About Your Prostate Ablation Procedure

This information will help you get ready for your prostate ablation procedure at Memorial Sloan Kettering (MSK). It will also help you understand what to expect after your procedure.

About Your Prostate

- Your **prostate** is a small, firm gland about the size of a walnut. It’s in front of your rectum, below your bladder (see Figure 1). Your prostate works with other glands in your body to make semen.
Your urethra is a tube that carries urine (pee) from your bladder, through your penis, and out of your body.

Your seminal vesicles are small glands near your prostate that make the fluid in semen.

Your perineum is the space between your scrotum and anus.

About Your Prostate Ablation Procedure

Prostate ablation is a procedure used to treat prostate cancer. During a prostate ablation procedure, energy (such as heat, cold, lasers, or chemicals) is used to kill the cancer cells. The energy may also destroy some of the surrounding normal prostate tissue.

You will get anesthesia (medication to make you sleep during your procedure) before your procedure unless your doctor tells you otherwise. Once you’re asleep, you will be positioned on your back with your legs supported and raised above your hips with your knees bent.

Your doctor may place a cystoscope (small, flexible camera) through your urethra to your prostate and bladder after you’re asleep, before your ablation. This is to check for anything that might affect your procedure.

Prostate ablation can be done with a needle ablation or with high-frequency ultrasound energy. Your doctor will talk with you about which type of ablation is best for you.
**Needle ablation**
If you’re having a needle ablation, a small ultrasound probe will be put into your rectum. The ultrasound probe uses sound waves to show your prostate on a video screen. Your doctor will use these images as they guide small needles into your prostate. The needles will be held in place by a template, which is a small, square piece of plastic with many holes in it.

Once the needles are in place, your doctor will use them to deliver the treatment to your prostate. The treatment will take 20 to 30 minutes.

After the treatment is finished, the needles and probe will be taken out and you will be taken to the recovery room.

**Ablation through high-frequency ultrasound energy**
If you’re having ablation through high-frequency ultrasound energy, a small ultrasound probe will be placed into your rectum so your doctor can see your prostate.

After your treatment is completed, the probe will be taken out and you will be taken to the recovery room.

**Getting Ready for Your Procedure**
You and your healthcare team will work together to get ready for your procedure. Help us keep you safe during your procedure by telling us if any of the following statements apply to you, even if you aren’t sure.

- I take a blood thinner. Some examples are aspirin, heparin,
warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your healthcare provider knows all the medications you’re taking.

- I take prescription medications (medications prescribed by a healthcare provider), including patches and creams.
- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.
- I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia (medication to make you sleep during a surgery or procedure) in the past.
- I am allergic to certain medication(s) or materials, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.

**About drinking alcohol**
The amount of alcohol you drink can affect you during and
after your procedure. It’s important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medication to help keep them from happening.

- If you drink alcohol regularly, you may be at risk for other complications during and after your procedure. These include bleeding, infections, heart problems, and a longer hospital stay.

Here are things you can do to prevent problems before your procedure:

- Be honest with your healthcare providers about how much alcohol you drink.

- Try to stop drinking alcohol once your procedure is planned. If you develop a headache, nausea (feeling like you’re going to throw up), increased anxiety, or can’t sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.

- Tell your healthcare provider if you can’t stop drinking.

- Ask your healthcare provider questions about drinking and your procedure. As always, all of your medical information will be kept confidential.
**About smoking**
If you smoke, you can have breathing problems when you have a procedure. Stopping even for a few days before your procedure can help. If you smoke, your nurse will refer you to our Tobacco Treatment Program. You can also reach the program by calling 212-610-0507.

**About sleep apnea**
Sleep apnea is a common breathing disorder that causes you to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes completely blocked during sleep. OSA can cause serious problems during and after your procedure.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (such as a CPAP machine) for sleep apnea, bring it with you the day of your procedure.

**Within 30 Days of Your Procedure**

**Presurgical testing (PST)**
Before your procedure, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon’s office.

You can eat and take your usual medications the day of your PST appointment.
During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you anesthesia during your procedure). Your NP will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your procedure.

It’s very helpful if you bring the following with you to your PST appointment:

- A list of all the medications you’re taking, including prescription and over-the-counter medications, patches, and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your doctor(s).

**Identify your caregiver**

Your caregiver plays an important role in your care. You and your caregiver will learn about your procedure from your doctor and nurse. After your procedure, your caregiver should be with you when you’re given your discharge instructions so they’re able to help you care for yourself at home. Your
caregiver will also need to take you home after you’re discharged from (leave) the hospital.

