

Your Prostate Surgery

I am having this type of prostate surgery:

Open Radical Prostatectomy

or

Robot-Assisted Laparoscopic Radical Prostatectomy

A guide for patients and families

Reading this booklet can help you prepare for your surgery, hospital stay and recovery at home. We encourage you to take an active role in your care.

If you have any questions, please ask a member of your health care team.

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Learning about your surgery

What is a radical prostatectomy?

Radical prostatectomy is a surgery done to treat prostate cancer. A surgeon removes the prostate and the seminal vesicles that run through the prostate gland. Sometimes a sample of the lymph nodes near the prostate is also taken.

There are 2 ways the surgeon (urologist) can remove the prostate:

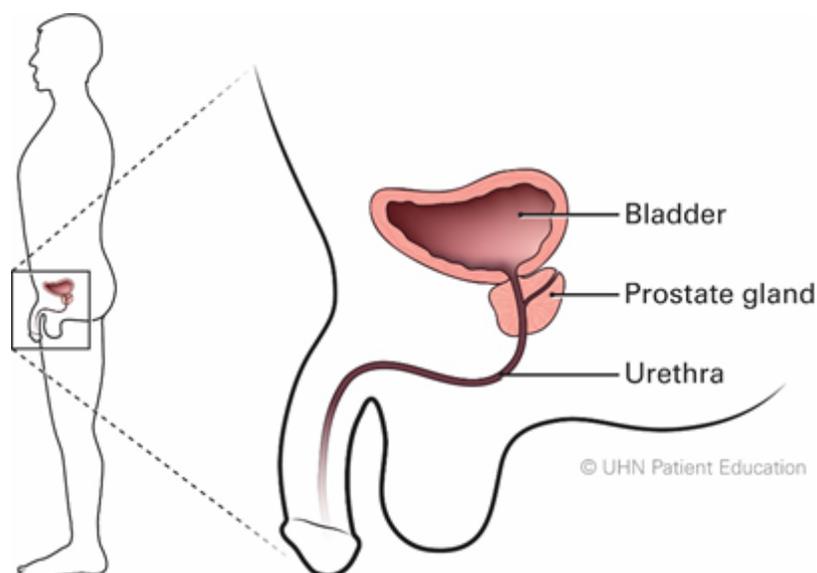
- **open radical prostatectomy**
- **robot-assisted laparoscopic prostatectomy (RALRP)**

Open and robotic prostatectomy have similar lengths of stay, recovery times and results. You and your surgeon will have discussed which approach works best for you.

Medical terms

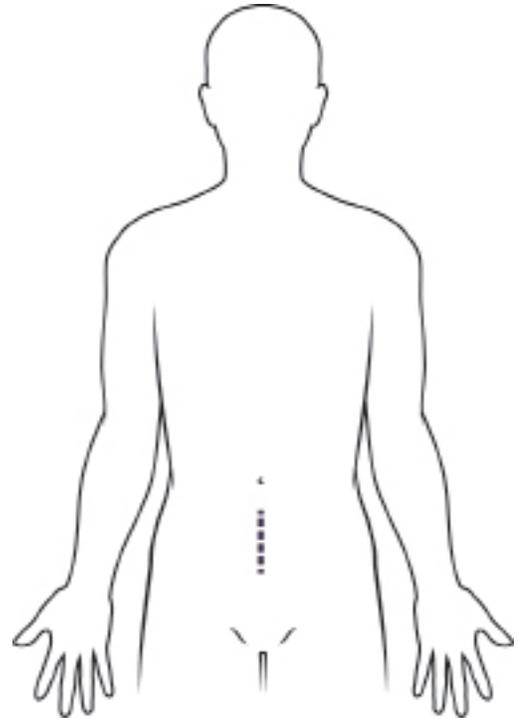
The **prostate** is a gland that lies under the bladder, in front of the rectum. The prostate surrounds the urethra where the urethra meets the bladder.

The **urethra** is the tube that carries urine out of your body.



Open Prostatectomy

The surgeon makes a 3-inch incision (cut) in your lower pubic area to remove the prostate.

