed. If it seems full, please notify your nurse. Most of the time, the drain will be removed prior to discharge.

### Showering

You may shower. If you have dressings, your nurse will change them afterward unless instructed otherwise.

### Bowel function

It is normal not to have a bowel movement right after surgery. We will give you medication, such as Colace, to help gently stimulate and soften your stool. Do not strain. You should have a bowel movement within 2 to 5 days after surgery.

### Lifting precautions

Try not to lift more than 5 pounds (about the weight of a gallon of milk) for the first 4 weeks after surgery. You can gradually increase the amount of weight after 4 weeks as tolerated.



© Medbridge

Only use Hibiclens soap in the area around your catheter. Do not wash your whole body with this soap. Do not use this soap on your face.

You may notice dried blood around the outside of the catheter. It can be removed by gently wiping with a wet washcloth. Do not use alcohol on the area where the catheter enters the body or on the tip of the penis. This is very drying to the skin and can cause irritation. If the dried blood is hard to remove, pour an ounce of hydrogen peroxide on it. Let the peroxide soak in for about a minute. Rinse, and wash with soap and water.

### Additional instructions:

Before taking a nap, empty the catheter bag so it does not overflow while you are sleeping.

Urine must always drain "downhill." Always keep the bag below the level of your bladder.

Avoid kinks in the drainage system.

While in bed, avoid lying directly on the tubing.

Always make sure your catheter is secured. Allow enough slack so the catheter will not pull when you move your leg.

Apply Bacitracin® to the tip of the penis or entry point of the catheter 4 times a day. We will give this ointment to you before you go home.

# Pain assessment and management

You are likely to have some pain during your recovery. Most patients have soreness in their abdominal muscles after surgery. The goal of pain management is to reduce significant pain. Our goal is to reduce your pain as much as possible to help ensure you can be mobile and out of bed.

Your physician will order pain medication for you as needed. However, it is important to tell your nurse when the pain first begins because it is easier to control your pain before it becomes severe.

We use the following scale to rate and describe your pain: 0 is no pain, and 10 is the worst pain you have experienced. See the pain scale below. Following surgery, your pain control goal is 4 (or less) out of 10 while at rest.



© Mosby Pain Rating Scale

## IV pain medication

We generally try to use non-narcotic pain medication, such as Tylenol or ibuprofen. This can be given through your IV tube or orally.

## Oral pain medication

Once you are able to eat some food without nausea, we will give you oral medication for pain relief. Oral medications tend to control your pain for longer periods of time. **Ask your nurse for pain medication before your pain becomes severe.**

Typically, patients are able to manage pain at home with oral over-the-counter pain medications, such as Tylenol or Advil.

Most patients are able to control their pain without narcotic medications and are not prescribed these medications for home use. Common side effects of narcotic medications include:

Constipation	Sleepiness
Nausea and vomiting	Dizziness and lightheadedness
Itching	Shallow breathing

After surgery, you will receive a stool softener or a laxative to help prevent constipation.

In addition to medication, there are other options for managing your pain:

**Heat therapy:** To ease muscle aches, migraines and headaches, please ask your nurse for heat packs.

**Cold therapy:** To ease swelling and incisional pain, please ask your nurse for cold packs.

**Education and relaxation videos:** You can play videos on demand on your TV.

1. Turn on the TV in your room.
2. Press the home button.
3. For patient education videos, scroll to Patient Education > Care & Treatment > Urinary Catheter Care.
4. For relaxation videos, scroll to Health & Wellness > Relaxing Through the Seasons.

**Positioning:** Another simple strategy for pain control is changing your position in the bed or chair, or walking to improve comfort.

**Distractions:** Watching TV, listening to music, engaging in visualization, reading a book, assembling a puzzle, and visiting with friends and family can help to keep your mind off the pain.

**Walking:** Getting up and moving will help ease any gas pain.

## Obstructive sleep apnea

Patients with obstructive sleep apnea (OSA) are at a higher risk for complications after surgery. OSA is a serious sleep disorder in which breathing stops and starts during sleep. You will be screened for OSA before surgery in the pre-op clinic. **If you have sleep apnea, you will be using a continuous positive airway pressure (CPAP) machine.** If you don't have one, we will provide one for you to use while you are in the hospital. If you have brought a CPAP machine and mask, **please bring your prescribed settings.**



CPAP machine

Your oxygen level will be monitored after surgery for 72 hours. This will be done by a sensor called a pulse oximeter that you will wear on your finger.



