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# DISCHARGE INSTRUCTION SHEET

## TURP PATIENT

Discharge Orders For: \_\_\_\_\_

From: \_\_\_\_\_ M.D.  
(Discharging Physician)

PATIENT IDENTIFICATION

**ACTIVITY:** For at least the next 3 weeks:

- NO heavy lifting
- NO sitting for long periods of time
- NO driving
- NO long walks
- NO sexual activity
- NO golf, tennis, or similar sports
- NO fast stair climbing
- Short walks are fine

**MEDICATIONS:** Continue your usual prescription medicines as before

Pain Medicine: \_\_\_\_\_

Antibiotic Medicine: \_\_\_\_\_

Laxative / Stool Softener: \_\_\_\_\_

**TREATMENTS:**

- AVOID Constipation
- AVOID straining to make a bowel movement
- Eat a well balanced diet + drink plenty of fluids
- If you notice blood in your urine, drink fluids and lie down to rest
- Perform "Perineal Exercises" 10 times / hour  
(Press your buttocks together, hold this position, and release)

**CALL YOUR DOCTOR IF YOU HAVE:**

- Continued bleeding or if it increases
- Trouble passing urine
- Any problems or concerns

**DIET:**

- REGULAR
- SOFT
- LOW SODIUM
- COPY OF DIET GIVEN, AS ORDERED BY PHYSICIAN
- \_\_\_\_\_ CALORIE ADA
- OTHER: 12 glasses of water per day

**FOLLOW UP / REFERRALS:**

Home Care: \_\_\_\_\_

Return to MD: \_\_\_\_\_

OTHER: Write down any questions you want to ask on your next visit

**EQUIPMENT:** You make take your urinal home with you.

**I HAVE RECEIVED THE ABOVE INSTRUCTIONS AND WAS GIVEN THE OPPORTUNITY TO ASK QUESTIONS**

Discharging Physician's Signature

Date

Patient / Responsible Person's Signature

Physician Phone

Discharging Nurse's Signature / Title

**PART OF THE MEDICAL RECORD**