

**TARGIS TUMT TREATMENT
INSTRUCTIONS**

TREATMENT DATE: _____

TREATMENT TIME: _____

ARRIVAL TIME: _____

PRIOR TO YOUR PROCEDURE YOU WILL BE GIVEN SEVERAL MEDICATIONS TO TAKE BEFORE AND AFTER YOUR PROCEDURE. **PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY IN ORDER FOR YOUR PROCEDURE TO BE SUCCESSFUL(NOTIFY OUR OFFICE IF YOU ARE ALLERGIC TO ANY OF THESE MEDICATIONS!)**

PRE-TREATMENT

1. TAKE OVER THE COUNTER MOTRIN (EQUIVALENT TO 400MG PER DAY) FOR 3 DAYS PRIOR TO YOUR TREATMENT.
2. YOU WILL BE GIVEN A PRESCRIPTION OF CIPRO 500 MG TO TAKE 1 THE MORNING OF YOUR TREATMENT AND 1 THE EVENING OF YOUR TREATMENT.
3. 2 HOURS PRIOR TO TREATMENT YOU NEED TO ADMINISTER A FLEETS "RECTAL" ENEMA. IF THIS IS NOT DONE YOU WILL BE RESCHEDULED.
4. 1 HOUR PRIOR TO TREATMENT YOU WILL NEED TO TAKE ATIVAN 1 MG. THIS WILL HELP YOU TO RELAX.

POST TREATMENT

1. TAKE MOTRIN OVER THE COUNTER FOR 3 DAYS AFTER YOUR TREATMENT.
2. TAKE CIPRO 500 MG. TWICE A DAY FOR 3 DAYS FOLLOWING THE REMOVAL OF YOUR CATHETER.
3. IF YOU ARE CURRENTLY TAKING AN ALPHA BLOCKER (CARDURA, HYTRIN, FLOMAX) CONTINUE TO TAKE IT FOR 6 WEEKS FOLLOWING YOUR PROCEDURE. IF YOU ARE NOT TAKING ONE OF THESE MEDICATIONS A PRESCRIPTION WILL BE GIVEN TO YOU AT THE TIME OF YOUR PROCEDURE THAT YOU WILL TAKE FOR 6 WEEKS.

VERY IMPORTANT!!

YOU MUST HAVE SOMEONE TO DRIVE YOU TO AND FROM YOUR APPOINTMENT DUE TO THE MILD SEDATIVES YOU WILL BE TAKING.

IF YOU HAVE ANY QUESTION PLEASE CALL ME AT 634-1994 EXT. 12

THANK YOU

Jeanne

SURGERY COORDINATOR

Discharge Instructions Following Cooled ThermoTherapy™ Treatment

GENERAL EXPECTATIONS

Some men may experience discomfort after the procedure. On occasion, some bloody discharge may be apparent from the penis. You may have soreness in the lower abdomen, and it may be uncomfortable to sit. You may experience the need to urinate more frequently and with greater urgency. These are all normal reactions to the procedure. It is important to take care of yourself the next couple of days to facilitate a speedy recovery. The following are some suggestions:

1. Have someone drive you home after the procedure.
2. Drink plenty of water.
3. Do not engage in strenuous activity until the catheter is removed.*
4. You may take a shower. Avoid a bath until your catheter has been removed.
5. Take your medication as prescribed.

MEDICATIONS

Take the following medications as directed:

_____	_____
_____	_____
_____	_____

- When taking pain medications, you may experience dizziness or drowsiness. Do not drink alcohol or drive when you are taking these medications.
- If you are given an antibiotic to prevent urinary tract infection, it is important to finish all medications as directed.

*See instructions for Care of Catheter and Instructions for Self Removal of Catheter.

COMPLICATIONS

You should contact your physician, _____ at _____ if you experience any of the following:

1. Temperature above 101.5° (taken by mouth).
2. Excessive urinary bleeding or bleeding from the penis.
3. Continuous bladder spasms.
4. Painful, swollen and/or inflated testicle(s) or scrotum.
5. Unable to void spontaneously or the indwelling catheter is not draining urine or is blocked.
6. Difficulty moving bowels.