Pulse oximeter

## Preventing complications after surgery

### Deep vein thrombosis

Staying in a hospital without moving around can increase your risk of developing a harmful blood clot. The blood clot can partially or totally block blood flow in the vein. Deep vein thrombosis (DVT) is a blood clot that can form in a deep vein of the body. DVT occurs most often in the veins of the leg. The blood clot can break off and travel to the lungs, resulting in a pulmonary embolus, which can be life-threatening. DVT can be prevented. If you have a history of blood clots, please inform your surgeon and anesthesiologist.

Here are some ways to help prevent DVT:

**Early activity and walking:** Unless otherwise instructed by your surgeon, you should get out of bed with help and walk around as tolerated the evening of your surgery. Moving around will not only expand your lungs but will also help prevent blood clots in your legs.

**Please do not get out of bed without help on the day of surgery and the morning after.**

**Blood thinner injections:** Some surgeons use blood thinner medication, which helps to prevent blood clots from forming. It is most often given as an injection with a small needle under your skin. You may get several injections throughout the day and night.



**SCDs:** You will wear SCD sleeves around your calves. The sleeves will gently squeeze your legs to keep blood moving. They will be on your legs at all times while you are in a bed to help prevent blood clots in your legs.



## Getting ready to go home

Generally, patients who have a robotic-assisted laparoscopic prostatectomy are ready to go home the morning after surgery. Before you go home, the nurse will show you a video and do an in-person demonstration on urinary catheter care, and additional tests may be ordered if necessary. Your surgeon or nurse practitioner will let you know when you are cleared for discharge. You should be prepared to leave by mid-morning. Some patients may stay for an additional night. Note: You will not be allowed to drive yourself home. Please arrange for transportation upon discharge.

### Pneumonia

**Deep breathing exercises:** You can help prevent pneumonia by doing deep breathing exercises. Your nurse will teach you how to use a tool called an **incentive spirometer**. You should use this 10 times every hour while you are awake. This helps prevent pneumonia and keeps your lungs clear. The deep breathing exercises help you cough up secretions.

### Slow bowel function (ileus)

After surgery, it is normal for your intestines to slow down in function. A complication called an ileus can occur where there is a total lack of movement in the intestines. Symptoms include abdominal cramping, bloating and/or nausea. It is important to eat small meals during the first couple of days after your surgery to prevent this from occurring. It is also important to walk frequently and take medications to prevent or relieve constipation if recommended by your surgeon.

### Constipation

When you have bowel movements that are difficult, painful or less often than normal for you, you have constipation. Constipation after surgery may be caused by stress, diet changes, lack of exercise or pain medications.

Here are some ways to relieve constipation:

**Early activity and walking:** Unless otherwise instructed by your surgeon, begin walking with help on the evening of your surgery.

**Fluid intake:** Unless otherwise instructed by your surgeon, drink plenty of water after your surgery.

**Stool softeners:** You will be given a pill to soften your stool to prevent constipation while you are taking narcotic pain medications.

### You will be ready to leave the hospital when:

- You are eating without nausea or vomiting.
- You are able to walk by yourself.
- Your JP drain (if you have one) has been removed. (Sometimes your surgeon may want you to go home with your drain. In these cases, you will learn how to empty the drain.)
- You have a ride home.

### Choose your preferred method for at-home medications:

- Give your local pharmacy information to the nurse practitioner who will send your prescription to the pharmacy for pickup.
- Have your prescriptions filled at Walgreens at Northwestern Memorial Hospital.
- Take your prescriptions to fill on your own.

### Learning goals prior to discharge:

- You understand how to schedule your follow-up appointments or you have an appointment already made. (Your catheter removal visit will typically be scheduled while you are in the hospital.)
- You understand how to manage your pain at home.
- You understand catheter care.
- You have reviewed your medications with your nurse.
- You understand your discharge instructions (activity, diet, incision care).
- You understand when to call your surgeon.
- All your questions have been answered.



## After-hospital care

### Incision care

Check your incisions for signs of infection.

