

After Prostate Outlet Surgery

GreenLight PVP / HoLEP / TURP / Aquablation / similar BPH procedures

You had a procedure to open the prostate channel and improve urine flow. These instructions explain what is expected and when to seek help.

Catheter reminder: It can feel like you need to urinate even when the catheter is working. If urine is draining into the bag, the catheter is working. Stronger pain medicine often does not fix catheter irritation.

WHAT IS NORMAL

Most symptoms are uncomfortable but not dangerous. Main red flags are catheter blockage, inability to urinate, heavy bleeding, fever, or severe uncontrolled pain.

Catheter discomfort

- **Strong urge to urinate even with the catheter in.** If urine is draining into the bag, the catheter is working.
- Burning, bladder pressure, cramping, leakage around the catheter, and tip-of-penis soreness can happen.
- **Catheter pain is frustrating and often difficult to fully control.** It usually improves most after the catheter is removed.

Urine changes

- **Pink or red urine can come and go** for several weeks, often after activity, bowel movements, or straining.
- Small/stringy clots or healing tissue/scab can pass in the urine.
- **Drink plenty of water** to keep urine flowing, unless you were told to restrict fluids.

Showering and driving

- **You may shower with the catheter and bag in place.** Wash gently around the catheter and pat dry.
- **No bath, hot tub, or swimming** while the catheter is in place.
- **Do not drive the day of surgery** or while taking sedating medicine. Avoid driving with a catheter if possible.
- After catheter removal, urgency, burning, leakage, and dry orgasm can be normal.

CALL CLINIC / SEND MYCHART

Use MyChart or call for symptoms that are bothersome or not improving, but you are otherwise stable and urine is still draining.

Catheter pain or spasms

- Catheter pain, bladder spasms, or leakage around the catheter that is hard to tolerate, **but urine is still draining.**
- Tip irritation or rubbing from the catheter. A small amount of lubricant at the catheter entry site may reduce friction if instructed.
- We may recommend repositioning the tubing or prescribe medicine for bladder spasms/burning. Lidocaine jelly may help urethral-tip irritation if prescribed, but it usually does not fix deep bladder spasm pain.

Bleeding or urinary symptoms

- Blood that worries you but improves with rest and fluids, and you can still urinate or the catheter is still draining.
- New clots, cloudy/foul-smelling urine, or burning that is worsening instead of improving.
- Persistent leakage, urgency, frequency, or questions about Kegels/pelvic floor exercises.

Medicines, showering, or driving

- Ask before restarting aspirin, Plavix, Eliquis, Xarelto, warfarin, or similar blood thinners unless instructed.
- Use Tylenol/acetaminophen and/or ibuprofen/Advil/Motrin as directed on the bottle, unless told not to take them.
- Call if you are unsure about catheter care, showering, driving, or if the tubing/bag setup is not working for you.

GO TO THE ER

Go to the ER for dangerous symptoms, especially catheter blockage, inability to urinate, infection signs, heavy bleeding, or severe worsening pain.

Catheter / urinary blockage

- **Catheter stops draining** and you develop worsening lower belly pressure or pain.
- Catheter falls out and you cannot urinate, or you are unable to urinate after catheter removal.

Heavy bleeding

- **Thick dark-red urine, large clots, or urine that looks like tomato soup.**
- Bleeding with catheter blockage, inability to urinate, dizziness, or weakness.

Infection / severe illness

- **Fever of 100.4 F / 38 C or higher**, shaking chills, or feeling seriously ill.
- Persistent vomiting or inability to keep fluids down.
- Severe or worsening pain not controlled with recommended medicines, especially with fever, poor drainage, or inability to urinate.
- Chest pain, shortness of breath, fainting, confusion, or new one-sided leg swelling.

Routine questions: office 832-556-6038 or MyChart.
Severe symptoms: go to the emergency room.

Discharge instructions are general guidance. Follow the specific instructions given by your surgeon or discharge nurse.