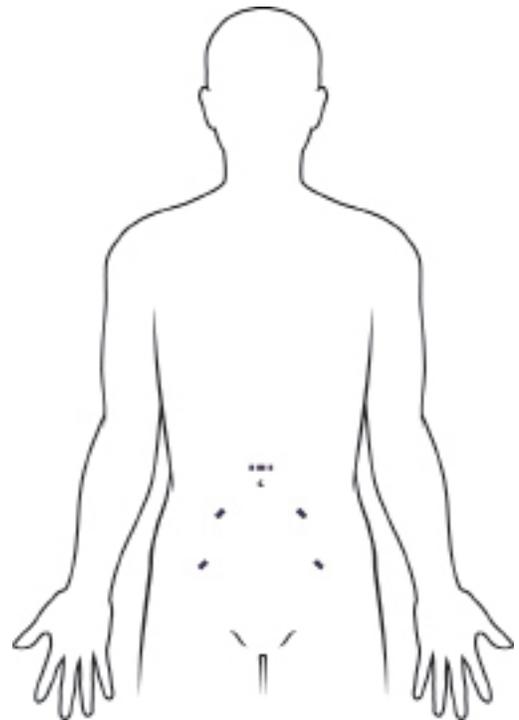


Robot-Assisted Laparoscopic Prostatectomy

The robot-assisted laparoscopic prostatectomy is a minimally invasive surgery.

The surgeon makes a 1-inch cut near the belly button and 4 smaller cuts. From a console the surgeon moves robotic arms that hold instruments attached to a computer-assisted robotic device and a high-resolution camera inside your body.

The camera can see important parts inside your body in 3-D (from all sides). The robotic device allows for a more precise response to movement of the surgeon's hands, but the surgeon always has complete control of the robotic device.



Preparing for surgery

When is my Pre-Admission appointment?

You will have your Pre-Admission appointment by phone or in person 2 to 4 weeks before your surgery.

This appointment is very important to help you prepare for your surgery and recovery.

If you do not attend this appointment, we may have to cancel your surgery.

Depending on your needs, this appointment may take 4 to 6 hours. If possible, please have someone with you during this appointment.

**Pre-Admission
visit is by phone
or in person**

What should I have ready for my Pre-Admission appointment?

Please have ready:

- Your Ontario Health Card (OHIP card)
- Information about any other medical insurance you have, including policy numbers
- A family member, trusted friend or caregiver who can help you remember important information or questions
- All medications you are taking in their original containers. Have your prescription medications and the medication, supplements, herbs and natural products that you buy without a prescription
- Any past test results such as scans, blood tests or notes from other specialists
- A copy of your power of attorney for personal care and/or advance directives
- The name or phone number of your pharmacy, as well as any medical specialists that you have seen in the past 3 years

- If you have had a cardiac stress test, echocardiogram and/or a pulmonary function test in the past 3 years, it would be helpful to have a copy of the final report with you at this appointment.

A list of your questions

What happens at my Pre-Admission phone appointment?

You will speak with a **nurse** who will:

- review your health history and assess your health

You will speak with a **nurse or pharmacist** to review your medications. They will tell you which medications to stop before surgery, and which to take on the morning of your surgery with a sip of water.

You will speak with the **Urology Clinical Nurse Coordinator** who will:

- discuss what to expect before and after surgery
- review possible risks and side effects, and how to manage them

Possible risks and side effects include:

- DVT (blood clots), rectal injury, blood loss, infections
- Possible stress incontinence, use of incontinence products such as Depend® Guard
- Possible urethral stricture (narrowing of the urethra)
- Possible erectile dysfunction (information about when to start penile rehabilitation after surgery, with a review of treatment strategies)

Words to know:
Stress incontinence includes dribbling or leaking of urine and can last for a few weeks to a few months. It is usually caused by pressure on the bladder, like when you cough or sneeze.

The Urology Clinical Nurse Coordinator helps you learn:

- ✓ How to plan for going home after surgery.
- ✓ How to prepare your bowel with a fleet enema.
- ✓ How to manage possible stress incontinence, pelvic floor exercises (Kegels).
- ✓ Products that may help with incontinence.
- ✓ How to manage possible erectile dysfunction and treatment options that may help.
- ✓ How to manage pain, including information about the regional TAP block, IV medication and medication for bladder spasms.
- ✓ What warning signs to watch for and when to get medical help.
- ✓ What follow-up appointments you need when you go home.

