

IMPORTANT PREPARATION BEFORE SURGERY

Medical Record #: _____

NAME: _____

Pre-Op DATE: _____ TIME: _____

SURGERY DATE: _____ @ _____ **CHECK IN TIME:** _____

_____ CHECK IN 2 HOURS PRIOR TO YOUR SCHEDULED SURGERY AT UCI DOUGLAS HOSPITAL LOCATED ON THE 2ND FLOOR. 101 The City Drive, Orange, California 92868

- STOP ALL ASPIRIN PRODUCTS 10 DAYS PRIOR TO SURGERY, EXCEPT IF YOU ARE ON DAILY BABY ASPIRIN 81MG FOR CARDIAC PURPOSES. **PLEASE DISREGARD ALL OTHER PREVIOUS INSTRUCTIONS REGARDING ASPIRIN. OK TO TAKE TYLENOL**
- NOTHING TO EAT OR DRINK AFTER MIDNIGHT, THE NIGHT BEFORE SURGERY (UNLESS ADVISED OTHERWISE AT PRE-OP).
- USE HIBICLENS SOAP WHEN YOU TAKE A SHOWER FOR A TOTAL OF 3 TIMES. See page 13 & 14 for instructions. (THE DAY PRIOR, THE NIGHT BEFORE AND THE MORNING OF SURGERY). THIS IS TO MINIMIZE POST OPERATIVE INFECTION.
- REMEMBER TO BRING PROOF OF YOUR INSURANCE COVERAGE TO PRESENT TO ADMISSION DEPARTMENT.
- HAVE SOMEONE AVAILABLE TO PROVIDE TRANSPORTATION FOLLOWING THE SURGERY.
- IF YOU ARE ON HEMODIALYSIS, PLEASE HAVE HEMODIALYSIS 24 HOURS PRIOR TO SURGERY AND HAVE LABS DRAWN.
- IF YOU HAVE SLEEP APNEA; PLEASE BRING YOUR MASK AND MACHINE WITH YOU.

Dr. Thomas E. Ahlering, M.D.
UCI Medical Center
Department of Urology
3800 W Chapman Ave, Suite 7200
Orange CA 92868

Personal Care Instructions Following Robotic Prostatectomy Surgery

If you experience any problems, we are available 24/7

Monday-Friday, 9:00am-3:30pm: (714) 456-6068 for Lydia/Anna

Saturday-Sunday, Holidays, or after 3:30pm: (714) 456-7890 for the urologist on call

If you have any additional concerns or questions, please do not hesitate to call:

9am-3:30pm:	Office	(714) 456-6068
After 3:30pm:	Lydia's cell	(714) 328-6959
	Anna's cell	(714) 319-1788
After 10pm:	Lydia's home	(714) 349-7337

For any emergency go to your nearest ER or call 911.

**PLEASE MAKE SURE THAT YOU ALWAYS CC BOTH ANA AND I FOR EVERY EMAIL
AJROD3@HS.UCI.EDU & LGCruz@HS.UCI.EDU (AS WE CROSS COVER)**

Please Contact your Doctor Immediately if you Experience:

- **Blood Clot that could travel to the lungs.** This is a rare complication, but If you notice swelling starting in the calf (with or without pain) that does not go away at night, seek help. Walking is the best way to prevent this.
- **Unexplained Shortness of Breath**

Common Possible Side Effects of Surgery:

