

# HIFU Post-Procedure Recovery Guide

You had HIFU treatment to selected prostate tissue. There are no skin incisions, but the prostate is swollen and irritated after treatment. Most symptoms are related to the catheter and urinary irritation.

## WHAT TO EXPECT

### Catheter about 10 days

- Foley catheter drains the bladder while prostate swelling improves
- Bladder spasms or urge to urinate even with catheter
- Leakage around the catheter can happen

### Urinary irritation

- Burning, urgency, frequency
- Slow stream after catheter removal
- Nighttime urination
- Symptoms can fluctuate for several weeks

### Blood in urine

- Pink, tea-colored, or red urine can occur
- Usually improves with hydration and rest
- Small clots or debris may pass

## WHAT TO DO

### Catheter care

- Keep catheter secured so it does not pull
- Keep drainage bag below bladder level
- Use larger overnight bag while sleeping
- Call if catheter stops draining

### Activity

- Walk several times daily
- Avoid heavy lifting and strenuous exercise
- No cycling, swimming, soaking, or sex until cleared
- Return to light desk work when comfortable

### Avoid constipation

- Use stool softener if prescribed
- Drink fluids unless restricted
- Do not strain; straining can worsen bleeding and discomfort

## CALL US / URGENT CARE

### Call for any of these:

- Fever over 101 F or chills
- Catheter not draining
- Painful bladder fullness
- Heavy bleeding or large clots
- Severe pelvic or rectal pain
- Unable to urinate after catheter removal
- Worsening burning with fever
- Nausea or vomiting preventing hydration
- New severe scrotal, testicular, or rectal swelling
- Confusion, weakness, or feeling very ill



### Catheter removal visit

You usually return around 10 days after HIFU for a fill-and-flow voiding trial. Some patients temporarily need the catheter replaced if urination is not strong enough yet.

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Your exact medication plan may vary. Take medications only as prescribed. Do not start or stop medications without instructions from your care team.

## Flomax / tamsulosin

**Typical use: 0.4 mg daily for about 3 months.**

- Helps relax the prostate and bladder neck so urination is easier.
- Often taken at night because it can cause dizziness or lightheadedness when standing.

## Oxybutynin ER

**Typical use: 5 mg daily for about 1 week, usually only if bladder spasms occur.**

- Helps with bladder spasms, urgency, and leakage around the catheter.
- Can cause dry mouth, constipation, and sometimes difficulty urinating.

## Colace / docusate

**Typical use: 100 mg twice daily for about 2 weeks.**

- Stool softener to reduce constipation and straining.
- Straining can worsen bleeding, pelvic pressure, and catheter discomfort.

## Tylenol #3

**Typical use: 1 to 2 tablets every 4 to 6 hours as needed for pain, depending on your prescription.**

- Contains acetaminophen and codeine.
- Do not drive, drink alcohol, or make important decisions while taking narcotic pain medicine.
- Avoid taking too much acetaminophen from multiple sources.

## Tadalafil / Cialis

**Common plan: start several days after surgery; 5 mg daily for 30 days, with 20 mg as needed thereafter if prescribed.**

- May support erectile function and blood flow after HIFU.
- Do not take with nitrates such as nitroglycerin. Tell your doctor about chest pain medicines or significant heart disease.

## Antibiotic

**Use only if prescribed, and finish the course unless told otherwise.**

- Some patients start a short antibiotic course around the procedure.
- Call if you develop fever, chills, rash, severe diarrhea, tendon pain, or other concerning symptoms.

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## Recovery Timeline

### 1 First 24-48 hours

Tiredness from anesthesia, catheter discomfort, bladder spasms, mild blood in the urine, and pelvic pressure are common.

### 2 First 10 days

The catheter stays in place while prostate swelling improves. This is usually the most frustrating part of recovery.

### 3 Catheter removal

A fill-and-flow voiding trial checks that you can urinate. Some patients need the catheter replaced temporarily.

### 4 Weeks 2-6

Burning, urgency, frequency, and slow stream usually improve gradually. Symptoms can fluctuate from day to day.

### 5 Longer term

PSA, MRI, and sometimes repeat biopsy are used to confirm treatment response and watch for recurrence.

## Cancer Follow-Up Plan

- PSA about 3 months after HIFU
- PSA every 3 months during year 1
- PSA every 6 months during years 2 to 5
- PSA once a year after year 5
- Prostate MRI about 1 year after treatment
- Repeat biopsy if PSA, MRI, or clinical findings are concerning

## Important Reminder

- Your PSA should decrease, but it will not go to zero because the prostate remains in place.
- A rising PSA does not automatically mean treatment failure, but it may trigger further evaluation.
- HIFU treats selected tissue. Additional treatment may be needed later if cancer persists or returns.

## Why follow-up matters

HIFU is designed to treat selected prostate tissue while preserving as much normal function as possible. The tradeoff is that careful follow-up is mandatory, and future treatment may still be needed.