You may also speak with other members of the health care team:

- An **anesthetist** may discuss the plans for your anesthetic.
- A **doctor** may review your medical needs if you have complex health conditions.

A few days before surgery you will have **tests**, which may include:

- blood tests
- an ECG (electrocardiogram) to check your heart beat
- a chest x-ray to check your lungs

The admitting clerk will register you. You will fill out the paperwork for your hospital stay.

How do I prepare at home for my surgery?

If you live alone

- Make or buy extra meals and freeze them for after your surgery.
- Arrange for someone to drive you home from the hospital after surgery.
- You can expect to go home 1 to 2 days after surgery.
- Arrange for help at home during the first few weeks of your recovery.
- You may need help with groceries, cooking, laundry, cleaning and rides to medical appointments.

The day before your surgery

- Drink only clear fluids all day, such as coffee, tea (no milk or milk products), clear juice, clear broth, Jell-O, Popsicles
- Give yourself the fleet enema any time between 6:00 pm and 10:00 pm
- Have nothing to eat or drink after midnight unless your surgeon gives you different instructions

What must I do the day before surgery?

The morning of your surgery

- Shower or bathe on the evening before and morning of your surgery. This helps to lower the chance of infections.

We will give you more information about how to prepare for your surgery.

Your hospital stay

If you were told to take medication on the morning of your surgery, take it with a sip of water.

What should I bring to the hospital?

Please bring:

- Your Ontario Health Card (OHIP card).
- Any other medical insurance information you need for your hospital stay.
- All medications you are taking, in their original bottles. This includes prescription medications, and the medication, supplements, herbs and natural products that you buy without a prescription.
- Your glasses, dentures, hearing aids if needed and cane or assistive device, if needed.
- Comfortable clothes and non-slip shoes or slippers.
- Personal care items such as toothbrush, toothpaste, soap and deodorant. **Please bring unscented products only.**

**You are responsible for your belongings.
Please do not bring jewelry or anything valuable.**

When do I come to the hospital?

Come to the Surgical Admission Unit 2 hours before your scheduled surgery time.	Surgical Admission Unit 2nd Floor Peter Munk Building Toronto General Hospital
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What happens before surgery?

After you are admitted, the nurses will help you get ready for surgery.

The nurses will:

- Check your blood pressure, pulse, temperature and breathing.
- Give you a hospital gown to wear.
- Put an intravenous (IV) in a vein in your arm. This will be used to give you fluids and medications during and after surgery.

For your safety, we will check your hospital identification band and ask the same questions many times, such as your name, date of birth, and the type of surgery you are having. We will also mark the area of your body where you will have your surgery.

When everything is ready, you will go to the operating room. You will have a **general anesthetic** (to make sure you are asleep for the operation). During surgery, you will have a **regional TAP block**, freezing that lasts 10 to 14 hours. You will also receive pain medication through the IV for 24 hours after surgery.

Your surgery will take about 3 to 4 hours.

Where can my family or caregiver wait while I am in surgery?

Your surgeon will speak to your family or caregiver when the surgery is done. Tell the staff or volunteer how that person can be reached.

Where do I go after surgery?

When your surgery is over, you will go to the Post Anesthetic Care Unit (PACU) for about 1 to 2 hours. It is also called the recovery room. The nurses will care for you until you wake up.

In the PACU, you will have:

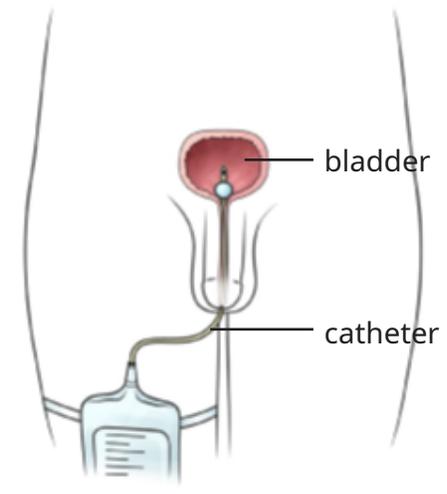
- An **intravenous (IV)** in your arm to give you fluids and medications.
- Some may have a **Jackson Pratt (JP)** drain in the lower part of your abdomen. The drain uses suction to remove any fluid that collects there after your surgery.
- An **oxygen mask** or tubes in your nose to help you breathe.

