

# **Transurethral Resection of the Prostate (TURP)**

**Patient Information Booklet**

**Please bring this book to your  
admission to the Hospital and  
to all of your appointments**

**For information call  
613-721-2000 extension 2920  
between 8:00 am and 4:00 pm  
Monday to Friday**



Queensway Carleton  
Hospital

## **Your Health Care - Be Involved**

- **Be involved in your health care. Speak up if you have questions or concerns about your care.**
- **Tell a member of your health care team about your past illnesses and your current health condition.**
- **Bring all of your medicines with you when you go to the hospital or to a medical appointment.**
- **Tell a member of your care team if you have ever had an allergic or bad reaction to any medicine or food.**
- **Make sure you know what to do when you go home from the hospital or from your medical appointment.**

*Patient safety is very important to the Queensway Carleton Hospital and this information is provided to patients/families to help inform you of your essential role in your own safety.*

*The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your doctor and healthcare team about your particular health care needs.*

Protect Yourself! Clean your hands frequently and ask your health care providers and visitors to do the same. Clean Hands Saves Lives.

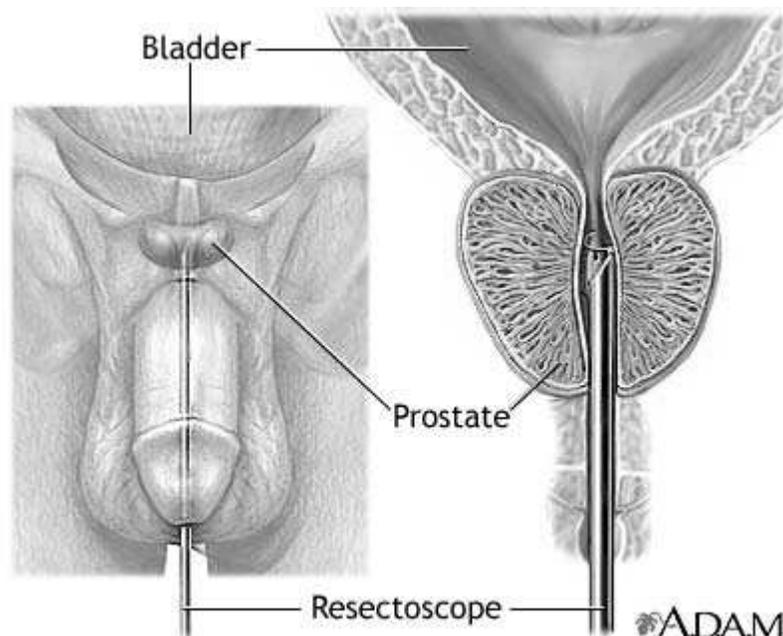
## Transurethral Resection of the Prostate (T.U.R.P)

An enlarged prostate is considered to be a normal process of aging due to an increase in prostate tissue called Benign Prostatic Hypertrophy or B.P.H. When the prostate enlarges, it obstructs the flow of urine from the bladder through the urethra.

Common symptoms include:

- passing small amounts of urine frequently,
- poor stream,
- up at night to empty your bladder frequently,
- frequent bladder infections,
- difficulty emptying bladder

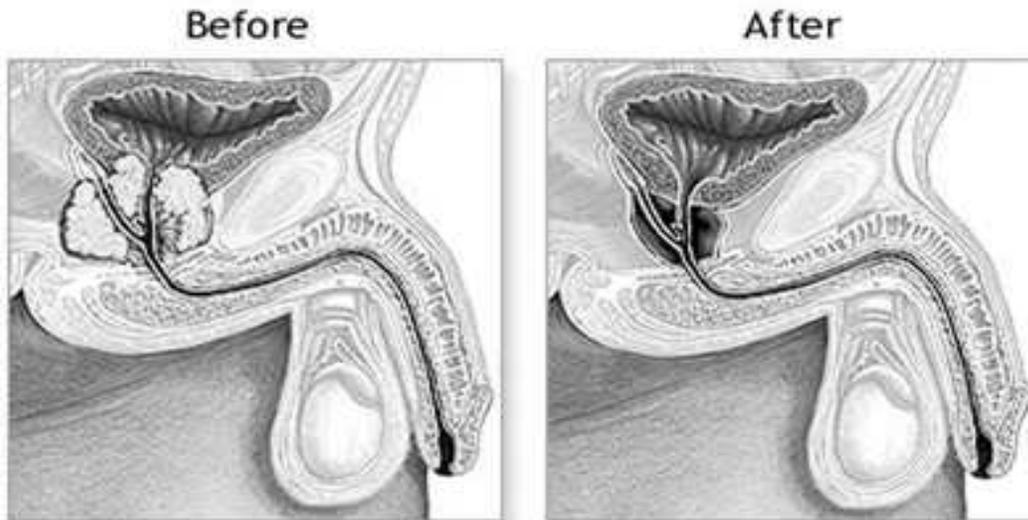
These symptoms will not go away but only get worse with time. Your Doctor has recommended a procedure called a Transurethral Resection of the Prostate or T.U.R.P. This procedure is the most common surgical procedure used for B.P.H.



