



SWAN UROLOGY ASSOCIATES OF TEXAS

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Patient Name: Alice Samuels

Patient DOB: 06-15-1951

Patient Sex: Female

Visit Date: 03-05-2016

Operative Report

Pre-op Diagnosis: BPH with bladder outlet obstruction

Post-op Diagnosis: Same

Procedure: Transurethral Microwave Treatment to Prostate

Surgeon: Steven Tillem, MD

Indications: Symptomatic enlargement of the prostate with secondary changes in the bladder. Before the procedure, the patient underwent an extensive informed consent. This included the possibility of bleeding, infection, injury to various organs, strictures and the possibility that the procedure may not have the desired effect. Sexual/ ejaculatory dysfunction was also addressed. This is not to the exclusion of other matters discussed in the informed consent.

Operative Report: With the patient in the left lateral position, a transrectal ultrasound probe was placed in to the rectum and the prostate was measured. A 15 cc volume of 1% lidocaine solution was injected in to the sub capsular region of the prostate. The ultrasound probe was removed and the rectal temperature probe was placed so the monitoring wire faced the prostate.

In the supine position, after placing a 20 cc volume of 2 % lidocaine jelly per urethra, sterile technique was used to place the treatment catheter in to the bladder. The balloon was inflated with 7 cc of saline. The catheter was withdrawn so the balloon rested on the bladder neck. The initial warming of the coils was monitored with the Thermatrix unit. After the initial warming to 44 degrees, the temperature probes were adjusted to the maximum areas of warmth. Once 50 degrees was reached, repeat mapping was carried out. 30 minutes of treatment were administered under my direct observation. During this time, I made sure the catheters' position and that of the probes did not migrate. I also made sure the temperature remained within acceptable range. Periodic monitoring of the balloons' position at the bladder neck was done sonographically. She tolerated the procedure well. The urine output was clear for the entire case. At the end of the case, I replace the treatment catheter with a 16 fr coude foley. Prior to discharge patient was awake and alert. She was given Cipro and Lorcet prescriptions and was instructed on the management of the Foley and leg bag. She is to keep a regular diet with extra fluids, avoiding alcohol. She can drive and have sex. She knows to call for a fever over 100.5 F and for excessive bleeding. Follow up is scheduled in 4 days.

This visit was electronically signed off by Steven Tillem, MD on 03/05/2016 08:51:44 PM