- A **urinary catheter** called a Foley catheter in your urethra. The catheter continuously drains urine from your bladder into a drainage bag outside the body. It will stay in place until you heal enough and it is no longer needed, usually for 10 to 14 days.

- The catheter might give you an uncomfortable feeling in your lower stomach area or can make you feel like you have to urinate (pee). Please tell your nurse if you have discomfort.

We can give you medicine to help relieve discomfort and the urge to urinate.

- It is important to keep the catheter clean. A nurse will show you how to do this before you go leave the hospital.
- Never allow anyone to remove this catheter before the scheduled time.



When you are ready, you will go to the TGH Nursing Unit. Your family is welcome to visit you on this unit. You can expect to stay here for 1 to 2 days.

What can I expect on the TGH Nursing Unit?

Your care

Nurses will regularly check:

- your temperature, pulse, breathing and blood pressure
- your incision
- all your tubes and drains
- the flow and amount of urine
- how you are feeling
- your pain and how well it is controlled
- your bowel sounds to see when you can start drinking and eating
- exercises for your legs and feet, to keep blood flowing and prevent blood clots

You will also have a blood test before you leave the unit.



- **Your surgeon and the surgical team will follow your progress every day while you are in the hospital.**
- **Nurses will start teaching you how to look after your catheter and start reviewing instructions for when you go home.**

How you will feel

You will have some pain and discomfort after surgery. The nurses will assess your pain and provide pain medication to relieve it. You will get better faster if your pain is well controlled. We will do all we can to keep you comfortable.

You may have an upset stomach (nausea) at first. Your nurse can give you a medication to relieve nausea.

A day or so after surgery, you may have gas pain. Walking is the best way to relieve this type of pain.

Your scrotum and penis may be swollen and bruised for a few days after surgery. This is normal. If your scrotum is swollen, we will show you how to rest your scrotum on towels when you are in bed. When you are out of bed, you can use a scrotal support or wear briefs underwear to help support your scrotum.

Assessing your pain

We will ask you to rate your pain on a scale of 0 to 10 (0 means you have no pain and 10 means that you have the worst pain possible). This number helps us understand how much pain you are having and how well the pain medication is working.

How to use the pain scale:

How to use the pain scale:
Pick a number that tells how much pain you are having.

0	1	2	3	4	5	6	7	8	9	10
No pain			Moderate pain				Worst pain possible			

Managing your pain

The area where you had surgery is frozen during surgery using a **regional TAP block**.

You receive pain medication through your IV for 24 hours. This pain medication is not a narcotic.

You will also receive pain medication by mouth.

- Tell the nurse when you have pain. We want to keep your pain at a level you can manage (at a rating of 3 or lower on the pain scale). Do not wait until your pain gets worse to ask for pain medication.
- Take your pain medication as needed. This is the best way to control pain. You need to feel comfortable enough to walk, do your exercises and other activities that help you recover.
- As you heal, you will feel less pain and will not need the medication as often.

Removing your tubes

- The IV in your arm may be removed in 1 to 2 days or when you are eating and drinking well.
- The Jackson Pratt (JP drain), if you had one placed in your abdomen, may be removed before you leave the hospital when the extra fluid decreases. Some patients may not have a JP drain.
- Your Foley catheter will stay in for 10 to 14 days. It will be removed at your follow-up appointment.

Activity and exercise

It is important to get moving soon after surgery. The nurse will help you move, get up, walk and sit in a chair. This will get easier each day.

Each day, we will assess your activity level and help you become more independent.

Walking is very important as it helps to:

- ✓ keep your lungs clear and prevent infection
- ✓ keep your blood flowing and prevent blood clots
- ✓ speed recovery of your bowels, relieve gas pain and prevent constipation
- ✓ relieve pressure on your skin

Caring for your incision

- Your incision was closed with staples.
- Your nurse will check your incision while in hospital.
- The dressing on your incision will be removed the first day after surgery. Leaving it open to the air helps it heal.