A Transurethral Resection of the Prostate (T.U.R.P) is performed under a spinal or general anesthetic. Your Surgeon will put a special kind of

telescope called a resectoscope, through the urethra to remove overgrown prostate tissue. Usually you are admitted to hospital for 1 to 3 days.

No incision is visible. Healing occurs at the site where the overgrown tissue has been removed. Scabs form at the site. Occasionally you may notice pieces of tissue/blood in your urine if these scabs fall off. This is all a part of healing.



**Where do I go for my pre-operative assessment visit?**

Report to the Queensway Carleton Hospital main lobby information desk. You will be directed to the Patient Registration Department to be registered and then to Pre-Operative Assessment Clinic (POAC).

**When is my appointment?**

The Operating Room Scheduling Department at the Queensway Carleton Hospital will call you with your appointment information. Your Pre-Operative Assessment Clinic (POAC) appointment is on

\_\_\_\_\_ at \_\_\_\_\_

If you have any questions about your appointment please call the Operating Room Scheduling Department: Monday to Friday, 8 a.m. to 4 p.m. at 613-721-2000, ext. 2614.

Your date of surgery is: \_\_\_\_\_

Call Queensway Carleton Hospital Operating Room Scheduling Department on the day before your surgery is scheduled to get the time for your admission. The number to call is 613-721-4840 between 11 a.m. and 3 p.m., Monday through Friday.

Call for your admission time on \_\_\_\_\_

**On the day of your Pre Op Assessment Clinic visit we advise you to purchase 2 scrub brushes of Chlorhexidine soap. They can be purchased at the QCH Gift Box on the main floor next to the front lobby.**

#### Gift Shop Hours

Monday to Friday 9 a.m. to 4 p.m. and 5 p.m. to 8 p.m.

Weekends 12 p.m. to 4 p.m.

#### **Family Contact:**

Please discuss and decide with your family/care partner who will be the primary “contact” person. This should be the only person to phone the hospital staff regarding your condition. This person can further contact the rest of your family and/or friends. This name will be written on the chart. Please let your family and friends know who this person is.

**My family contact is:** \_\_\_\_\_

Phone number Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

#### **Screening for Antibiotic Resistant Bacterium**

Today, many hospitals in Canada and around the world are dealing with bacterium which no longer responds to many antibiotics. The Queensway Carleton Hospital is taking steps to prevent and control antibiotic resistant bacterium. This bacterium does not cause problems in healthy people, but they can cause infections in people who have weakened immune systems or have had major surgery. If you have stayed overnight in a healthcare facility within the last year, you will be screened for this at the time of your Pre Operative Assessment Clinic (POAC) visit.

## **Health tips before surgery**

**Note:** Notify your Surgeon if you develop a cold or any other illness before your surgery

This is important for your well being and the safety of others because there is a risk for everyone if you go into surgery with an infectious process (cold or flu) in progress. Should your surgery be delayed, every effort will be made to have you rescheduled as soon as possible.

## **Will I need to see a Social Worker?**

If there are any issues that may make it difficult for you to manage at home a Social worker is available. If you are already on Home Care through the Community Care Access Centre (CCAC), please make sure that your Case Coordinator knows the date of your surgery.

If you live alone, you should plan to have someone stay with you overnight and to help make meals for a few days. You could also make meals ahead of time and freeze them. If you are worried about being alone, you may want to think about convalescent care in a retirement home. You can make these arrangements yourself or we can help you to do it when you come to Pre Operative Assessment Clinic (POAC).

If you are the caregiver for someone else, please let us know at the time of your pre-operative visit.

If you have financial concerns that interfere with your discharge plans or other worries/stresses, please let us know. We can offer support and connect you with other services that you may not know about.