**Call** your surgeon if you notice any of the following:

- Fever (more than 101.3 degrees F) or chills
- Redness, swelling, bleeding, pus and/or drainage from the incision site
- Increased pain or discharge around the incision site

Keep your incision clean and dry.

Do not take the Steri-Strips™ off of your incision. They will fall off on their own or will be taken off at your nurse visit.

### Drain wound

If a drain was placed at surgery, the small hole that it went through may take several days to fully seal. You may cover it with a bandage to keep your clothes clean. Change the bandage daily or as needed if it becomes saturated.

### Showering

You may shower every day. Pat the incisions dry after you shower. Do not rub any lotions on your incisions until they are fully healed.

For the first month after surgery or as instructed by your surgeon, do not soak the incision under water—do not use bathtubs, swimming pools, saunas, Jacuzzis or hot tubs.

### Driving

Do not drive:

- While taking narcotic pain medication
- With a catheter in place
- Until your surgeon tells you that you may do so

### Medications

We typically recommend managing pain with non-narcotic medications such as Tylenol or Advil. If you need to take medications, only take prescription pain medication as directed by your surgeon.

- Take pain medications before your pain becomes severe.



- Do not drink alcohol, use marijuana or drive while taking pain medications.
- Call your surgeon if you have any adverse side effects from your pain medications or if your pain is getting worse.
- Common medications to take when home:
  - Ibuprofen (Advil, Motrin)
  - Tylenol
  - Stool softener (Colace, senna)
- Viagra®/Cialis® are not provided. Contact your physician's office for a prescription.

### Smoking risks

**Do not smoke.** Smoking slows down healing.

Talk to your primary care provider about resources available to help you quit.

## Things to remember

### Discharge reminders

Review the discharge readiness checklist on page 19.

Prior to your surgery, please be sure to schedule your ride home from the hospital.

### Appointments after surgery

Before you leave the hospital, we will try to schedule your after-surgery follow-up appointments:

In 7 to 14 days, or at the discretion of your surgeon, for the removal of the catheter.

In 4 to 12 weeks so your surgeon can examine incisions, draw blood and review next steps.

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If these appointments are not scheduled when you leave the hospital, please call your surgeon's office to schedule them when you get home.

### Pathology results

Your surgeon will call you with the pathology results from your surgery.

### Monitoring for cancer recurrence after surgery

After treatment for prostate cancer, the prostate-specific antigen (PSA) blood test is used as a marker to monitor for cancer recurrence. Your PSA level will need to be monitored throughout your life. A PSA test is typically recommended at least once a year. Your surgeon will guide you on how frequently to have your PSA level checked.

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### Catheter care reminders

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Drain your bag every 2 to 4 hours or before it becomes full.

Do catheter care 2 times a day.

Apply Bacitracin to the tip of the penis or entry of catheter 4 times a day.