- **Abdominal Distention, Constipation or Bloating** Make sure you are taking your stool softener as directed and drinking prune juice or milk of magnesia. If you still haven't had a bowel movement 24 hours after surgery, you can take over-the-counter Senna.
- **Bloody drainage around the Foley catheter or in the urine:** Under stress, such as during physical activity or bowel movement, this is not uncommon immediately after surgery. This should improve when you cease activity and rest for a short while. If it does not, or if you see clots in your urine, or have no urine output for two hours, contact your physician.
- **Bruising around the port sites:** This is not uncommon and should not worry you. They will go away as you heal.
- **Lower legs/ankle swelling:** This is not abnormal and is not cause for serious concern unless it is accompanied by leg pain and warmth. The swelling should go away in a week or two. Elevating your legs while sitting will help.
- **Perineal Discomfort:** (pain between your rectum and scrotum): This may last for several weeks after surgery, but it should resolve on its own. If you are suffering significant pain despite pain medication, contact your physician. You might also try elevating your feet on a small stool when you have a bowel movement, applying hemorrhoid ointment, and increasing the fiber and water intake in your diet.
- **Scrotal/Penile Swelling and Bruising:** This is not abnormal and is not cause for serious concern. You might notice scrotal/penile swelling anywhere from immediately after surgery to 5 days later. It should go away on its own in a week or two. You might try elevating your scrotum on a small rolled up towel when you are sitting or lying down to reduce swelling. Also, wearing supportive underwear (briefs, not boxer shorts) is advisable.

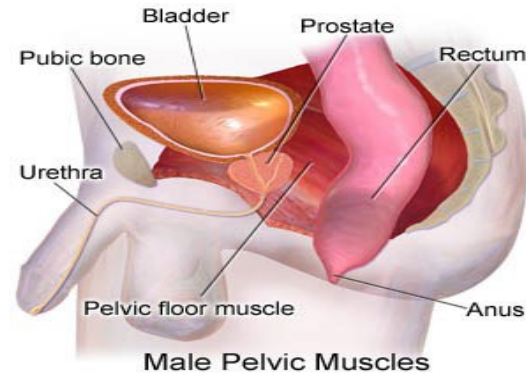
Begin Kegel exercises when your catheter is removed...

Kegel exercises are recommended for both women and men who experience any degree of urinary leakage. They are designed to strengthen the muscles around the bladder and bladder opening. By exercising these muscles, you may improve your symptoms. It is important that you perform the exercises correctly to gain the maximum benefits from these exercises.

Finding the Pelvic Muscles

Tighten your rectum as if you are trying to control passing gas or pinching off a stool. Do not tense the muscles of your legs, buttocks or abdomen, and do not hold your breath. You can also imagine you are stopping the flow of urine. When men tighten the muscles, the penis will move up and down.

If you are unsure, you are using the proper muscles, or if your symptoms do not improve, ask your physician, nurse or therapist to help you identify the muscles.



How to Do the Kegel Exercises

- Exercise is best done after emptying your bladder.
- Tighten the muscles and hold for 3 to 5 seconds. As your muscles get stronger, you should be able to tighten your muscles for 10 seconds or longer.
- Relax for 3 to 5 seconds or for as long as you tightened the muscles.
- Breathe normally
- Do 5 to 7 exercises at a time, 3 times a day. Increase up to 15 exercises at a time, 3 times a day.

When to Exercise the Muscles

The Kegel exercises can be done anywhere or anytime--sitting, lying or standing. People around you will not even know you are doing them. Just develop a routine so you remember to exercise every day. Do these exercises when you have an incontinent episode. For example, if you are experiencing urine leakage on the way to the bathroom, stop and exercise your pelvic muscles until the leakage passes then continue to walk to the bathroom. If you leak urine when you cough, tighten the muscles quickly when you cough.

Things to Remember

Tighten the pelvic floor muscles only. DO NOT tighten leg, buttocks or abdomen muscles.

Breathe normally when exercising.

Exercise takes time to strengthen the muscles. You should start noticing less leakage after 4-6 weeks of consistent daily exercise and even a larger difference after 3 months. If you do not see an improvement, you may not be exercising the correct muscles. Please revisit your health care professional periodically for advice.

ROBOTIC RADICAL PROSTATECTOMY

POST-OPERATIVE INSTRUCTIONS

Following radical prostatectomy, your attention to proper post-operative follow-up will contribute to the success of your surgery. You are being provided with written instructions and information that addresses common questions and concerns. Please review this information at home.