## **Accommodations for out of town patients and families**

Local accommodation: You may request a reduced rate (based on availability) for "QCH visiting families"

### Best Western Baron's Hotel and Conference Centre

3700 Richmond Road, Bell's Corners (1.8 km west of QCH)  
613-828-2741

### Day's Inn

350 Moodie Drive, Bell's Corners (3 km west of QCH)  
613-726-1717 or 1-800-616-7719

### Holiday Inn Select (Suites)

101 Kanata Ave, Kanata (11.6 km west of QCH)  
613-271-3057

### Holiday Inn Express

45 Robertson Rd, Bell's Corners, Ottawa West Nepean(2 km west of QCH)  
613-690-0100 or 1-877-660-8550

### Algonquin College of Applied Arts and Technology

1385 Woodroffe Avenue, Ottawa (5.2 km east of QCH)  
613-727-7698 or 1-877-225-8664

(Double beds in dorm rooms are available from 2<sup>nd</sup> week in May until 2<sup>nd</sup> week of August). Identify yourself as QCH patient/families.

## **How do I prepare for my surgery?**

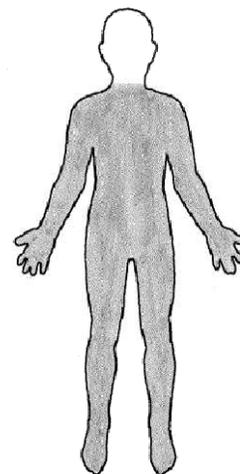
You must follow these rules if you are to have your surgery on the scheduled date:

- **DO NOT EAT ANY SOLID FOOD AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY OR YOUR SURGERY WILL BE CANCELLED.**
- **You should drink one cup (250 mLs) 8 ounces clear fluid e.g. apple juice, water or ginger-ale™, before leaving to come to hospital.**

You should take your regular medications with water the morning of surgery unless told not to. **If you use inhalers bring them with you. Bring your medications with you to the hospital.**

You **must stop** taking any medications that could thin your blood at least one week prior to surgery unless instructed otherwise by your Doctor. Speak with your Surgeon if you are taking medicines that thin your blood such as Aspirin™, Plavix™, Coumadin, Pradax™, Vitamin E, ginkgo biloba, omega, feverfew, garlic or ginseng at least one week before surgery. These medications “thin” your blood, which could cause bleeding during and after surgery. The Nurse will review these medications with you and will advise you to stop any medication that will affect blood thinning based on the Doctors directions.

- **Skin preparation:** Stop shaving in the operative area one week (7 days) before your surgery date. Shaving can cause tiny nicks in the skin that may allow germs to enter your body and cause an infection. **Do not use bath scents, powders or body lotions.**



Skin preparation:

1. The night before surgery bath or shower and wash your entire body using the Chlorhexidine soap.
  2. The morning of surgery repeat your bath or shower using Chlorhexidine soap sponges.
- If you are a smoker, stop smoking 24 hours before your surgery. We can provide you with smoking cessation support to prevent nicotine withdrawal during your hospitalization.
  - Do not drink alcohol 24 hours before surgery.
  - On the day of surgery do not apply deodorant, or insert contact lenses. **Please do not wear any scented products because some people are allergic to them.**
  - Do not bring valuables (jewellery, credit cards, and money) to the hospital. We do not assume responsibility for lost or stolen articles.
  - Arrange for someone to drive you to the hospital the day of surgery, and drive you home on your discharge day.

### **What should I bring to the hospital?**

1. Health card
2. All medications in their proper bottles including eye/ear drops, creams, inhalers, vitamins, herbals, and all over-the-counter medications
3. Dressing gown
4. Non-skid slippers
5. Comfortable clothing, for example: pajamas, and clothes to wear home
6. Toothbrush, toothpaste, soap, shampoo, deodorant, Kleenex™, razors. These items are not supplied by the hospital
7. Please label any equipment brought from home with your name on it
8. A list of allergies including the type of reaction