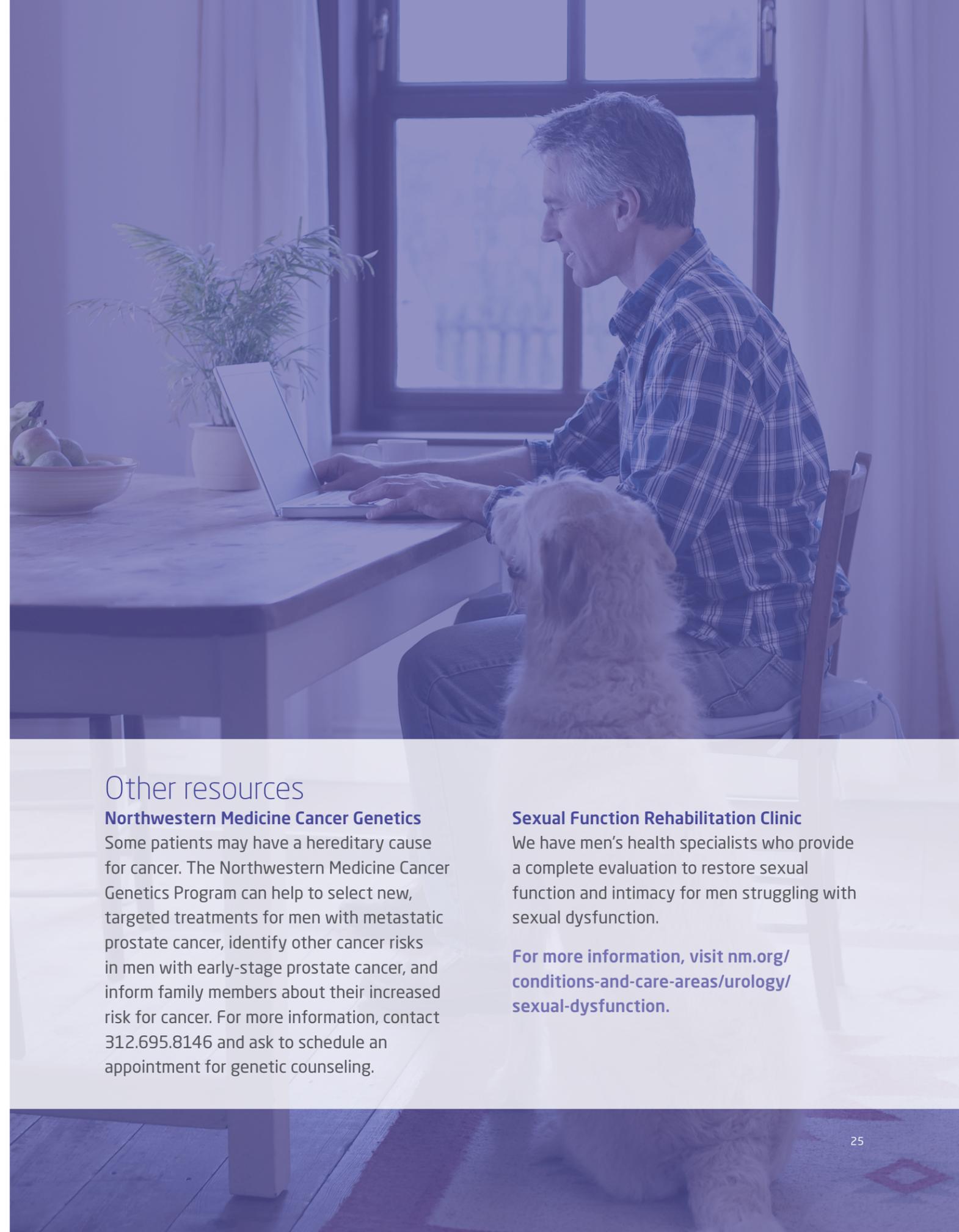
Follow instructions for catheter care on page 11.

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### Catheter removal

Your catheter will be removed about 7 to 14 days after the day of your surgery or at the discretion of your surgeon. Removal will be done at your physician visit.

- If you notice blood around or passing through the catheter in the 2 days before catheter removal, contact the office. This may be a sign that your catheter is not ready to be removed.
- Begin your antibiotic the evening before the catheter is removed. Take as prescribed until you finish all of the antibiotics.
- On the day you are going to have your catheter removed, drink a regular amount of fluids before you arrive at the office. Be aware that it may take some time to regain control of your urination. Avoid drinking caffeinated beverages such as coffee or soda after the catheter removal to improve urinary control.
- If you are not having the catheter removed at Northwestern Memorial Hospital, it is very important for us to communicate with the nurse or physician who is removing your catheter. If you cannot give us the name and address while you are in the hospital, please call the office and give us the information so that this communication takes place before you arrive at your appointment to have the catheter removed.



## Other resources

### Northwestern Medicine Cancer Genetics

Some patients may have a hereditary cause for cancer. The Northwestern Medicine Cancer Genetics Program can help to select new, targeted treatments for men with metastatic prostate cancer, identify other cancer risks in men with early-stage prostate cancer, and inform family members about their increased risk for cancer. For more information, contact 312.695.8146 and ask to schedule an appointment for genetic counseling.

### Sexual Function Rehabilitation Clinic

We have men's health specialists who provide a complete evaluation to restore sexual function and intimacy for men struggling with sexual dysfunction.

