

MCRG Interventional Radiology Patient Discharge Education After Your Prostatic Artery Embolization (PAE) Procedure

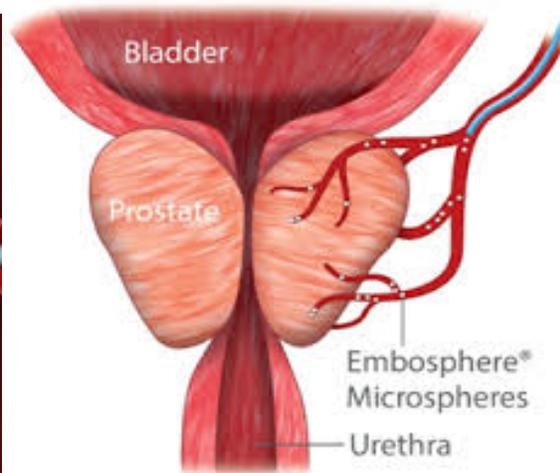
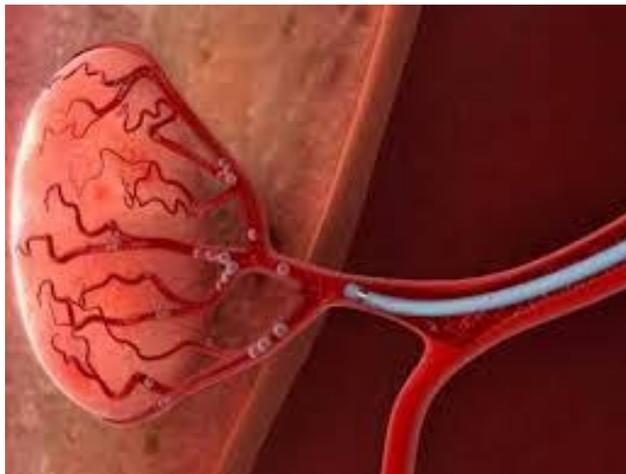
Overview

Prostatic Artery Embolization (PAE) is a minimally invasive alternative to surgery to treat symptoms of benign prostatic hyperplasia (BPH), also known as an enlarged prostate. Our interventional radiology specialist has extensive training and experience in the safe, effective use of PAE. Using the advanced technique and imaging technology, we generally perform PAE as an outpatient procedure. Most people go home the same day and may experience relief within the first month.

Prostatic Artery Embolization

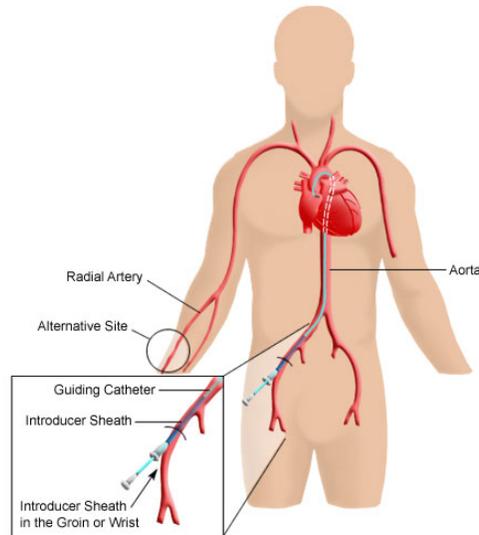
Prostatic Artery Embolization is a minimally invasive alternative to surgery to treat symptoms of benign prostatic hyperplasia (BPH), also known as an enlarged prostate. Compared with surgeries such as a prostatectomy (removal of part or the entire prostate) and transurethral resection of the prostate (which involves removing tissue through an instrument inserted into the penis), PAE offers several advantages:

- No hospitalization
- Minimal pain - treatment through a pinhole in the wrist or groin
- Reduced recovery time
- Minimal risk of sexual side-effects such as retrograde ejaculation (where semen enters the bladder instead of flowing through the penis), and erectile dysfunction (ED)
- Minimal risk of urinary incontinence (lack of control over urination)
- No indwelling Foley catheter (inserted into the bladder to drain urine)



Catheter Insertion Site:

Interventional procedures may be performed in the femoral artery in the groin (in the area at the top of your thigh) or in the radial artery in your arm. When you go home, there will be a bandage (dressing) over the catheter insertion site (also called the wound site).