## What happens the day of my surgery?

- On arrival to the hospital; report to the Patient Registration Department on the main floor. **Please bring your health card and medications with you.**
- From Patient Registration you will be taken to the Day Surgery Unit (DSU). A care partner can accompany you and remain with you until you go to surgery.
- After you arrive at the changing area, you will change into a hospital gown. Your clothes will be placed in a bag for later transfer to your room.
- A Nurse will complete the paperwork for your admission to the hospital.
- The Nurse will start an intravenous by inserting a small needle into your arm or hand. Prior to the surgery you will receive an antibiotic through the intravenous.
- A Nurse or Ward Assistant will take you to the Operating Room.
- You will talk to your Anesthesiologist and Surgeon in the waiting area.
- Your surgery will last about 1-2 hours.
- After your surgery, you will go to the Post Anesthetic Care Unit (PACU) for monitoring.
- The Nurse will check your blood pressure, pulse, and operative site frequently.
- You will have an intravenous. A urinary catheter will be in place connected to a continuous bladder irrigation set up.
- You may have oxygen provided.
- If you feel any pain or nausea, inform the Nurse. You can be given medication to help this.
- You may be drowsy after the surgery, as you become more alert we will encourage you to do deep breathing and ankle exercises. These exercises will help to prevent complications.
- Your family will be able to visit you after you are admitted to your room. They can also bring any extra personal toiletries and clothing at this time.

## What are ankle exercises and deep breathing exercises?

### Ankle Exercises:

Point your toes toward your head, then towards the foot of the bed. Make your feet go around in circles 5 times. This should be at least every hour while you are awake.

### Deep Breathing Exercises:

Take a deep breath in through your nose, and slowly blow out through your mouth. Repeat this 3 times. This should be done every hour while you are awake for the first day, then every 2 hours for the next 1-2 days.

### After Your Operation / Day of Surgery

No incision is visible. Healing occurs at the site where the overgrown tissue has been removed, scabs form at this site. Occasionally you may notice pieces of tissue or blood in your urine if these scabs fall off. This is all part of healing.

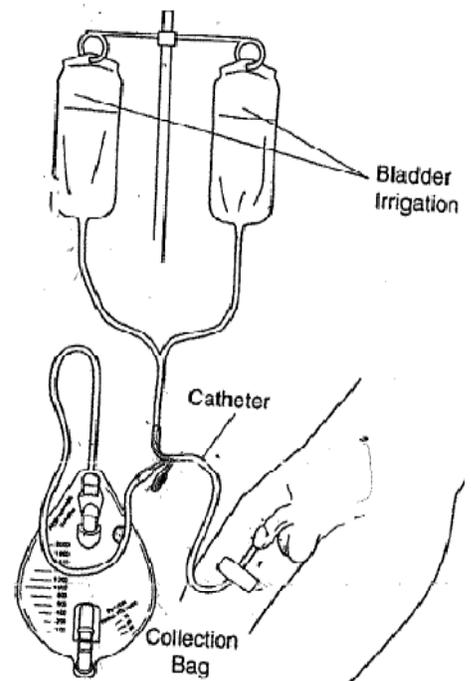
### Intravenous (IV)

An intravenous (IV) will be placed in your arm or hand before surgery. You will be encouraged to drink fluids. Regular food will be added to your diet when you can tolerate solid food.

You will have an intravenous (IV) for about 24 - 48 hours. It is usually removed when you are able to eat and drink.

### Catheter and Continuous Bladder Irrigation (CBI)

You will have a catheter (a tube through your penis into your bladder). It will be connected to a Catheter and Continuous Bladder Irrigation (CBI) setup. A solution will flow into your bladder constantly to reduce the chance of blood clots forming. The fluid will then drain out through the catheter into a collection bag. Do not be alarmed if the fluid draining out is bright red. It will gradually become lighter. Your catheter could become clogged with clots. If this happens, you may feel abdominal (stomach) pain, abdominal distension



and you might notice your tube is not draining. Call your Nurse who will flush your catheter. This problem does not always occur.

Be careful not to pull on the catheter, especially when you get in and out of bed and walk.

A Nurse will show you how to clean around your catheter with soap and water. Clean around your catheter twice a day until it is removed. This helps prevent infection.

The bag collecting the fluid from your catheter will be emptied frequently. While the catheter is in place you may have a feeling of pressure or bladder fullness.

The first few times you pass urine after the catheter is removed, a feeling of urgency, frequency and burning may occur. This often happens, but it will soon go away as healing takes place.

Your intravenous (IV) and catheter will usually be taken out a day or two after your surgery. At first, you may not have your usual control when passing your urine. You may have dribbling and pass your urine more often (frequency and urgency). This generally improves in a few weeks. It is very important that you drink lots of fluid (at least one glass of water an hour). This will dilute the blood in your urine and reduce the chance of clots forming.

## **Pain Management**

### **Managing discomfort**

Most men will have only mild or no discomfort. If you are having pain, tell your Nurse so measures can be taken to help relieve it. You may be uncomfortable if a blood clot blocks the flow of urine out of your catheter. The Nurse will irrigate the catheter for you.