**For more information, visit [nm.org/conditions-and-care-areas/urology/sexual-dysfunction](https://www.northwestern.edu/conditions-and-care-areas/urology/sexual-dysfunction).**

# Parking at Northwestern Memorial Hospital

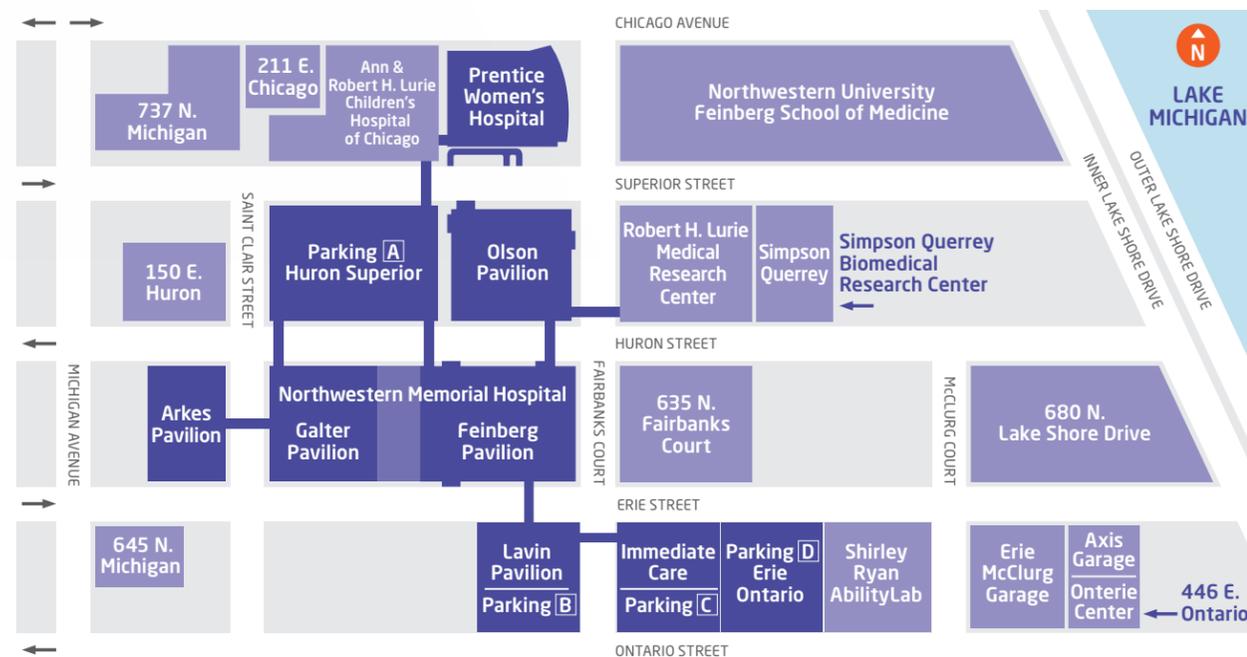
**Parking A-Huron/Superior:** Located at 222 East Huron Street between Superior and Huron streets.

**Parking B-259 East Erie:** Located at 259 East Erie Street in Lavin Family Pavilion.

**Parking C and D-Erie/Ontario:** Located at 321 East Ontario Street between Erie and Ontario

streets. A second-floor bridge connects to Lavin Family Pavilion.

**Parking D-Erie/Ontario:** Also located on East Ontario Street between Erie and Ontario streets, this garage is immediately east of Parking C. There is no bridge access to our facilities.



Parking rates as of January 2020\*:

**Self-parking in Parking A, B, C and D**

Up to 7 hours: \$12

7 to 24 hours: \$26

*These rates are only available to patients and visitors who have validated their parking.*

**Valet in Parking B**

Up to 7 hours: \$27

7 to 24 hours: \$37

**Valet at Prentice Women's Hospital**

Up to 3 hours: \$27

3 to less than 7 hours: \$30

7 to 24 hours: \$37

\*Parking rates are subject to change.

Exterior signage will indicate which parking garages validate parking for our patients and visitors.

Discounted rates are available in all garages with a ticket validated at the following locations:

- Feinberg and Galter pavilions: Customer Service Desks, first and second floors
- Prentice Women's Hospital: Customer Service Desks, first and second floors
- Lavin Family Pavilion: Customer Service Desks, first and second floors
- Physicians' offices
- Arkes Family Pavilion: Customer Service Desks, first and second floors