Showering

- You can shower when you return home.
- Wash your incision with mild soap and water. Rinse well and pat dry with a clean towel.
- Do not use lotions or creams on your incision for the first 6 weeks after surgery. Lotions and creams can prevent your incision from healing properly by allowing the top layers of skin to separate.

Getting ready to go home

How long will I stay in the hospital?

- You can expect to go home in 1 to 2 days. Your surgery time may determine how long you will be in hospital.
- The goal is for you to continue your recovery at home, as quickly and as safely as possible.
- Your health care team will tell you what day you are going home. This is called your **day of discharge**.

The usual stay in hospital is 1 to 2 days.

What happens before I leave the hospital?

Planning for your return home is called discharge planning. We start discharge planning soon after your surgery, so you will know how to care for yourself by the time you go home.

Before you go home, we will help you learn:

- How to manage your pain
- What to eat and drink to help your recovery
- How to take care of your incision
- What supplies you need at home
- How to gradually increase your activity level
- When and how to resume your normal activities, such as housework, gardening and sex
- When you can drive and return to work
- What the warning signs of blood clots are and when to go to the Emergency Department

- What warning signs to watch for (how to spot infection, skin breakdown) and when to call the doctor
- It is normal to bypass urine and some blood around the catheter
- What follow-up appointments you need
- What to do for your PSA blood test at 6 weeks

A nurse or pharmacist will review your medications. Some may have changed during your hospital stay. You will get a prescription for any new medications.

The health care team will:

- Give you a discharge letter to take home. This letter is for you and your family doctor. It contains important information, including:
 - ✓ details of your surgery and hospital stay
 - ✓ follow-up instructions



Never let anyone remove your catheter before your scheduled follow-up appointment.

**Plan to go home before 11:00 am on your day of discharge.
Please arrange for someone to pick you up by this time.**

Your recovery at home

You will continue to recover at home over the next few weeks.

If you live alone, it may help to have someone be available to help with some of your everyday activities. For example, you may need help with laundry, shoveling snow and doing heavy grocery shopping.

What can I eat and drink?

- Drink lots of fluids. We recommend that you drink at least 2 to 3 litres (8 to 12 cups) of fluid a day.
- You can eat as usual. Start with frequent, small meals as they are easier to digest.
- People with prostate cancer are advised to follow Canada's Food Guide. Eating a variety of nutrient-rich foods can help you heal and recover from surgery. For more information about [Eating Well with Canada's Food Guide](https://food-guide.canada.ca/en), go to: <https://food-guide.canada.ca/en>.

How can I prevent constipation?

Constipation is common after surgery because of the effects of the pain medicine. To keep bowel movements soft and regular:

- Drink lots of fluids
- Eat foods that are high in fibre such as fruits, vegetables, legumes (beans, peas and lentils), and whole grain breads and cereals
- Take a stool softener each day, as soon as you begin eating and drinking. If you have not had a bowel movement in 2 days, take a laxative. You can buy a laxative (such as Senocot, Lax-A-Day, Restoralax, Metamucil) at your pharmacy without a prescription.
- Keep active by walking or move to your ability each day.

What activities can I do?

- Exercise, such as walking, can help with your recovery. Start slowly with short, easy walks. Plan rest periods during the day.
- Try to walk a little more each day. You can walk outside or use a treadmill. You can walk up and down stairs.
- As you become more active, you will have more energy and feel less tired.

For 6 weeks after surgery:



- Do not lift anything heavier than 10 lbs (5 kg). This is the same weight as a small bag of groceries.
- Do not do activities such as shovelling snow, gardening, jogging, golfing or skiing, and yoga, tai chi or playing wind instruments. It's important not to use your core muscles for 6 weeks after surgery.

After 6 weeks, you can do most of your usual activities with some cautions:

- Avoid long car rides. When riding in any vehicle, stop often to walk and stretch your legs.
- Follow your surgeon's instructions about when to drive and return to work.

How do I care for my incision?

- Your incision was closed with staples. You may shower while the staples are in place. They will be removed at your follow-up when your catheter is removed.
- Check your incision each day.
- Keep your incision clean and dry. Wash around the incision with mild soap. Rinse and gently pat dry with a clean towel.
- Do not put creams, lotions or powder on your incision.