**Complete a Health Care Proxy form**

If you haven’t already completed a Health Care Proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you can’t communicate for yourself. The person you identify is called your health care agent. For more information about health care proxies and other advance directives, read the resources *Advance Care Planning* ([www.mskcc.org/pe/advance_care_planning](http://www.mskcc.org/pe/advance_care_planning)) and *How to Be a Health Care Agent* ([www.mskcc.org/pe/health_care_agent](http://www.mskcc.org/pe/health_care_agent)).

If you’re interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one already, or if you have any other advance directive, bring them to your next appointment.

**Exercise**

Try to do aerobic exercise every day. Examples of aerobic exercise include walking at least 1 mile (1.6 kilometers), swimming, or biking. If it’s cold outside, use stairs in your home or go to a mall or shopping center. Exercising will help your body get into its best condition for your procedure and make your recovery faster and easier.

**10 Days Before Your Procedure**

*Stop taking vitamin E*
If you take vitamin E, stop taking it 10 days before your procedure. Vitamin E can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)* (www.mskcc.org/pe/common_meds).

### 7 Days Before Your Procedure

**Stop taking certain medications**

If you take aspirin, ask your surgeon if you should keep taking it. Aspirin and medications that contain aspirin can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)* (www.mskcc.org/pe/common_meds).

**Stop taking herbal remedies and other dietary supplements**

Stop taking herbal remedies and other dietary supplements 7 days before your procedure. If you take a multivitamin, ask your doctor or nurse if you should keep taking it. For more information, read *Herbal Remedies and Cancer Treatment* (www.mskcc.org/pe/herbal_remedies).

### 2 Days Before Your Procedure

**Stop taking certain medications**

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), 2 days before your procedure. These medications can cause bleeding. For more information, read *Common Medications*
Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs) (www.mskcc.org/pe/common_meds).

**Start taking tamsulosin (Flomax*)**
Your doctor will give you a prescription for tamsulosin to help you urinate (pee) after your procedure. Start taking the tamsulosin 2 days before your procedure or as directed by your doctor or nurse.

**Arrange for someone to take you home**
You must have a responsible care partner take you home after your procedure. Make sure to plan this before the day of your procedure.

If you don’t have someone to take you home, call one of the agencies below. They will send someone to go home with you. There’s usually a charge for this service, and you will need to provide transportation.

**Agencies in New York**
Partners in Care: 888-735-8913
Caring People: 877-227-4649

**Agencies in New Jersey**
Caring People: 877-227-4649

**1 Day Before Your Procedure**

**Follow the diet your nurse recommends**
Depending on the type of ablation procedure you’re having, you may need to follow a light diet or a low residue diet. Your nurse will check the box below next to the diet you should follow.
Start following it the morning of the day before your procedure.

- **Light diet**
  Follow a light diet, such as small sandwiches, eggs, toast, crackers, soup, or cereal. Limit the amount of dairy products and avoid fried foods and foods with a lot of seasoning.

- **Low-residue diet**
  Follow a low residue diet. This diet limits high-fiber foods, such as whole grain breads and cereals, nuts, seeds, and raw or dried fruits and vegetables. You should also limit the amount of dairy products you have.

**Start taking antibiotics, if needed**
If your doctor gives you a prescription for antibiotics, start taking them 1 day before your procedure.

**Note the time of your procedure**
A staff member from the Admitting Office will call you after 2:00 PM the day before your procedure. If your procedure is scheduled for a Monday, they will call you on the Friday before.

The staff member will tell you what time to arrive at the hospital for your procedure. They will also remind you where to go. If you don’t get a call by 7:00 PM the evening before your procedure, call 212-639-5014.

**Sleep**
Go to bed early and get a full night’s sleep.
Instructions for eating and drinking before your procedure

- Do not eat anything after midnight the night before your procedure. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

The Morning of Your Procedure

Take your medications
If your doctor or NP told you to take certain medications the morning of your procedure, take only those medications with a sip of water. Depending on what medications you take and the procedure you’re having, this may be all, some, or none of your usual morning medications.

Give yourself a saline enema
Give yourself a saline enema (such as a Fleet® saline enema) the morning of your procedure. Follow the directions on the box. You can buy this at your local pharmacy.

Things to remember
• Wear comfortable, loose-fitting pants with an elastic waistband.

• Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.

• Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your procedure can cause burns if it touches metal.

• Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.

• Before you’re taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.

• If you wear contacts, wear your glasses instead. Wearing contact lenses during your procedure can damage your eyes.

What to bring

☐ Your breathing machine for sleep apnea (such as your CPAP machine), if you have one.

☐ Your portable music player, if you choose. However, someone will need to hold it for you when you’re having your procedure.

☐ Your Health Care Proxy form and other advance directives, if you have completed them.

☐ A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious
articles), if you have one.

☐ This guide. Your healthcare team will use this guide to teach you how to care for yourself after your procedure.

**Once you’re in the hospital**
You will be asked to say and spell your name and birth date many times. This is for your safety. People with the same or a similar name may be having a procedure on the same day.

**Get dressed for your procedure**
When it’s time to change for your procedure, you will get a hospital gown, robe, and nonskid socks to wear.

**Meet with your nurse**
You will meet with your nurse before your procedure. Tell them the dose of any medications (including patches and creams) you took after midnight and the time you took them.

Your nurse may place an intravenous (IV) line into one of your veins, usually in your arm or hand. If your nurse doesn’t place the IV, your anesthesiologist will do it later once you’re in the operating room.

**Meet with your anesthesiologist**
Your anesthesiologist will:

- Review your medical history with you.
- Ask you if you’ve had any problems with anesthesia in the past, including nausea or pain.
- Talk with you about your comfort and safety during your
procedure.

- Talk with you about the kind of anesthesia you will receive.
- Answer any questions you may have about your anesthesia.

Get ready for your procedure

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your procedure to start. When it’s time for your procedure, your visitor(s) will be taken to the waiting area. Your visitors should read Information for Family and Friends for the Day of Surgery (www.mskcc.org/pe/information_family_friends).

You will either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Once you’re comfortable, your anesthesiologist will give you anesthesia through your IV line and you will fall asleep. You will also get fluids through your IV line during and after your procedure.

After you’re fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe. You will also have a urinary catheter (Foley®) placed to drain urine from your bladder.

Your breathing tube is usually taken out while you’re still in the operating room.

After Your Procedure

A nurse will be monitoring your body temperature, pulse, blood
pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth.

Your visitors can see you once you’re awake and feel ready for them. This is usually after about 30 minutes to 1 hour. A member of the nursing staff will explain the guidelines to them.

**Managing your pain**
For the first 6 to 8 hours after your procedure, apply ice packs to your perineum for 20 minutes on and then 20 minutes off. This helps reduce discomfort, swelling, and bruising. Don’t put the ice packs right on your skin.

You will probably have some pain for about 1 to 2 days after your procedure. You can take an over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) to help with any discomfort.

**Tubes and drains**
You will have a urinary catheter in your bladder. This is so your care team can keep track of how much urine you’re making. You might be discharged with the catheter still in place. If you are, your nurse will tell you when to take it out. They will give you written instructions. You can also watch the video *How to Remove your Urinary (Foley) Catheter* ([www.mskcc.org/pe/remove_foley](http://www.mskcc.org/pe/remove_foley)).

**Leaving the hospital**
You will go home the same day as your procedure. It’s
important to have a responsible care partner to take you home.

After You Leave the Hospital

- Follow your doctor’s instructions for taking your antibiotics and tamsulosin (Flomax).
- Don’t shower for the first 24 hours after your procedure. After 24 hours, you can go back to showering as usual. Don’t take a tub bath or submerge your lower body in water for 2 weeks after your procedure.
- Don’t lift anything heavier than 20 pounds (9 kilograms) for at least 48 hours (2 days) after your procedure. Your doctor will tell you if you need to wait longer than 48 hours.

Changes in urination

- Your urine may be pink tinted or have small amounts of blood in it for a few days after your procedure. If you have any heavy bleeding or blood clots in your catheter, call your doctor.
- You may have a burning feeling when you urinate for 1 to 2 weeks after your procedure. Your doctor will give you a prescription for medication to help with this, if needed.
- Your urine may flow more slowly than usual for about 2 to 3 weeks after your procedure.
- You may urinate more often than usual for up to 6 weeks after your procedure.

Swelling, bruising, or bleeding
• Your scrotum and the skin beneath it may have bruising and swelling after your procedure. This usually goes away within a few days, but it sometimes lasts for 2 to 3 weeks. To help with bruising and swelling, hold an ice pack on your perineum for 20 minutes, then take it off for 20 minutes. Repeat as needed. Don’t put the ice pack right on your skin.

