

# Center for Reconstructive Urology

## Urethral Reconstruction Post-Operative Instructions

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Following urethral reconstruction, your attention to proper post-operative follow-up will contribute to the success of your surgery. You are being provided with written instructions and information that addresses common questions and concerns. Please review this information at home.

### **Wound Care**

- You are encouraged to shower 1-2 times daily at home. If your surgery involved an incision between the anus and testicles (called the perineum), this area should be gently cleaned twice a day with soap and water. The soap should be gently rubbed on the wound by hand and then rinsed. The suture lines should be patted dry and not harshly wiped with the towel. Do not place antibiotic or other ointments or hydrogen peroxide on the suture lines. The placement of these ointments to suture lines offers no benefit and may lead to premature dissolution of the sutures.
- Avoid immersion of the wound in water (baths, swimming pools, and hot tubs.)
- Unless you have been instructed otherwise, all sutures at incision sites will eventually dissolve on their own. They will not have to be removed. If you had a tube placed in your abdomen to drain urine (this is called a suprapubic tube), a non-absorbable suture was used to secure the tube, and this suture will be removed when the tube is removed (approximately 3 weeks after surgery).
- Pay close attention to the condition of the incision and surrounding area. A hand held mirror may be helpful. There may be some swelling or ecchymosis (where the skin is “black and blue”). This is not a concern. What is of concern is a wound infection. Changes that suggest a possible wound infection are fever, increased swelling, creamy drainage between the sutures of the skin, or increased tenderness. In general, any swelling gradually improves. If there is any adverse change, please contact our office immediately.

### **Stenting Urethral Catheter Care (catheter that comes out of the penis)**

- You should place a very small amount of bacitracin ointment to the urethral opening, which is the portion of the urethra at the tip of the penis where the urethral catheter exists. If there is a small amount of dried blood or dried secretions in this area, gently wipe the area clean with a wet soft cloth or gauze before placing the bacitracin. Place the bacitracin 1-2 times a day and as needed to keep the catheter from sticking to the tip of the penis. You want the penis to be able to slide along the catheter should you have erections.

- Keeping the penis in the upright position with the assistance of jockey shorts, a jock strap, or another supportive undergarment is considered beneficial by many patients. The most important consideration is to keep the stenting urethral catheter from being pulled or under tension. The pulling of the catheter can press on the urethra and lead to erosion in this area. The undersurface (bottom) of the head of the penis offers less protection to the urethra than the top of the head of the penis. For this reason, it is especially important that the catheter not be pulled downward (between the legs) under tension.
- This catheter travels into the bladder and if urine is seen within the tube, this is normal. If this catheter has a plug on the tip (because the bladder is being drained by a different tube called a suprapubic tube) then it is possible that this plug will fall off causing urine to drain out of this catheter. If the plug is prone to falling off, simply replace the plug and then wrap tape around the plug to secure it to the catheter.

### **Suprapubic Tube Care (abdominal tube that drains urine, if present)**

- The exit site of the suprapubic tube should be kept clean and dry between showers. Do not place ointments to this area. The most important factor in caring for a suprapubic tube is to keep the catheter from being pulled or being kinked. Once you are home, the exit site of the catheter does not need to be covered with gauze or tape. Should you wish to cover this area with gauze, the tape should be changed daily as irritation from tape that is left in place for many days can cause rash that is a source of discomfort and poor hygiene
- The exit site of the suprapubic tube will often look a bit red and inflamed and there may be a small amount of discharge. Many patients are worried about infection when they notice a slight amount of redness or discharge but this is a normal reaction to having a tube and not a cause for concern.
- The suprapubic tube should continuously drain urine. In the unlikely event that the tube fails to drain and the bladder becomes full and distended, the plugged stenting urethral catheter (that goes through the penis) can be unplugged. Should you need to do this, please contact our office immediately.

### **Activities**

- You are advised to refrain from driving for at least 3 weeks after your surgery (adults). Remember that you had a major reconstructive surgery, and were given sedative medication in the hospital. In addition, your ability to safely drive can be affected by wound discomfort, tubes, etc. Moreover, prolonged upright sitting can compromise your repair.
- If you had a perineal incision (incision below testicles), you should avoid upright sitting on a hard surface for 3 weeks. You can sit in a cushioned chair/sofa in a “slouched” reclining position.
- After 3 weeks (when all catheters have been removed), you can resume most light activities, and continue to avoid any vigorous activity (e.g. running, bicycling, mechanical bull riding etc.) After 8 weeks from the time of surgery, you can resume all activities, within reason, except bicycle riding. Definitely avoid bicycle riding for several

months. After this, there is no scientific evidence to suggest bicycle riding is detrimental, but common sense is important as straddling a hard seat places considerable pressure along the reconstructed urethra. Many patients request more specific guidelines. There is no medical literature that states specific activity guidelines. The use of common sense and good judgment is what we recommend. Remember that the objective is to avoid trauma-injury-irritation to the area of repair, as the “cost” of injury is recurrence of stricture. Healing is a process that progresses to a significant extent during the first 6-8 weeks after surgery, but continues over the following 6 months. In fact, absorbable sutures used to repair the urethra are often still present and not yet reabsorbed 3 months after the surgery. You can resume swimming after six weeks if everything is completely healed on the skin.