Important: Do NOT use suppositories or a fleet enema for at least 6 weeks after your surgery. This can cause serious trauma or injury because of the closeness of the rectum to the area where you had the surgery.

Changing the urine drainage bags

To change the drainage bags, follow these steps:

1. Wash your hands well with soap and warm water for 15 seconds.
2. Empty the bag into the toilet. Do not touch the tip.
3. Pinch the tubing and disconnect used bag using a twisting motion.
4. Clean the end of the catheter with an alcohol pad.
5. Use a new alcohol pad or soap and water to clean the end of the new bag.
6. Insert the tip of the clean bag to the catheter and release the pinch.
7. Check that there are no kinks or loops in the tubing. Leave some slack so you will pull the catheter when you move your leg.
8. Wash your hands again.
9. Make sure the urine drainage bags are always below the level of your bladder. Urine must flow away from the bladder.
10. Never go to sleep at night with the leg bag. It may put pressure on the surgery area and cause an infection if the urine back flows into bladder.



Cleaning the urine drainage bags

When you change drainage bags, clean and rinse the used bag, then let it drip dry. You can clean drainage bags using:

- mild liquid soap and warm water
- or
- a mixture of equal parts white vinegar and warm water to prevent odour

To watch our video on “How to Care for Your Catheter at Home”, please see <https://www.youtube.com/watch?v=2u57V614SfY&feature=youtu.be>

Will I gain control of my bladder?

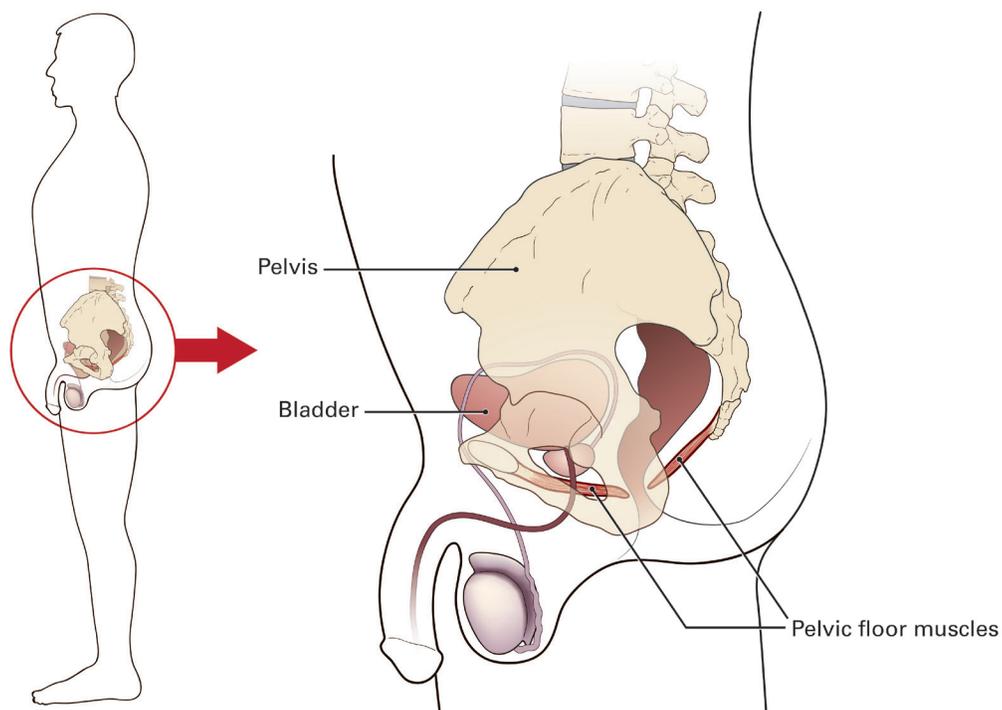
Some leakage of urine is normal in the first few months. We will teach you how to do Kegel (pelvic floor) exercises. Health care professionals have been prescribing pelvic floor exercises for years to treat urinary stress incontinence.

Over time, these exercises strengthen your pelvic floor muscles, which can help reduce or prevent leakage.

Where are the pelvic floor muscles?