• If you had a needle ablation, you may have light bleeding from your puncture sites for 1 to 2 days after your procedure. If you do, apply steady pressure with a clean, dry washcloth or gauze to the area for 5 minutes. If the bleeding becomes heavy or doesn’t stop, call your doctor.

• You may have tenderness in your perineum. This may continue for several days after your procedure. If the area becomes very red, tender, or swollen, call your doctor.

• You may have a pink-tinted fluid coming from your urethra for a few days or weeks after your procedure. This is temporary. It’s caused by swelling in your prostate from the treatment.

Changes in sexual function

• Your semen may contain a small amount of blood for several weeks.

• You may ejaculate less semen than you did before your procedure. This is permanent.

• You may have changes in erectile function (your ability to get an erection). Your doctor will talk with you about this.
When to Call Your Doctor or Nurse

Call your doctor or nurse if you have:

- New or worsening shortness of breath
- A fever of 101 °F (38.3 °C) or higher
- Chills
- Heavy bleeding or blood clots in your catheter
- Pain or tenderness in your testicles
- Pain that doesn’t get better with your medications
- Any new symptom or physical change
- Any questions or concerns

Support Services

MSK Support Services

The following are MSK support services that you may find helpful.

Admitting Office
212-639-7606
Call if you have questions about your hospital admission, including requesting a private room.

Anesthesia
212-639-6840
Call if you have questions about anesthesia.
Blood Donor Room
212-639-7643
Call for more information if you’re interested in donating blood or platelets.

Bobst International Center
888-675-7722
MSK welcomes patients from around the world. If you’re an international patient, call for help arranging your care.

Chaplaincy Service
212-639-5982
At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of Memorial Hospital and is open 24 hours a day. If you have an emergency, please call the hospital operator and ask for the chaplain on call.

Counseling Center
646-888-0200
Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.
Food Pantry Program
646-888-8055
The food pantry program provides food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

Integrative Medicine Service
646-888-0800
Integrative Medicine Service offers many services to complement (go along with) traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

Look Good Feel Better Program
www.lookgoodfeelbetter.org
800-395-LOOK (800-395-5665)
This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program’s website.

MSK Library
library.mskcc.org
212-639-7439
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org.
Patient and Caregiver Education

www.mskcc.org/pe

Visit the Patient and Caregiver Education website to search our virtual library. There, you can find written educational resources, videos, and online programs.

Patient and Caregiver Support Program

212-639-5007

You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient and Caregiver Support Program, you’re able to speak with former patients and caregivers. These conversations may take place in person, over the phone, or through email.

Patient Billing

646-227-3378

Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office

212-639-7202

Call if you have questions about the Health Care Proxy form or if you have concerns about your care.

Perioperative Nurse Liaison

212-639-5935

Call if you have questions about MSK releasing any information while you’re having surgery.
Private Duty Nursing Office
212-639-6892
You may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program
646-888-8106
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

Sexual Health Programs
Cancer and cancer treatments can have an impact on your sexual health. MSK’s Sexual Health Programs can help you take action and address sexual health issues before, during, or after your treatment.

- Our Female Sexual Medicine and Women’s Health Program helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, call 646-888-5076.

- Our Male Sexual and Reproductive Medicine Program helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.
Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you’re eligible.

Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

Virtual Programs
www.mskcc.org/vp
MSK’s Virtual Programs offer online education and support for patients and caregivers, even when you can’t come to MSK in person. Through live, interactive sessions, you can learn about your diagnosis, what to expect during treatment, and how to prepare for the various stages of your cancer care. Sessions are confidential, free, and led by expert clinical staff. If you’re interested in joining a Virtual Program, visit our website at www.mskcc.org/vp for more information.

For more online information, visit the Cancer Types section of www.mskcc.org.
External support services
The following are services outside of MSK that you may find helpful.

American Cancer Society (ACS)
www.cancer.org
800-ACS-2345 (800-227-2345)
Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

The American Urologic Association Foundation
866-746-4282
www.urologyhealth.org

US TOO
800-808-7866
www.ustoo.org
Provides prostate cancer education and support programs and has a monthly newsletter called Hotsheet. Meetings are open to patients, spouses, significant others, interested medical personnel.

National Association for Continence
www.nafc.org

National Cancer Institute
www.cancer.gov

Prostate Cancer Foundation
If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.