Instructions for going home after your procedure

Care for the Catheter Insertion Site:

- The morning after your procedure, you may take the dressing off. The easiest way to do this is when you are showering, get the tape and dressing wet and remove it.
- After the bandage is removed, cover the area with a small adhesive bandage. It is normal for the catheter insertion site to be black and blue (bruised) for a couple of days. The site may also be slightly swollen and pink, and there may be a small lump (about the size of a quarter) at the site.
- You may feel a knot at the catheter insertion site if a closure device was used at the end of the procedure. This will resolve in one to two weeks following the procedure.
- You may experience numbness and tingling (paraesthesias) at the insertion site or the extremity used for the procedure. This will get better over time, usually one to two weeks after the procedure.
- Wash the catheter insertion site at least once daily with soap and water. Place soapy water on your hand or washcloth and gently wash the insertion site; do not rub.
- Keep the area clean and dry when you are not showering.
- Do not use creams, lotions or ointment on the wound site.
- Wear loose clothes and loose underwear.
- Do not take a bath, tub soak, go in a Jacuzzi, or swim in a pool or lake for one week after the procedure.

Activity Guidelines:

Generally, you will need to take it easy for the first two days after you get home. You can expect to feel tired and/or weak the day after the procedure. Take walks around your house and plan to rest during the day.

For Femoral Procedure:

- Do not strain during bowel movements for the first 3 to 4 days after the procedure to prevent bleeding from the catheter insertion site.
- Avoid heavy lifting (more than 10 pounds) and pushing or pulling heavy objects for the first 5 to 7 days after the procedure.
- Do not participate in strenuous activities for 5 days after the procedure. This includes most sports - jogging, golfing, play tennis, and bowling.

- You may climb stairs if needed, but walk up and down the stairs more slowly than usual.
- Gradually increase your activities until you reach your normal activity level within one week after the procedure.

For Radial Procedure:

- Do not use the wrist used in the procedure to lift more than 2 pounds for 24 hours.
- Do not participate in strenuous activities for 2 days after the procedure. This includes most sports - jogging, golfing, play tennis, and bowling.
- Do not use a lawn mower, motorcycle, chainsaw or all-terrain vehicle for 48 hours.
- Gradually increase your activities until you reach your normal activity level within two days after the procedure.

Instructions for going home after your procedure

Care for the Procedure Site:

- The morning after your procedure, you may take the dressing off. The easiest way to do this is when you are showering, get the tape and dressing wet and remove it.
- After the bandage is removed, cover the area with a small adhesive bandage until healed, usually three to five days. It is normal for the procedure access site(s) to be black and blue (bruised) for a couple of days. The site may also be slightly swollen and pink, and there may be a small lump (about the size of a quarter) at the site. This will resolve in one to two weeks following the procedure.
- Wash the access site(s) at least once daily with soap and water. Place soapy water on your hand or washcloth and gently wash the area; do not rub.
- Keep the area clean and dry when you are not showering.
- Do not use creams, lotions or ointment on the wound site.
- Wear loose clothes and loose underwear.
- Do not take a bath, tub soak, go in a Jacuzzi, or swim in a pool or lake for one week after the procedure.

Activity Guidelines:

Generally, you will need to take it easy for the first two days after you get home. You can expect to feel tired and/or weak the day after the procedure. Take walks around your house and plan to rest during the day.