Activities

- Beginning the 1st day after surgery, we want you up and walking as much as tolerated.
The most serious and life-threatening complication following surgery is a blood clot that could travel to the lungs; walking is the best way to prevent this! It is a rare complication (about 1 in 400 cases). The most common time for this to develop is 3-12 days following surgery, so if you have one-sided leg swelling starting in the calf with or without pain that does not go away at night contact us right away. Also, if you experience unexplained shortness of breath contact us immediately or go directly to the nearest Emergency Room. And she
- You are advised to refrain from driving for 1 week after your surgery (when the catheter is in place). After 1 week, you can resume driving and most activities. You should refrain from vigorous activity (running, golf, exercising) for about 3 weeks; you can start your return to normal activities but go slow at first. After 6 weeks, you should be ready to resume most full activities.
- When you return to work depends on your occupation and your recovery from surgery. You may generally return to work and/or most duties at 10-14 days as common-sense dictates.

Wound Care

- The wounds have special protective glue, called Dermabond, which will slowly peel off. **You may start showering immediately after being discharge from hospital. You are encouraged to shower 1-2 times daily at home.** The catheter collection bag may be removed during showering. Gently pull the colored catheter straight off of the clear plastic tubing of the bag and allow urine to run into the shower. After showering, suture lines should be padded gently with a towel. Do not apply lotion, antibiotic cream, or other ointments to incisions.
- Sutures were utilized which will dissolve on their own. A small amount of redness at the edges of the incision, as well as a small amount of clear or bloody leakage from the wound is acceptable. Drainage or oozing that soak dressings or any redness greater than ½ inch from the incision should be reported to the physician.

Catheter Care:

- You will be released from the hospital with a urethral catheter in place. Application of a small amount of numbing jelly (Xylocaine jelly 2%) to the urethral meatus (tip of penis where catheter exits) will facilitate sliding of the catheter along the penis and will reduce discomfort. This ointment should be applied as needed. (See **Medications**, page 8)
- You will be provided with a strap attached to the thigh to hold the catheter in place. You will be provided with two catheter collection bags, a smaller bag (leg bag), to be worn during the day beneath trousers, and a larger bag to be used a night. These bags can be removed and exchanged as needed.
- Should your catheter fall out on its own, it is critical that you notify us or your urologist. **Do not allow a non-urologist (nurse or doctor) to replace it.**

Urinary Control: (Bring Briefs)

- Most men have difficulty with urinary control after catheter removal. **You should bring an adult urinary pad with you the day your catheter is removed.** You should expect to wear pads for a while because normal urinary control may not be regained for months from the time of your surgery. Keep in mind that everyone is different; some men achieve control within one week while others require 6 months to achieve normalcy. Don't be discouraged! You will typically leak more when standing, moving, and straining, and less when lying down and sleeping. As you recover and regain urinary control (especially at night) trust your body, experiment and cut down or eliminate pad use. **Don't use pads as a crutch.**
- The operation removed your prostate and affected your secondary urinary control mechanisms. Your external sphincter muscle must now take over all responsibility for control. You may be able to help this muscle by doing regular exercises. Try to identify and control the muscle you use to stop the urinary stream and then relax it and let the urine flow again. Then try to tighten and relax this muscle over and over again (after identifying the proper muscle, do not continue to interrupt your urinary stream). Establish a daily routine to work this muscle throughout the day. This may hasten the day when your control returns to normal.
- Some men may continue to have mild incontinence with straining even several years after surgery. You can avoid a problem in these situations by wearing a small pad. Rarely, urinary control will be unsatisfactory even after a year. If so, something can still be done. Although they are rarely needed, there are techniques for restoring control such as placement of an artificial urinary sphincter.

