

What to expect for your HIFU (high intensity focused ultrasound) procedure

Dr. Hyung Kim has reviewed your treatment options. You've elected to have HIFU.

Preparing for surgery.

Question: What preoperative testing is required?

In most cases, you will need to see your primary care physician for a preoperative evaluation, which will include blood tests and an EKG. Your primary care doctor can tell you what medications to take on the morning of surgery. If you have a history of heart disease, you may be asked to see a cardiologist prior to surgery.

Question: What time is my surgery?

You may have been given a surgery date; however, the start time is not finalized until shortly before surgery. Often the start time is finalized the day before the surgery. This is because there are emergency surgeries being scheduled at the last minute. Also, patients who are unable to be without food for a long time because of their medical conditions are prioritized to go earlier in the day. Unless you've been given a first start time, you will get a call 1-2 days before surgery with the start time.

Question: How early should I arrive at the hospital?

You should arrive 2 hours before the start time for your surgery.

Question: When do I have to stop eating and drinking for the surgery?

You should stop eating and drinking after midnight before your surgery. The goal is to have an empty stomach. You can brush your teeth on the day of surgery. Avoid things such as chewing gum or sucking on hard candy, because the increased saliva will fill your stomach.

Question: What medications should I take before my surgery?

You can take most of your morning medication on the morning of surgery with a small sip of water. However, you should check with your surgeon or primary care doctor who did your preoperative evaluation. Certain blood thinning medications such as aspirin (7 days prior to surgery), Plavix (5 days prior to surgery), Coumadin (5 days prior to surgery), Eliquis (2 days

prior to surgery) should be stopped several days before surgery. Diabetes medications and water-pills (e.g. Lasix) are usually held on the morning of surgery.

Question: Is there a bowel prep that I need to do?

On the day before surgery, only consume a clear liquid diet. Clear liquids are foods and drinks that you can hold up to a light and see through. (examples: plain water, fruit juices without pulp, soup broth, clear sodas, gelatin, popsicles without solid bits, tea or coffee with no cream or milk added, sports drinks that don't have color)

Give yourself a Fleets Enema the night before surgery, between 6-8pm. The medication can be purchased at a pharmacy without a prescription. Follow the instructions on the bottle. The enema should cause you to have a bowel movement in approximately 5 minutes.

Surgery

Question: How long does the surgery take?

The surgery takes 2-4 hours. After the surgery is over, the surgeon will talk to anyone you designate.

Question: When do I meet the anesthesiologist?

You will meet the anesthesiologist on the morning of surgery. They will ask you questions. You will be able to ask them questions.

Question: When can my family see me after surgery?

After surgery, one family member is allowed to see you in the recovery room.

Question: When do I get to go home?

This depends on how quickly you recover from anesthesia. However, most patients are able to go home 2-3 hours after surgery ends.

After discharge

Question: Will I have any tubes to take care of?

Many patients are sent home with a suprapubic tube. It comes out a small hole below your bellybutton. Some are sent home with a tube coming out the penis (foley catheter). These tubes drain your bladder. You can attach the tube to a night bag that you carry around or to a leg bag that attaches to your leg. You can wear loose clothing over the leg bag, which is helpful when you leave the house to do things such as shop or eat out.

Question: How long does the bladder tube stay in?

The suprapubic tube stays in for a few weeks. 5-7 days after surgery you will come back to the clinic. The tube will be plugged, and you will try to void normally through the penis. The suprapubic tube then serves as a “safety-value”. After you try to void through the penis, you unplug the tube to release any urine remaining in the bladder. Your doctor will likely ask you to keep a voiding diary over a 12-hour period where you record the time and volume of urine released through the suprapubic tube after each time you try to void naturally through the penis. After approximately 2 weeks of plugging the tube, if your postvoid residual volumes are low, the suprapubic tube is removed. For patients going home with a foley catheter (tube coming out the penis), you will return to the clinic in 5-10 days to have the tube removed.

Question: Does it hurt when the suprapubic tube is removed?

No. A small dressing will be applied after the tube is removed. You can start showering the next day.

Question: What do I do if the urine coming out the urinary tube becomes bloody?

It is normal for the urine to intermittently turn bloody, especially after physical activity such as walking. The only danger from the blood is that you will form blood clots if the bleeding gets heavy. The clots can plug the catheter and keep urine from draining, and this will land you in the emergency room. To prevent this, drink extra fluid. The fluid will turn to urine and dilute the blood, which will in turn help prevent clots. You want to drink enough to keep the urine color lighter than tomato juice. If you have to drink more than 4-5 glasses of fluid per day, drink sports drinks like Gatorade.

Question: What kinds of urinary problems should I look out for after tube removal?

You might have some mild urinary leakage for a few days following surgery. Use a continence pad if necessary. You can develop scar tissue that decreases the urine stream, and this might occur several weeks after surgery. Let your doctor know if this happens and persists for over a week.

Question: Will I need pain medications after surgery?

We recommend that you take a standard dose of Motrin that you get without a prescription. It provides pain relief and has helpful anti-inflammatory properties.

Question: How will we know that the cancer is all gone?

We will check a PSA 3 months after the procedure. Approximately 6 months after the procedure, your doctor will order a prostate MRI and possibly a prostate biopsy.

Question: When can I return to work?

Most patients return to work 2 weeks after surgery. However, you can do deskwork 2-3 days after surgery.

Question: Are there any important precautions?

YES. FOR ONE YEAR FOLLOWING SURGERY, DO NOT INSERT ANYTHING INTO THE RECTUM. This means you should avoid enemas or rectal hemorrhoid applicators. You should not have a colonoscopy for a year. The rectal wall is extremely thin after surgery and can be easily damaged.