### **Spasms**

It is very common to experience bladder spasms (like muscle cramps that come and go). If this is a problem speak to your Doctor/Nurse.

### **Irritation**

Irritation at the tip of the penis is common from the catheter. You can wash the tip of the penis with mild soap and water and use Polysporin™ ointment as needed.

Some patients may experience an upset stomach and vomit. Tell your Nurse and you will receive some medication for this.

### **Activity**

You should be as active as possible both in and out of bed. The Nurse will help you get out of bed and walk around, probably on the same day as your surgery. Your IV and catheter will need to go with you. Walking 3-4 times a day and taking deep breaths will help you recover. Your Nurse will show you how to cough and deep breathe properly. Do this every hour while you are awake to decrease the risk of lung infection.

### **Bowel Care**

Your surgery was done in an area right in front of your rectum. Do not force or strain to have a bowel movement. This could cause bleeding.

Remember that you have an incision on the inside that needs time to heal. Try to prevent constipation.

- A stool softener, like Colace™, may be needed to make your bowel movements easier. This prevents straining that could cause bleeding. **If necessary ask for a laxative.**
- Eat a well balanced diet with high fibre to prevent constipation. (fruits, vegetables and whole grain products)

## **Pain scale ruler**

### **What is a pain scale ruler?**

A pain scale ruler is a simple tool to measure how much pain you are having. Each Nurse will use this ruler to measure your pain.

### **Why do we measure your pain?**

We measure your pain frequently so that we can be sure your pain medication is working.

### **What does a pain scale ruler look like?**

One side of the ruler has numbers from 1 to 10. The other side has colors from white to deep red (shown here in shades of grey).

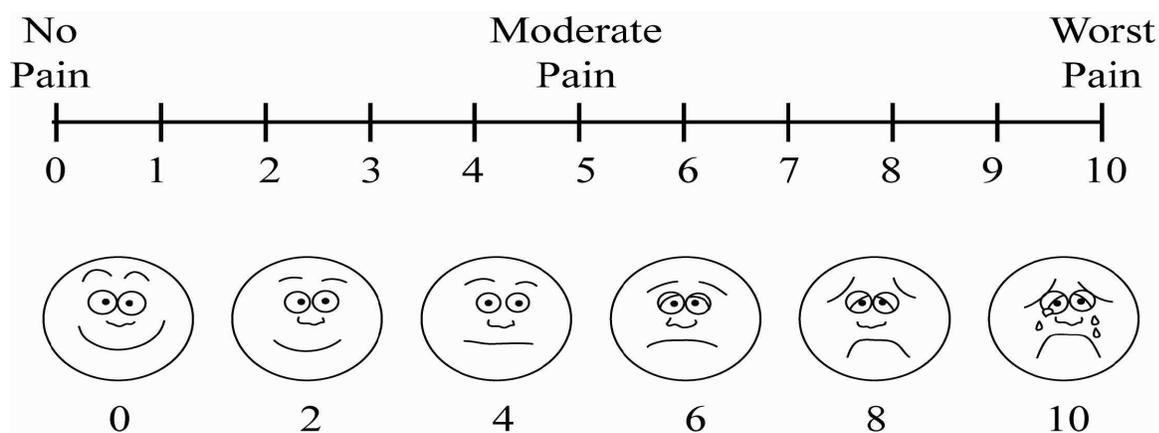
### **How does our pain scale ruler work?**

Our ruler measures pain in two ways – by number or colour.

**By number:** the ruler is numbered from 0 to 10, with 0 being no pain and 10 being the most severe pain you can imagine.

**By faces:** the faces are coloured and range from happy, with 0 being no pain as shown with a clear face to sad with 10 being the most severe pain you can imagine as shown with a deep red face. (Shown in this example as shades of grey).

The Nurse will show you the ruler and ask you to choose a number or colour.



## Deep Vein Thrombosis (DVT)

Deep vein thrombosis can be a complication of surgery. It is a blood clot that may develop in a deep vein, usually in the leg. This can happen if the vein is damaged or if the flow of blood slows down or stops. A deep vein thrombosis (DVT) can cause pain in the leg and can lead to complications if it breaks off and travels in the blood stream to the lungs. When a clot forms it can either partially or totally block the blood flow in that vein.

