

# Canyon State Urology

5750 W. Thunderbird Rd., Suite B-200  
Glendale, AZ 85306  
(602) 375-1700

## Post -operative Instructions

- 1) Maintain a light diet this evening (tea, toast, jello, broth, etc.).
- 2) Call if you develop a fever above 101.5 degrees Fahrenheit.
- 3) Call if you develop asymmetrical leg swelling (one leg is significantly more swollen than the other leg).
- 4) Call if you are unable to urinate. If you are unable to reach someone immediately, go to the ER.
- 5) Procedure specific instructions
  - If you have undergone a procedure which included instrumentation thru the urethra and into the bladder:
    - A) You may experience burning with urination.
    - B) You may notice blood with urination.
    - C) You may notice increased frequency and urgency of urination.
  - If you have undergone a procedure which included an incision:
    - A) You may use ice / ice packs (20 minutes on/ 20 minutes off) during waking hours today and tomorrow.
    - B) Call if you develop yellow or green pus oozing out of the incision.
    - C) You may notice bruising and swelling over the operative site. This may last up to several weeks.
    - D) You may remove the dressing \_\_\_\_\_.
    - E) No lifting more than \_\_\_\_\_ pounds or driving for \_\_\_\_\_ weeks.
  - If you have been sent home with a Foley catheter, urine may occasionally leak around the catheter and down your legs; do not be alarmed by this.
  - If you have been sent home with a stent, the stent may cause blood in your urine, increase the frequency of urination and cause discomfort with urination; this discomfort may start from your kidney and radiate down to your lower abdomen and even into the genital area.
  - If you have undergone a shock wave lithotripsy of a kidney stone, you may notice bruising over the kidney (flank) area.
    - A) You may experience urinary symptoms as listed above.
    - B) You may shower tonight.
    - C) Strain your urine for 48 hours and bring fragments to your next appointment.
  - If you had a vaginal procedure:
    - A) You will experience vaginal discharge for several weeks.
    - B) Pelvic rest for \_\_\_\_\_ weeks (sexual activity, tampons etc.)
  - Scrotal support for for \_\_\_\_\_ weeks.
  - You may shower \_\_\_\_\_.
  - Dietary Restrictions \_\_\_\_\_.
  - Resume home meds except \_\_\_\_\_.
- 6)  Your follow up appointment has been set for \_\_\_\_\_ at \_\_\_\_\_  
At the following location  CSU – North  CSU – South  
5750 W. TB, St. B-200 5757 W. TB, St. E-456
  - A follow-up appointment has not already been scheduled, please call 602-375-1700 to schedule an appointment in \_\_\_\_\_ days or \_\_\_\_\_ weeks.
  - Tell the office you need an appointment to remove a stent
  - Get a KUB (X-ray) prior to your appointment and bring it with you to the appointment.

\_\_\_\_\_  
Patient

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date