- When you return to work depends on your occupation and your recovery from surgery. As stated above, you can generally resume light activities in 3 weeks and most activities in 6 weeks, including intercourse. Some patients who are able to work from home (e.g. work using phone and laptop computer) are able to resume work as soon as they are home. These are general guidelines.

### **Medications**

- You will be given an antibiotic to take until after all catheters (suprapubic, stenting urethral) have been removed. Most patients are given an antibiotic called Macrobid to take once a day. It is possible that you will be given a different antibiotic.
- You will be taking medicine called Ditropan (Oxybutynin) 3 times a day (adult patients). Having a catheter such as a suprapubic tube and/or a urethral catheter can irritate the bladder and cause painful spasms. Bladder spasms can be associated with a sensation of discomfort at the tip of the penis. These spasms can not always be prevented. Ditropan “relaxes” the bladder, and is very effective in prevention spasms.
- Three weeks after your surgery, you will come for an appointment to have your urethral catheter (catheter through the penis) removed, and will then resume urination. **You must stop taking Ditropan 24 hours before this appointment.** If you are still taking the Ditropan, this medicine can prevent you from properly urinating. Make a note to yourself.
- Every patient has a unique pain threshold. In general, urethral surgery is usually not associated with severe post-operative pain. Many patients do not require any pain medication after discharge from the hospital. Mild pain can be treated with Tylenol (Acetaminophen). You will be given a small supply of narcotic pain medication should you experience pain that does not adequately respond to Tylenol. Narcotic pain medication can lead to constipation and nausea and vomiting as side effects and should not be taken unless needed.
- The inhalation of a medication called Amyl Nitrate can suppress painful erections that are bothering you. You will be given several vials of amyl nitrate to take home with you (adult patients). Keep in mind that erections will not harm repair and may help keep the tissues compliant during the healing process. The use of Amyl Nitrate is needed only if the erections happen to cause discomfort. Once these vials are gone, additional refills are not indicated.

### Follow-up

- Although you will be taking an antibiotic, there is a small chance that you will develop a urine infection that requires a stronger oral antibiotic or even admission to the hospital for intravenous antibiotics. During the time you have catheters and during the first week after the removal of the catheters in particular, should you think you may have a fever, it is important that you take your temperature. If your temperature is elevated, you need to seek medical attention immediately. Some patients tend to just take Tylenol or Advil, and believe they are just getting a cold. However, it is possible that the fever is from a urine infection that has entered the blood (sepsis). This requires intravenous antibiotic treatment without delay.
- After discharge, you will need to return in approximately 3-7 days for a post-operative visit for a wound check and assessment of your progress. A urine culture will be obtained. Patients who come from out-of-town can see their referring urologist for the above visit.
- Approximately 21 days after your surgery, you will need to return to our office for a “voiding trial”. Once again, you will need to stop taking the Ditropan 24-hours prior to this visit. At this visit, the “voiding trial” will proceed as follows. The stenting urethral catheter will be removed. This catheter is held in place by a balloon that is inflated in the bladder. The balloon is painlessly deflated, and the catheter will then slide out. Then, X-ray contrast will be gently placed into your bladder through the suprapubic tube. This is also painless, and the bladder will be filled until you have the urge to urinate. You will be asked to urinate into a container as an X-ray film is taken. The contrast appears white on an X-ray, and outlines the urethra (similar to the films taken prior to your surgery). In most cases, this reveals a good early result. In that case, the suprapubic tube will be removed.
- Four months after your reconstruction (adults) you will need to return for a urethroscopy. We do not consider it acceptable for this to be performed by the referring urologist. This procedure involves placement of a flexible scope in the urethra to visualize and assess the repair and needs to be done by the doctor that did the surgery. Patients generally do not consider this procedure uncomfortable. It is our expectation that you will return for this visit, and failure to do so for any reason is against medical advice and may be grounds from our discontinuation of care as we can not be responsible for long term care if we are unable to provide appropriate monitoring and assessment of the outcome. **If you do not plan to return, please inform our office of this prior to your surgery.**
- After the 4 month urethroscopy, we recommend an annual evaluation of the urethra with a urinalysis (evaluation of the urine under the microscope), and a check of the urine flow rate along with the amount of residual urine in the bladder. These tests are completely non-invasive and painless, and involve urinating into a machine that measures the force of stream (amount per second). After you finish urinating, an ultrasound is placed over the bladder to check the amount remaining in the bladder. The bladder normally empties completely. No radiation is involved in this test. We recommend that you have annual follow-up indefinitely, even if you continue to urinate without difficulty because the risk for long term recurrence of stricture, while low, is not zero. Early detection is beneficial.

Follow-up annual visits can be performed by any urologist. Although we are happy to see you for annual visits at our Center, we encourage you to follow-up with your referring urologist if you were referred to us by your local urologist.

- “Routine” urethral dilation of self-catheterization to main urethral patency is never indicated.
- If our office staff can ever be of any assistance to you in making appointments or other arrangements, feel free to call 714-456-2951. **In the event of an emergency, call the UC, Irvine page operator at 714-456-7890 and ask for the Urology resident on-call.**