The pelvic muscles surround the internal sex organs. They contract and relax as one muscle. When you do pelvic floor exercises you are using all these muscles that support the pelvic floor.

In everyday life you don't use these muscles a lot unless you have the urge to pee and you can't find a bathroom or when you have an orgasm.



How do I find the pelvic floor muscles?

One of the hardest parts of doing the exercise is finding the pelvic muscle.

1. First find your pelvic floor muscles by:
 - **Stopping your urine flow midstream.**
The muscles that you contract when you do this are the same muscles that you tighten to do pelvic floor exercises.
 - **Do not make a habit of starting and stopping your urine stream.**
It can lead to incomplete emptying of the bladder that may increase your chance of getting a urinary tract infection.
2. Once you find the pelvic muscles, tighten them as much as you can.
 - This should feel as though everything is being lifted upward.
 - To get the most benefit, focus on tightening only your pelvic floor muscles. You should NOT be tightening your abdominal or thigh muscles.
 - Try not to hold your breath. Just relax as you tighten the muscles.

How to do Kegel exercises

1. Stand, lie down or sit to do the exercises.
2. Tighten your pelvic floor muscles for 2 – 5 seconds. Then increase to 7 – 10 seconds.
3. Hold the muscles as tightly as you can.
4. Slowly release the muscles.

Repeat your Kegel exercises 10 to 20 times, 3 times a day (morning, afternoon and night).

Over time, try repeating 40 to 50 times, 3 times a day (morning, afternoon and night).

When do I start pelvic floor exercises? (Kegel)

- ✓ Start the exercises before your surgery.
- ✓ To lower the chance of urine dribbling after surgery, try to tighten the pelvic muscles before you stand up, cough, sneeze or bend over.
- ✗ Do NOT do the Kegel exercises when a Foley catheter is in place. This may cause bladder spasms and bleeding. Restart pelvic floor exercises after the catheter is removed.

Muscles usually get tired as the day progresses so starting them earlier in the day may work better for you. For the best outcome we recommend doing the exercises 3 times a day.

Buying incontinence products after your radical prostatectomy surgery

After your surgery, you will go back to your urologist to have the catheter removed. We will give you an appointment before you leave the hospital. This appointment is usually 10 to 14 days after surgery.

If you live more than 2 hours away from UHN, you can have your catheter removed by a health care provider closer to home. You will need to arrange this appointment with your health care provider. Please let us know if you will have your catheter removed somewhere else.

How should I prepare for my appointment?

Before your appointment to remove the catheter:

- buy some incontinence products (pads)
- bring a pad with you to the appointment (or a few pads if you have to travel far)

Where can I buy them?

You can buy incontinence products at any drug store or grocery store.

What kind should I get?

We suggest buying the newborn baby diapers as they are cheaper and less bulky. There are also a variety of incontinence products for men. Some examples of these products are Depend, Tena and Poise.

Important: The University Health Network does not recommend one brand over another and is not responsible for any products listed. Please contact each company directly to find out more about their products.

What follow-up appointments do I need?

Removing your staples

- The staples that were used to close your incision should be removed in 10 to 14 days.
- This will be done during your follow-up appointment at the same time as your catheter is removed.

Follow-up appointments

You will have 2 follow-up appointments.

- The first will be at the Cystoscopy Department or Princess Margaret GU Clinic.
- The second will be a virtual appointment with your team at Princess Margaret Cancer Centre.

Cystoscopy Clinic
2nd floor,
Peter Munk Building
Toronto General Hospital
Princess Margaret
Cancer Centre
4th Floor, GU Clinic

1**Your first appointment will be about 2 weeks after surgery. During this appointment at Toronto General Hospital:**

- Make sure you take your prescribed antibiotic medicine before your catheter is removed.
- Your Foley catheter will be removed, if everything is healing well. Take your antibiotic as prescribed before having your catheter removed.
- Your staples from the incision are removed.
- We will review how to do Kegel exercises. (See page 21) Bring your incontinence pads to this appointment.