Symptoms of a deep vein thrombosis (DVT) include:

- Swelling of the leg
- Warmth and redness of the leg
- Pain that is noticeable or worse when standing or walking

These symptoms are not always a sign of a deep vein thrombosis (DVT), but anyone who experiences them should contact their Doctor immediately or go to the nearest Emergency Department to be assessed. Your Doctor will take steps to reduce your risk of developing a blood clot while you are in the hospital. These may include one of the following:

- Blood thinning medication in the form of a daily injection
- Walking
- Ankle and leg exercises

Your Doctor will advise you if you are to go home with blood thinners.

### **Protecting your skin from pressure ulcers**

Are you at risk for developing a pressure ulcer (bed sore)? A pressure ulcer is a sore that develops, usually from sitting or lying in the same position for long periods of time or from sliding down in the bed. It is most often seen over the tailbone and heels. Some of the key things that can be done to help prevent these sores are to avoid sitting in bed with the head of the bed higher than 30 degrees for long periods of time, reposition yourself or ask for help, about every 2 hours, and use pillows under your legs, to avoid having your heels directly on the bed.

### **At Home**

You may see blood in your urine off and on for the next few weeks. This is normal. If your urine is pale yellow, drink your usual amount of fluids. If your urine is red or brown tinged, you should drink 8-10 glasses of fluid each day. This washes out your bladder and helps prevent infection.

Alcohol, spicy foods and caffeine, are all irritants to the bladder and cause burning, frequency and discomfort when voiding (passing urine).

### **Diet**

Good nutrition is important for healing, helps fight infection and ensures a smooth recovery.

Eat a high fiber diet to prevent constipation and straining. This includes whole grain cereals, bran, salads, and fruits/vegetables.

Choose a diet high in iron and Vitamin C at every meal. Vitamin C in juice or fruit helps the iron to be better absorbed. Iron rich foods include lean red meats, beans, green vegetables, whole grain breads and cereals like Shreddies™, All Bran™, Shredded Wheat™, and Cream of Wheat™.

Choose a protein and a milk product at each meal. Protein choices include fish, poultry, eggs, beans and nuts. Milk choices include milk, yogurt, cheese, puddings and ice cream.

## **Activity**

- Take frequent rest periods as necessary. Avoid sitting for long periods.
- You may go for short walks and be reasonably active with frequent rest periods.
- Avoid any strenuous activity and no heavy lifting for four weeks, (eg. shoveling, digging or lifting over 15 lbs). There are no restrictions on climbing stairs. Your Doctor will advise you when you can resume sports/return to work. (Gradually resume your regular activities like light housekeeping after 2 weeks).
- Avoid long car rides for 3-4 weeks.
- Sex should be avoided for 3-4 weeks or as per your Doctor's advice.
- Do Kegel exercises to help strengthen the pelvic floor muscles which will help to control your urine flow.

Instructions of Kegel's exercises are included on page 16 (**Only done after catheter has been removed**)

## **Follow up**

Your Doctor will tell you when to make a follow up appointment to see him/her after surgery.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL YOUR SURGEON OR GO THE CLOSEST EMERGENCY DEPARTMENT IN THE CASE OF ANY EMERGENCY.**

## **Additional Information**

1. If given a prescription to help prevent infection, take until completely finished. Watch for signs and symptoms of infection: fever (greater than 38°C or 100.4°F, chills, cloudy foul smelling urine, pain in the abdomen or bladder. If you have any of these symptoms, contact your Surgeon or go to the closest Emergency Department if you cannot reach your Surgeon.
2. It is normal for up to 6-8 weeks to notice blood in your urine off and on as a part of healing. As the surgical site heals, scabs may fall off and you will notice blood or pieces of tissue in your urine. If you do too much physical activity, for example, walking – you might notice more blood or tissue in your urine. Rest and drink lots of fluids.

If you have a lot of blood in your urine, clots or can't empty your bladder, go to the closest Emergency Department.

3. If you go home with a catheter, you will be given a “Catheter Care Sheet”. If after the catheter is removed, you cannot empty your bladder, go to the closest Emergency Department.
4. Your medications – continue to take all prescribed medications unless instructed otherwise by your Doctor. **CHECK WITH YOUR DOCTOR BEFORE TAKING ASA (ASPIRIN™) OR ANY BLOOD THINNERS AFTER SURGERY.**

## **EXERCISES TO STRENGTHEN THE PELVIC FLOOR (KEGEL EXERCISES)**

Pelvic floor exercises can help you improve your bladder control. When done properly and regularly, these series of exercises, also called Kegel Exercises, can build up and strengthen the muscles of the pelvic floor to help you hold your urine.

