

Urethroplasty Postoperative Instructions

Definitions:

- **Hematuria:** blood in urine; expected when catheter is placed (occasional Gatorade/koolaid color); if blood in urine is high volume and “ketchup like” (bright red and plentiful), this is abnormal
- **Bladder spasms:** the sudden desire to void sometimes associated with pain/discomfort; often seen in patients with catheters since the bladder is trying to squeeze out the catheter
- **Buccal graft:** tissue from inside cheek used for creating new urethra
- **Lingual graft:** tissue from the side of your tongue used for creating a new urethra
- **Urethra:** “tube” you urinate out of

Discharge instructions:

General:

- Do not sit down for prolonged periods of time; higher risk for wound complication
- It may be more comfortable to change the way you sit. For example, sit with your weight shifted back onto your buttocks so you are not sitting directly on your incision. You may use a donut, or cushion/pillow also.
- Putting Vaseline or antibiotic ointment at the tip of your penis where the catheter is exiting may help with discomfort
- Apply ice to wound for 20-30 min every 2 hrs for 24-48 hrs for pain control; avoid ice on the phallus as this can cause frost bite
- Remove dressing and jock strap after 24 hrs; ok to shower after 24 hrs
- Use smaller leg bag during the day; use big drainage bag during the night
- Be catheter conscious: **know where it is at all times so it does not get pulled out and disrupt your surgical repair**
- Occasional *hematuria* is normal
- Occasionally the catheter tip can get “clogged” by bladder mucosa and urine can leak around the catheter; this is expected but uncommon
- Some whitish discharge and/or blood clot can sometimes squeeze around the catheter during straining or having a bowel movement and this is normal
- Can lift anything that doesn’t hurt; walking is encouraged; no jogging/running for 6 weeks
- No sitting on incision or straddling activities for 6 weeks (for example, no bike/motorcycle)
- Once the catheter is removed, post void dribbling can happen; putting some pressure under your scrotum to express the remainder of the urine to minimize
- Avoid sexual intercourse for 6 weeks

Diet for *buccal mucosal graft* urethroplasty:

- You will get liquids immediately after surgery (1st day)
- Can advance to a soft diet (apple sauce, pudding, jello, etc) the next day (2nd day)
- Resume regular diet on the 3rd day

Mouth care (for buccal graft urethroplasty):

- Ice to face every 20-30 min as needed for pain control
- Peridex swish and spit 3 times a day after meals for 3 days

Discharge prescriptions:

- **Peridex swish and spit:** antiseptic for mouth; rinse with 15mL for 30 seconds 3 times a day after meals; spit out; do not swallow. This is unnecessary if no oral mucosa graft was required.
- **Oxycodone 5mg tab:** pain medication; take 1-2 tablets every 6 hrs only as needed for severe pain (over the counter ibuprofen 200-400mg is acceptable for further pain control if needed; ibuprofen can be taken at the same time as norco since they are not the same class of drug)
 - Side effects*: can cause liver failure (acetaminophen portion) if taken in excess or with Tylenol; can cause constipation
- **Miralax:** stool softener to be taken while on pain medication; 17g by mouth daily (mix powder with liquid of your choice)
- **Ditropan (oxybutynin):** take 1 tab (5mg) every 8 hrs as needed for bladder spasms
 - Side effects*: can cause dry mouth, headache, constipation in 5-10% of patients

**This is not a complete list of all the side effects that may occur with these medications. Getting side effects are rare, but these are the more common ones for those who do experience side effects. Please call the office if you have any questions about your medications.*

FOLLOW UP

Call office for fevers, chills, redness and pus from incision, pain not controlled with pain medication, "tomato juice-like" hematuria, and/or catheter problems for urgent evaluation.