- Avoid heavy lifting (more than 10 pounds) and pushing or pulling heavy objects for the first 5 to 7 days after the procedure.
- Do not participate in strenuous activities for 5 days after the procedure. This includes most sports - jogging, golfing, play tennis, and bowling.
- You may climb stairs if needed, but walk up and down the stairs more slowly than usual.
- Gradually increase your activities until you reach your normal activity level within one week after the procedure.

Possible Adverse Events:

- Dysuria
- Urinary urgency or frequency
- Lower abdominal spasm
- Inflammation of the prostate (Prostatitis)
- Fever

- Blood in urine, stool or ejaculate
- Fatigue – Will persist 5-7 days after procedure
- Urinary Tract Infection (UTI) – Higher-risk patients include: those with indwelling catheters or self-catheterizing, have undergone recent instrumentation procedure, and have had prostatitis, urinary retention or previous UTI – Baseline urine culture a must
- Non-targeted embolization – Bladder, penile, or rectal
- Urethral obstruction after PAE caused by sloughing prostate tissue

Return to Work:

Most people are able to return to work within 1 to 2 weeks after an interventional procedure. Your doctor will provide specific guidelines about returning to work.

Resume Sexual Activity:

Gradually increase your activities until you reach your normal activity level, usually within one to two weeks after the procedure.

Resume driving:

Most people are able to resume driving within one week after going home.

Medications:

- Please review your medications with your doctor before you go home. Ask your doctor if you should continue taking the medications you were taking before the procedure.
- If you had a percutaneous coronary intervention (PCI), you will need to take an antiplatelet medication such as clopidogrel, prasugrel or ticagrelor. Do not stop this medication until your doctor tells you to.
- If you have diabetes, your doctor may adjust your diabetes medications for two days after your procedure. Please be sure to ask for specific directions about taking your diabetes medication after the procedure.
- Depending on the results of your procedure, your doctor may prescribe new medication. Please make sure you understand what medications you should be taking and how often to take them.

Medications Prescribed to Prevent Adverse Events:

- Phenazopyridine (Pyridium®) - 100-200mg/2-3 days. Relieves pain, burning and discomfort. Will cause urine to be dark or turn orange. Can cause dizziness, headache, indigestion, itchy stomach, cramps or pain.
- Solifenacin (Vesicare®) or Oxybutynin (Ditropan®) – 5mg/day. Can help reduce urinary urgency and bladder spasms. Can cause dry mouth and constipation. Not recommended for patients older than 85 years old, as it can cause confusion.
- Bisacodyl (Dulcolax®) – 20mg. Laxative to help prevent constipation.
- Uribel® – also for urinary burning and urgency. Can turn urine blue/bluish-green.
- Azo® – over the counter medication for urinary pain relief.
- Cipro 500 mg- 1 tab orally twice daily for 5 days.

Fluid Guidelines:

Be sure to drink eight to ten glasses of clear fluids (water is preferred) to flush the contrast material from your system.

Follow-up visit information:

Call your specialist doctor or primary care doctor after discharge for a follow-up appointment if you don't already have one.

Follow up with Interventional Radiology in 3 months after the procedure.

When to Get Medical and Emergency Help:

Call our non-emergent line at (321) 841-8104:

Increasing pain at the procedure site or new pain in the back.

You see redness or swelling at the location of the procedure access site.

Go to your nearest Emergency Department: If you have shaking chills or a temperature over 101°F. You are unable to urinate.

Interventional Radiology Contact Information

Office Hours 8:00 am - 5:00 pm

Non-emergent questions:

Phone: (407) 649-6823 Fax: (407) 246-0374

Email: IRSupport@MCRG.com – *non urgent concerns only*

IR Clinic Scheduling:

Phone: (321) 841-8104 Fax: (407) 649-7873

Email: IRSupport@MCRG.com – *non urgent appointment requests only*

For all Urgent issues:

On nights and weekends for immediate concerns you may

Page the Interventional Radiologist at:

(321) 841-8122

Or call your Doctor.