If you cannot reach your physician and need immediate attention, go to the hospital emergency room for treatment. Always call your physician before going to the emergency room. If your doctor suggests that you go to the emergency room or other facility for catheterization for inability to urinate, be sure to tell the facility personnel to use a Coudé (pronounced coo-day) tipped catheter.

Date: _____

Time: _____

Location: _____

Patient Instructions for Care of Catheter

Some swelling of the urinary tract tissue is normal following Cooled ThermoTherapy™ treatment. The swelling may cause some difficulty in urination. To prevent this problem, a urinary drainage catheter may be inserted prior to your return home. The catheter will drain the urine from your bladder while your urinary tract heals. The following information will help you manage the care of the catheter during recovery period.

1. A catheter is a urinary drainage tube that allows the drainage of urine from the bladder. The tube has a small balloon on one end that is inflated with sterile water. This balloon keeps the catheter in and prevents the tube from sliding out of the bladder.
2. The catheter will remain in place for _____ days.
3. It is important to clean the catheter (the area of the tube where it enters your penis) daily.
 - a. First, wash your hands before caring for your catheter.
 - b. Use a clean wash cloth and soap to clean the catheter and the penis.
 - c. You may wish to use a special cleaning liquid, such as Betadine soap that can be purchased at your local pharmacy.
 - d. Always clean by wiping away from the tip of the penis.
 - e. Apply an antibiotic ointment to the tip of the penis after cleaning. Antibiotic ointment can be purchased at your local drug store.
4. The catheter has a drainage bag attached to it. It is important to ensure that the drainage bag is below the level of the bladder to prevent urine from going back up the tube and contaminating the bladder. This reduces the possibility of urinary tract infection.
5. It is important to avoid any tension on the catheter. Tension on the catheter can cause discomfort to tender tissues or dislodge the catheter from the bladder. To prevent tension, use tape to secure the catheter to your leg and use the leg bag straps to secure the drainage bag to your leg.
6. You may take a daily shower. However, avoid a bath until the catheter has been removed. Once the catheter has been removed, sitz baths or tub baths are recommended.
7. Observe the catheter for any signs of infection. Note and report any signs of swelling, inflammation, colored discharge or elevated temperatures to your physician.

If you have **ANY** questions after your return home, please do not hesitate to call.

Your resource person is: _____

Phone number: _____

After normal business hours call: _____

Patient Instructions for a Cooled ThermoTherapy™ Procedure

1. Your procedure is scheduled for: _____
2. Please arrive promptly by: _____
at the following address _____

3. The following guidelines are suggested for the day before and the day after treatment.
 - Reduce fluid intake the day before treatment, but do not stop drinking fluids altogether.
 - Avoid alcohol, coffee and other caffeinated beverages 48 hours prior to the procedure.
 - The night before treatment, eat a light meal.
 - The day of treatment, eat a light breakfast such as toast, juice or milk.
 - Continue taking all routine prescription medications.
 - Administer a self-enema such as a Fleets enema 1 – 3 hours prior to the procedure. An enema cleanses the lower bowel to aid in rectal temperature measurement and helps to maximize comfort during the procedure.
 - Plan to arrive about 60 minutes before the procedure or as instructed by the office. This will allow enough time to prepare for the treatment, including pre-treatment medication, as needed, to help relax.
 - Arrange for transportation home after the procedure.
 - Allow approximately 2 – 3 hours for completion of the procedure.
 - If you have questions or for any reason you will be unable to make this appointment, please call:

Clinician / Physician's Name

Clinician / Physician's Phone Number

TUMT POST OPERATIVE CARE

1. DRINK LOTS OF FLUIDS, ESPECIALLY WATER. THIS HELPS TO KEEP THE BLADDER FUNCTIONING AFTER THE TREATMENT.
2. TAKE YOUR MOTRIN OR PAIN MEDS AS DIRECTED BY YOUR PHYSICIAN.
3. THE FOLLOWING ARE NORMAL POST OPERATIVE SYMPTOMS:
BLADDER SPASMS
BLOOD IN THE URINE(BECAUSE OF THE CATHETER)
MILD TO MODERATE DISCOMFORT
4. CALL RACHEL 634-1994 EXT. 16 IF YOU HAVE THE FOLLOWING SYMPTOMS AND SHE WILL NOTIFY THE DOCTOR.
CATHETER NOT DRAINING FEVER ABOVE 100 DEGREES
FLU TYPE SYMPTOMS RECTAL BLEEDING
SEVERE PAIN OR VOMITING

CATHETER REMOVAL INSTRUCTIONS

REMOVE CATHETER DATE: _____

TIME: _____

BLADDER SCAN APPT: _____

1. USE A PAIR OF SCISSORS TO CUT TUBE WHERE SHOWN
2. YOU WILL SEE FLUID DRAIN FROM HERE; ALLOW ALL FLUID TO DRAIN OUT WHICH WILL BE APPROXIMATELY ONE TABLESPOON
3. PINCH TUBE WHERE SHOWN; PULL TUBE OUT IN **ONE EVEN** MOTION
4. THROW TUBE AND BAG AWAY
5. IF YOU ARE EXPERIENCING ANY DIFFICULTIES, PLEASE CONTACT OUR OFFICE

COOLED TUMT® FOR ENLARGED PROSTATE TREATMENT INSTRUCTIONS

The following information is provided to help you better understand what to expect from your Cooled TUMT® treatment. If you have any questions about this information or any other aspect of the treatment, please consult your urologist.

PRETREATMENT INSTRUCTIONS

The following guidelines are suggested for the day before and the day of your treatment. Your urologist may have additional instructions.

- Reduce your fluid intake the day before treatment, but do not stop drinking fluids altogether.
- Avoid coffee and other caffeinated beverages 48 hours prior to your procedure.
- The night before treatment, eat a light meal instead of a big dinner.
- The day of treatment, eat a light breakfast such as juice and toast.
- Continue taking all prescription medications.
- Give yourself an enema 1 - 3 hours before the procedure.

Please plan to arrive about 90 minutes before the procedure. This will allow enough time to prepare for the treatment, including pretreatment medication, as needed, to help you relax.

WHAT TO EXPECT DURING THE TREATMENT

The treatment itself generally takes between 30 minutes and an hour, although you should allow 2 - 3 hours for the entire visit. You will be positioned on a treatment bed in a comfortable position.

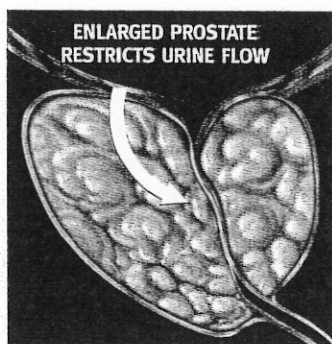
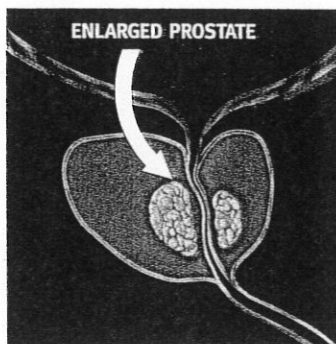
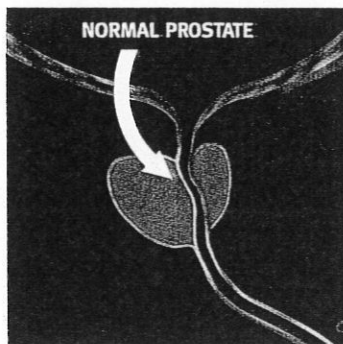
- First, a flexible catheter will be used to drain your bladder. A topical anesthetic will be used to help numb the bladder and reduce discomfort during the treatment.
- Anesthetic jelly will be inserted to numb your urethra and help ease insertion of the treatment catheter.
- Next, the flexible treatment catheter will be inserted. A balloon will be inflated in your bladder to keep the catheter positioned in the prostate.
- After the treatment catheter is in place, an ultrasound will be performed to verify that the catheter is properly positioned.
- A monitor will then be inserted into your rectum to measure temperatures during the procedure.
- During the procedure you may experience some discomfort, such as bladder spasms, the sensation of having to empty your bladder, or a warm sensation in your abdomen.

