

INSTRUCTIONS FOR CRYOABLATION OF THE PROSTATE

Tri County Urologic Associates

Day time phone: 610.323.5550 (Pottstown) or 610.935.9010 (Phoenixville)

Emergency Phone after 5 pm 610.792.2871

NATURE OF THE PROCEDURE

The length of the procedure can vary anywhere between 10 minutes to 1 hour depending on the nature of the operation. Because this is an endoscopic procedure, there are no incisions made and this is not an open procedure.

INSTRUCTIONS PRIOR TO ENDOSCOPIC PROCEDURE

Do not eat or drink anything including water after midnight the evening prior to the operation. Do not smoke for at least 12 hours before or after the procedure and do not drink alcohol 24 hours prior to the procedure. Do not take aspirin or any aspirin-containing products or drugs containing Ibuprofen for 10 days prior to the scheduled treatment. You can take Tylenol or ask your physician for recommendations. If you are taking anti-coagulants such as Coumadin, please consult with your physician, as this medication may need to be discontinued 5 days prior to the procedure. If you have had kidney or bladder x-rays taken at institutions, other than the hospital at which you are having your procedure performed, please check with our office scheduling staff to determine you need to bring them with you the day of the procedure. Leave all valuables at home and wear comfortable clothing. If you have HMO insurance, it is your responsibility to obtain referrals from your primary care physician.

DAY OF CYSTOSCOPIC PROCEDURE

It is common to have a Foley catheter placed into the bladder at the end of the procedure.

AFTER THE CYSTOSCOPIC PROCEDURE

You can resume driving after the catheter is removed as long as you are not especially weak or in pain.

FOLLOW-UP APPOINTMENTS AND POSSIBLE STUDIES NEEDED

Call 610.323.5550 (Pottstown office) or 610.935.9011 (Phoenixville office) to schedule an appointment to:

___ see Dr. Rose Leech Moreno Kabler or Kalra in ___ day(s) or ___ week(s)

___ see nurse or ___ medical assistant in ___ day(s) or ___ week(s)

for ___ Foley removal in ___ day(s) or ___ week(s)
for ___ fill & pull in ___ day(s) or ___ week(s)
for ___ other

___ arrange for:

___ KUB x-ray just prior to visit

___ CT Scan with without contrast of the Abd Pelvis
in in ___ day(s) or ___ week(s)

MEDICATIONS

Take ___ Levaquin one daily until finished.
___ Cipro XR once daily until finished.
___ Bactrim DS one twice daily until finished.
___ Prosed DS one 4 times a day as needed for burning.
___ Pyridium one 3 times a day as needed for burning.
___ Vicodin one to two every 4 hours as needed for pain.
___ Percocet one to two every 4 hours as needed for pain.