Sexual Function

- The operation will affect sexual function in several ways, but it should not prevent you from having a fulfilling sex life when you recover. There are three components to sexual function in men: sexual drive, sensation, erection and climax (orgasm). Although these three normally occur together, they are really separate functions.
- Erections occur due to a complex sequence of events involving stimulation of the cavernosal nerves and engorgement of the penis with blood. The cavernosal nerves run alongside the prostate, only millimeters away from where cancer often occurs. Prostate cancer also tends to spread along these nerves. For these reasons, although it may have been technically possible to spare the nerves, it may not have been done.
- Since the primary goal of the surgery was to cure you of cancer, one or very rarely both of these nerves may have been resected. There is a chance of recovering erections, but recovery may be slow. The average time to recovery for erections adequate for intercourse is 6-18 months, but in some men is even longer. While you are waiting for erections to return, a number of approaches can be used to achieve erections. Information on these approaches is available in our office. If these methods are unsuccessful, prosthesis can be placed to restore sexual function.
- Climax will not be affected by the surgery, but ejaculation (the release of fluid during orgasm) will no longer occur. This is because the seminal vesicles, which store fluid for ejaculation, and the vasa deferens, the tubes that carry sperm to the prostate, are removed and cut during the operation. In addition to creating a dry ejaculation, this means that you will be infertile (no longer be able to father children).

Scrotal Care

- The scrotum may be swollen when you leave the hospital or swelling may occur within the next few days to the extent of an orange or a grapefruit size. This should resolve in 7-14 days. When you are at rest, use a towel as a sling under the scrotum and across the top of your thighs to elevate the scrotum. Be sure to gently clean the area between your scrotum and thigh when you are showering and pat dry until there is absolutely no moisture. Lightly apply a small amount of unscented baby powder in the area between the scrotum and thigh.

Bowel Care

- When you leave the hospital drink plenty of fluid (**Prune Juice works extremely well**) and take the Stool Softener 2 times per day (1 or 2 tablets). Walking is most important in helping bowel function return to normal; so, walk as much as possible. **It may take 3-5 days to have the first bowel movement.** Stop the medication as soon as you feel you don't need it.

Medications

- Most of our patients have minimal discomfort and it is recommended that you try ibuprofen or Tylenol (acetaminophen). We find putting a bag of frozen peas or corn on a painful site or incision works extremely well in addition to ibuprofen or Tylenol. If you still have significant pain despite Motrin or Tylenol, call your physician. If needed, your physician can call into your pharmacy a prescription for a stronger pain medicine, which typically will be hydrocodone or codeine. These medications are constipating and hence cause more incisional pain after they wear off. In our experience, stronger pain medicine causes nearly as much trouble as doing nothing. Thus, if you feel you need strong medication, please use it sparingly as we do not want to create a new problem, constipation, in our efforts to relieve your pain.

The 1st 3 prescriptions will be called in to your local pharmacy, the other 2 prescriptions Cialis you will be getting a call from University Compounding Pharmacy who will Fed-EX you the prescriptions.

1. Ciprofloxacin 500mg tablets take 1 tablet by mouth the morning of catheter removal (approximately 8:00am) and the 2nd pill 12 hours later. Total of 2 pills.
 2. Colace (docusate sodium – stool softener) 250mg take one tablet orally twice a day after your surgery until you have a normal BM
 3. Motrin 400mg – one tablet for pain every 6-8 hrs. as needed- for pain
 4. CIALIS GENERIC - Tadalafil 22.5mg Lozenge # 30, x3 refills – Place 1/4 lozenge between the cheek and the gum once daily. This will be coming from the University Compounding Pharmacy (800-985-8065).
 5. CIALIS GENERIC - Tadalafil 22.5 mg #10, 11 refills rapid dissolving tabs (RDT) sublingually as needed. This will be coming from the University Compounding Pharmacy (800-985-8065).
- **If you have been on Aspirin therapy, please re-start your Aspirin the day after surgery. If you are on 81mg Aspirin for cardiac purposes, continue to take it through surgery.**
 - Stool softener (Colace (docusate sodium) 250mg orally twice a day) to be used for constipation. We recommend taking the stool softener as well as prune juice or milk of magnesia until you have your first bowel movement after surgery. You may continue to take these medicines as needed to prevent constipation. If you have diarrhea, you may stop this medication.
 - Xylocaine (lidocaine) jelly for Foley catheter comfort will be provided at time of discharge. You may place a small amount of this numbing jelly at the tip of the penis where the Foley catheter is. This should alleviate any catheter discomfort at the tip of the penis. (See **Catheter Care**, page 10)