enlarged prostate

THREE TREATMENT OPTIONS TO CONSIDER

enlarged prostate is a common problem

- Enlarged prostate affects more than half of all men at some point in their lives
- Common symptoms include frequent need to urinate — as well as difficulty in beginning urination
- Enlarged prostate does not lead to prostate cancer, but left untreated it can cause bladder and kidney damage



enlarged prostate is easily treated

The 3 most common treatment options for enlarged prostate include: (1) medication; (2) minimally invasive treatment (Targis™ Microwave System); and (3) surgery (Transurethral Resection of the Prostate [TURP]). Each treatment option offers advantages and disadvantages:



TREATMENT OPTION: Medication

Alpha Blocker medication, taken daily, helps relieve symptoms by blocking the nerve impulses that trigger the urge to urinate. Medication is usually taken once daily for the rest of your life.

ADVANTAGES

- No surgical or outpatient procedure required

DISADVANTAGES

- Medication is not effective for all patients (20%-35% discontinue therapy in the first year)
- Lifetime of medication is very costly (\$14,000 to \$18,000)
- Medication must be taken every day or the symptoms will return
- Medication may not reduce the need for surgery in the future
- Treated only with medication, BPH can eventually lead to bladder and kidney disease
- Medication can have significant side effects

POSSIBLE COMPLICATIONS

- Impotence (5% - 10%)
- Incontinence (0%)
- Headaches, dizziness, nausea, fatigue (10% - 23%)
- Retrograde ejaculation (5% - 18%)

AUTHORIZATION FOR MEDICAL and/or SURGICAL TREATMENT

1. OPERATION OR PROCEDURE AND ALTERNATIVES:

I, _____, (patient or guardian) authorize

Dr. _____ to perform operation/procedure:
Transurethral Microwave Thermotherapy of Prostate

I understand the reason for the procedure is: to deliver microwave energy to the prostate via a catheter to heat and destroy cells in the prostate gland.

Alternatives include: Medications, transurethral resection of the prostate gland or do nothing.

2. **RISKS:** this authorization is given with the understanding that any operation or procedure involves some risks and hazards. The more common risks include: Infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions and pneumonia. These risks can be serious and possibly fatal.

Some significant and substantial risks of this particular operation include: Urinary retention, infection, heat damage to the rectum or bladder, impotence, incontinent of urine.

3. **ANESTHESIA:** The administration of anesthesia also involves risks, most importantly a rare risk of reaction to medications causing death. I consent to the use of such anesthetics as may be considered necessary by the person responsible for these services. In the case of this particular procedure(TUMT) we use conscious sedation.
4. I understand that no guarantee or assurance has been made as to the results of the procedure and that it may not cure the condition.
5. **PATIENTS CONSENT:** I have read and fully understand this consent form, and understand I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words in this consent form.

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED SURGERY OR TREATMENT, OR ANY QUESTIONS CONCERNING THE PROPOSED SURGERY OR TREATMENT, ASK YOUR SURGEON NOW! BEFORE SIGNING THIS CONSENT.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM!

SIGNATURE - PATIENT/RESPONSIBLE PARTY

DATE

SIGNATURE - WITNESS

6. **PHYSICIAN DECLARATION:** I have explained the contents of this document to the patient and have answered all the patient's questions, and to the best of my knowledge, I feel the patient has been adequately informed and has consented.

SIGNATURE - PHYSICIAN

DATE

UROLOGICAL ASSOCIATES
75 PRINTERS PARKWAY, SUITE 200
COLORADO SPRINGS, CO 80917
MEDICAL-SURGICAL CONSENT