POST-OPERATIVE INSTRUCTIONS: TURED

POST OPERATIVE APPOINTMENT:

• Please call Dr. Turek's office at 415-392-3200 to schedule a post operative appointment to see Dr. Turek in 1-2 weeks.

DIET:

• Start with clear liquids or something light and then progress to your normal diet.

ACTIVITY:

• You should rest for the first 24 hours following the procedure to lessen the chance of swelling. Avoid strenuous exercise (including sex) or heavy lifting for 5-7 days. After that, you can do all of your normal activities, but at the start, let discomfort be your guide: if it feels uncomfortable, slow down.

FOLEY CARE:

• If you have a catheter in your bladder after the surgery it will need to be removed within 24 to 48hrs. While it is in, you will be prescribed antibiotics and you will be taught how to use a leg-bag to collect the urine. Arrangements to remove the catheter is as follows:

MEDICATIONS:

 Take your prescribed pain medicine, usually Tylenol w/Codiene, for moderate discomfort. Always take the pain medication with food in your stomach, so that you do not get nauseated. You can take Tylenol or Ibuprofen for mild discomfort.

After a General Anesthetic:

- Do not make important decisions until the next day as some anesthetics have a delayed metabolism and can interfere with the ability to perform these tasks.
- Avoid alcoholic beverages for 24 hours.
- Do not drive or operate heavy machinery for 24 hours.
- Do not eat any heavy or large meals until the next day as a heavy meal may be difficult to digest. Spicy and greasy foods should be avoided.

Problems you should report to your doctor:

- 1. Fever > 101° F, shaking and chills.
- 2. Nausea and vomiting.
- 3. Expect bloody urine for several days with or without the catheter. Call if the urine becomes as red as tomato juice.
- 4. Drug reactions such as hives, rash, nausea or vomiting.
- 5. You will have blood in the ejaculate for 2-4 weeks. This is normal but feel free to call us if you are concerned.

Special Instructions:		
If you have any further questions please cal weekends please call the office number at 4		_
Patient or Patient Representative Signature	Relationship	Date

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