Follow-up

- You will have a catheter for 6-7 days
- A nurse will be the one to remove your catheter. You will not see Dr. Ahlering.
- Dr. Ahlering, or one of his colleagues, will be calling you 7-10 days following surgery to review your surgical pathology report.
- **You will need to return to see Dr. Ahlering at the UCI Medical Center for your 3 month follow up appointment, please call (714) 456-6068 to schedule.**
- Please note your 3 month appointment and any appointment after that takes place at the UCI Medical Center- 101 The City Drive, Orange CA 92868 in Building 29 (Pavilion 3), see map on page 15.
- Please have your Super or Ultra-Sensitive PSA, Total Testosterone, Sex Hormone Binding Globulin (SHBG) labs, and RedCap Follow-Up Online Questionnaire done 2-3 weeks before your 3 month follow-up appointment
- Please continue to send all future PSA lab results to our office and complete all RedCap Follow-Up Online Questionnaires sent to you for record-keeping and follow-up.

**PLEASE BE SURE TO FORWARD ALL YOUR FUTURE PSA RESULTS TO OUR
FAX 888-378-4524
AND CALL THE OFFICE TO CONFIRM WE RECEIVED THEM.**

You should alert your surgeon if your catheter does not drain well, or if you develop fevers of >101 degrees, chills, nausea, vomiting, abdominal pain, flank pain, chest pain, shortness of breath, or leg pain or swelling in the first few months after your surgery.

If you have any additional concerns or questions, please do not hesitate to call:

9am-3:30pm:	Office	(714) 456-6068
After 3:30pm:	Lydia's cell	(714) 328-6959
	Anna's cell	(714) 319-1788
After 10pm:	Lydia's home	(714) 349-7337

For any emergency go to your nearest ER or call 911.

CORRECT placement of the catheter within the Statlock.

The catheter V-junction is in each of the 2 white Statlock channels, with the small plastic horn (red arrow) separating each catheter arm. The picture at right shows the lock securing the catheter so it cannot slide up and down, and thus not being able to pull down on the penile tip.



INCORRECT placement of the catheter within the Statlock.

The catheter tube is put on only one side of the V-junction in the 2 white Statlock channels. When placed incorrectly like this the catheter is not prevented from sliding up and down, and WILL pull up and down and irritate the penile tip



Type of Pad

Description



Thin Liner (L)

**Used for small leaks/Security Pad
Women's panty liners**

**Ex: Poise Pantliners
Kotex Ultra Thin Pads**



Standard Pad (M)

Use for medium leakages

**Ex: Certainty Unisex Under pads
Depends Guards for Men,
Regular Absorbency**



Disposable Briefs (H)

**Used only for uncontrolled
urine leakage.**

**Ex: Depends Underwear for Men
Certainty Fitted Brief, Regular**

Note: These are some suggestions of pads you can wear. Most of the pads mentioned can be purchased from your local convenience store (Walgreens, Target, CVS, etc). UCI is not affiliated with any particular brand or store. Pictures provided by Google images.