2**Your second appointment will be 7 weeks after your surgery. During this appointment at Princess Margaret Cancer Centre:**

- Before coming in for the 7-week appointment, you need to arrange to have a PSA test (prostate specific antigen) done anytime during **week 6**.
- We recommend that you do this test at a **LifeLabs Medical Laboratory Services**. You can find your nearest location by checking their website www.lifelabs.com. We will give you a requisition before you go home from hospital.
- Your surgeon will talk with you about your PSA test results and check that you are recovering well during this visit.

3**Your third appointment may be at the SHAReClinic, a sexual health and rehabilitation e-clinic:**

- SHAReClinic is a free, online health care clinic that helps people cope with the sexual side effects of prostate cancer.
- Ask a member of your health care team or the Urology Clinical Coordinator for more information about how to register.
- To learn more about the [SHAReClinic](https://sharec.trueth.ca), go to <https://sharec.trueth.ca>.

What if I have trouble adjusting after surgery?

It takes time to recover physically and emotionally after major surgery. It may be many months before you have the strength and energy you had before surgery.

Talk about your feelings with someone close to you. Ask your family doctor to refer you to a health professional for help, if needed. It may help to talk with other people who have gone through this experience.

You can talk to your health care team about more information on how to cope after this surgery. Or, visit www.uhnpatienteducation.ca and [Prostate Cancer Canada](https://www.prostatecancer.ca) (<https://www.prostatecancer.ca>).

Important things to remember about your discharge and recovery at home

Know what to expect with your catheter.

- It's normal to pass small or large amounts of urine around the catheter. Since the size of your urethra is larger than the catheter, urine and debris will easily travel around the catheter.
- Never have anyone remove the catheter before the scheduled visit.
- If your catheter falls out, go to the nearest emergency and call your surgeon's office.

Know what to expect with your urine bag.

- It's normal to see blood clots pass around the catheter and in the urine bag.
- It's normal to see blood in your urine. It only takes a drop of blood to discolour the bag.
- If urine is dark red, drink lots of water and rest during the day.

Know what to expect with your scrotum and penis.

- It's normal to have a bruised or swollen scrotum or penis after surgery. To relieve any discomfort, wear tighter briefs and apply ice from time to time.

Know how to prevent constipation.

- Even if you are taking stool softeners, constipation can still happen. Help prevent constipation by eating foods with more fibre, such as fruits and vegetables, and drink more fluids. You can take an over-the-counter laxative, such as Senocot, Lax-A-Day, Dulcolax, Restoralax, Metamucil.
- **NEVER use suppositories or enemas for at least 6 weeks after surgery.**

Know what symptoms to watch for.

- Some swelling of your hands, feet and ankles is normal should get better within a week. Walking and then taking rest periods should help.
- Pain, redness and/or swelling of the calf and inner thigh area may be signs of a blood clot and requires medical attention right away.
Go to your nearest emergency department.

Do NOT do your PSA test before week 6.

Who to call if you have questions

If you have questions about recovery after surgery, please call your health care team.

Do not call the Princess Margaret Hospital Triage number, your surgeon's clinic or the Cystoscopy Clinic with post-operative questions. Please call the inpatient Urology unit.

Your health care team on the nursing unit

10 ES (Eaton South), inpatient Urology unit	416 340 3521
Urology Clinical Coordinator, Leah Jamnicky	416 340 4666
Cystoscopy Clinic	416 340 3882

Only call your surgeon's office if you are making or changing appointments.

Surgeons' offices

Dr. Finelli	416 946 4501 ext. 2851
Dr. Fleshner	416 946 4501 ext. 2899
Dr. Hamilton	416 946 4501 ext. 2909
Dr. Kulkarni	416 946 4501 ext. 2246
Dr. Perlis	416 946 4501 ext. 2957
Dr. Zlotta	416 586 4800 ext. 3910

When to get medical help

For the first month after surgery:

Call the TGH Nursing Station if you notice ANY of these problems:

- heavy bleeding when you urinate (pee) and the blood is bright red (the bleeding continues even after you rest and drink more water)
- fever, a temperature above 38 °C (100.4 °F) or chills
- pain, redness, swelling or drainage at your incision
- your flow or urine is not as strong as it was, or are unable to pass urine



Go to the nearest hospital Emergency Department if you have pain, redness or swelling in your calf or inner thigh area. These are signs of a blood clot in your leg.



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