### **How pelvic muscle exercises may help**

The pelvic muscles support the bladder like a hammock. We can tighten, and relax these muscles. When tightened (contracted), the urethra that passes urine from the bladder to outside the body is squeezed so that urine is held in. Urine will not leak if the muscles are strong. If the muscles are weak, they are unable to close off the urethra and urine may leak. Pelvic muscle exercises help strengthen the “hammock” that supports the bladder, so that the urethra can be kept closed and keep urine in.

### **How to “feel” the muscles of the pelvic floor**

To be sure that you are exercising correctly, it is important to learn how to feel the muscles of the pelvic floor as you contract them. Before surgery, you can identify the muscles by doing the following.

- Next time you go to the toilet, try to stop the stream of urine about halfway through emptying your bladder. Then relax the muscles and allow the bladder to empty completely. The muscles you use to stop the flow of urine are the same muscles you will be squeezing when doing the Kegel exercises. Do not repeat this as an exercise.
- Imagine trying to stop yourself from passing wind from the bowel. You would squeeze the muscle around your anus. Try squeezing that muscle as if you really did have wind. Do it now. You should be able to feel the muscle move. The buttocks and thighs should not move at all. You

should be aware of the skins around the anus tightening and the anus pulled up and away from whatever you are sitting on.

- **BEGIN THESE EXERCISES BEFORE YOUR SURGERY!**

### **How to do pelvic muscle exercises**

Teach yourself to relax and focus on the pelvic muscle exercises. This will become easier with practice. **Do not do these exercises while a catheter is in place.**

1. Stand, sit or lie down with your knees slightly apart. Relax.
2. Find your pelvic muscle.
3. Tighten the muscles for 5 to 10 seconds. Breathe normally. Do not tighten your stomach or buttocks, just keep them relaxed.
4. Now relax the muscles.
5. Repeat.

### **Your Schedule**

- Repeat the contractions 12 to 20 times.
- Do this every hour on the hour during the daytime.

### **Rules to remember**

- Do them properly, checking often to be sure that you are using the correct muscles.
- Do them regularly, at least three (3) times a day.
- Do them when you need them the most – learn to contract the pelvic floor muscles before sneezing, coughing, or straining. This takes a conscious effort at first and as time goes on, you will do it without thinking about it.
- Keep on doing them. Do not become discouraged. You should start to see some improvement after a few weeks. Like any other muscle in the body, the pelvic muscles will only stay strong as long as you exercise them. Once you have improved your bladder control, you should continue your exercises every second day.
- Drink plenty of fluids – at least 6 to 8 glasses of water a day. Do not go to the toilet “just in case”; go only when you feel the need to pass urine.

### **Care of the Foley™ Catheter**

Your catheter is a tube that will continually drain urine from your bladder, so you won't need to urinate. These instructions will tell you how to look after your catheter after you go home.

### **1. Personal hygiene**

You can shower and go back to your normal activities, unless you are told otherwise.

### **2. How to look after your catheter**

You should use soap and water to wash the skin around your catheter at least twice a day. While you are washing this area, you should also watch for redness, tenderness, swelling or drainage. These are signs of irritation. You should also wash around your rectum twice a day and after each bowel movement.

### **3. Report problems early**

Call your Surgeon or go to the closest Emergency Department right away if you have problems such as:

- Continuous leakage of urine around the catheter (small leakage for a short period may be due to a bladder spasm and is nothing to worry about)
- pain and fullness in your lower abdomen
- a decrease in the amount of urine flowing
- blood or clots in your urine
- fever (greater than 38°C or 100.4°F)

**IT IS VERY IMPORTANT THAT YOU NEVER PULL ON YOUR CATHETER OR TRY TO REMOVE IT YOURSELF.**

### **4. Diet**

Try not avoid becoming constipated. It is important to eat a diet that has lots of fibre and to drink lots of fluids (at least a glass full every hour during the day).

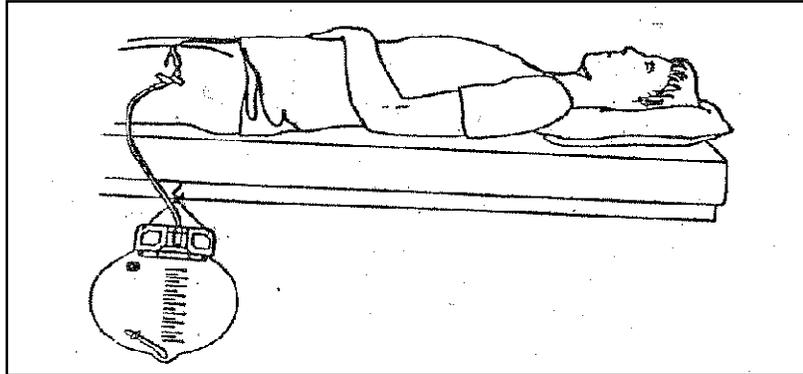
### **5. Always wash your hands** before you start and after you finish catheter care.

## **CARE OF A URINARY DRAINAGE SYSTEM**

### **Connecting, disconnecting, emptying of the overnight drainage bag**

1. Always wash your hands before you start and after you are finished.
2. Your catheter is attached to drainage tubing that leads to a drainage bag. At night time, you will use a bedside drainage bag as it holds more urine so you can sleep for 8 hours without emptying it.

3. Choose which side of the bed you want the drainage bag to hang from. Attach the catheter tubing to your thigh (for men- tape it opposite to the base of your penis) on that side, using non-allergic tape. Shave your thigh in that spot if needed. Leave some slack in the line so that you won't pull on the catheter when you move your leg.



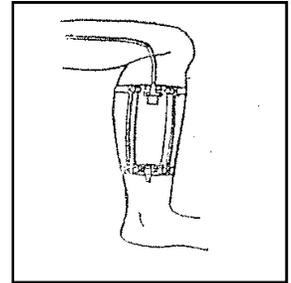
4. When you get into bed, arrange the drainage tubing so it doesn't kink or loop. Hang the drainage bag by its hook on the side of the bed (or pin it to the mattress). Keep the bag below the level of your bladder at all times, whether you are lying, sitting, or standing, to make sure that it drains properly and to decrease the risk of infection. Always make sure that the port at the end of the bag is closed.
5. In the morning, when you are ready to put the leg bag on, you should empty the overnight drainage bag first. To do this, remove the drainage port at the bottom of the bag from its sleeve (without touching the tip) and unclamp it.
6. Let the urine drain into the toilet (or into a measuring container, if necessary). Do not let the end of the drainage port touch the toilet or container.
7. When the bag is completely empty, clean the end of the drainage port with rubbing alcohol and put it back into its sleeve.

### **Connecting, disconnecting, emptying of the leg drainage bag**

1. Clean the connection where the catheter and the drainage bag meet. Pinch off the catheter, clean the end with alcohol and then connect the daytime leg bag.
2. Attach the leg bag to your leg using the straps included. Do not make the straps too tight, as this could make your skin irritated and decrease the blood supply. Every day, change the leg bag to the other leg (from the one you used the day before).

### **Emptying the leg bag**

1. First, wash your hands. Then open the drainage port at the end of the bag and drain all the urine into the toilet (or into a measuring container if necessary). Do not let the end of the drainage port touch your hands, toilet or the container.
2. After the bag is completely empty, clean the end of the drainage port with rubbing alcohol and close it.
3. Wash your hands after you are finished.



### **Before going to bed**

Replace the leg bag with a bedside drainage bag. To replace the leg bag, first empty it. Pinch off the catheter and clean the connection between the catheter and the leg bag with rubbing alcohol. Unhook the leg bag and hook up the catheter to the bedside drainage tubing and bag.

### **Cleaning the drainage bags**

You should clean out the bag you remove right after changing it. Open the drainage port at the end of the bag. Using water, rinse the out the bag. Close the drainage port and using a large syringe or a poultry baster, pour a mixture of 1 part vinegar and 3 parts water through the collection tube into the drainage bag. Let the bag sit for 30 minutes with the vinegar and water solution in it, then empty the bag through the bottom drainage port and let the bag air dry. Store the drainage bag in a clean, dry place.





# Mission, Vision & Values

## OUR VISION

We will be the community hospital of choice, recognized for our exemplary patient care, people and performance in a environment of innovation and strategic partnerships.

## OUR MISSION

As a patient and family-centred hospital:

- We provide a broad range of acute care services to the people of Ottawa and the surrounding region.
- We respond to the needs of our patients and families through our commitment to exemplary performance, accountability and compassion.
- We partner with other health care and community service organizations to ensure coordinated and integrated care.
- We actively promote a learning environment in which our staff, physicians, students and volunteers are progressive and responsive.
- We are an active teaching partner with colleges, universities and other healthcare programs.

## Our Cornerstone Programs are:

- Emergency Services
- Medical Services
- Surgical Services
- Geriatric Services
- Acute Rehabilitation Services
- Childbirth Services
- Mental Health Services

## OUR VALUES

- Accountability
- Innovation
- Respect