Soft Diet Guidelines

When under anesthesia, your digestive system is put to rest. Once awake, your digestive system may take time to return to normal function. As a precaution, your diet should be modified to avoid any foods that may irritate the lining of the stomach and cause abdominal discomfort or distention (bloating). Foods that tend to cause irritation contain high amounts of fiber and should be avoided. Soft diet is low in fiber, light seasoned, and easy to digest. This diet should be followed until your first bowel movement occurs. After that high-fiber foods can slowly be introduced as tolerated.

Below is only a list of suggested diet selection. You may eat your normal dietary preference.

Food Category	Recommended	Not Recommended
Grains	<ul style="list-style-type: none"> • White/ Plain bread, pasta, rice • Corn flakes, puffed rice • Oatmeal, Cream of rice or Wheat, Grits. Malt-O- Meal 	<ul style="list-style-type: none"> • High-fiber bread, pasta, rice, cereal • Grain products that contain dried fruit, nuts, or seeds. • Crackers, Triscuits, Croutons, Chips • High-fat pastries <ul style="list-style-type: none"> ➢ Breakfast breads, doughnuts, muffins, scones
Fruits	<ul style="list-style-type: none"> • Fresh fruit without skin, seeds, or pits <ul style="list-style-type: none"> ➢ Skinned apples, peaches, pears Banana, seedless melon. • Canned fruit packed in fruit juice or light syrup (peaches, pears) • Applesauce • Juice without pulp <ul style="list-style-type: none"> ➢ Apple, cranberry, grape, orange, pomegranate 	<ul style="list-style-type: none"> • Fresh fruit with skin, seeds, pits <ul style="list-style-type: none"> ➢ Apples, berries, cherries, grapes, grapefruit, kiwi, oranges. Plums. etc. • Dried fruit <ul style="list-style-type: none"> ➢ Cranberries, raisins, prunes, raisins, etc. • Juice with pulp.
Vegetables	<ul style="list-style-type: none"> • Cooked vegetables(non-gas-forming) <ul style="list-style-type: none"> ➢ Asparagus, carrots, seedless, cucumbers, eggplant, skinless, potatoes, spinach • Tomato sauce and soup 	<ul style="list-style-type: none"> • Raw vegetables (including corn and baked potatoes with skin) • Gas-forming vegetable <ul style="list-style-type: none"> ➢ Broccoli, Brussels sprouts, cabbage, cauliflower, greens, lettuce, onions, peppers, rutabagas, sauerkrauts
Dairy (Limit intake to no more than 1 serving daily to reduce risk of bloating)	<ul style="list-style-type: none"> • Low – fat milk (≤2%) • Low – fat yogurt without fruit pieces or granola • Low –fat cottage cheese • Low-fat frozen yogurt or ice cream without nuts, seeds, coconut, or hard pieces 	<ul style="list-style-type: none"> • Whole milk • Whole milk yogurt with fruits pieces or granola • Regular cottage cheese • Regular frozen yogurt or ice cream with nuts, seeds, coconut or hard pieces.

Preparing for your surgery

Shower with Chlorhexidine (CHG) soap to prevent infection

Instructions:

You should shower with CHG soap a minimum of three times before your surgery, or more often as directed by your surgeon.

Showering several times before surgery blocks germ growth and provides the best protection when used at least 3 times in a row.



How to shower with CHG soap:

1. Rinse your body with warm water.
2. Wash your hair with regular shampoo. Rinse your hair with water. If you are having neck surgery, use CHG soap instead of your regular shampoo to wash your hair. Rinse your hair with water.
3. Wet a clean sponge. Turn off the water. Apply CHG liberally.
4. Firmly massage all areas: neck, arms, chest, back, abdomen, hips, groin, genitals (external only) and buttocks. Clean your legs and feet and between your fingers and toes. Pay special attention to the site of your surgery and all surrounding skin. Ask for help to clean your back if you have a spinal surgery.
5. Lather again before rinsing.
6. Turn on the water and rinse CHG off your body.
7. Dry off with a clean towel.
8. Don't apply lotions or powders.
9. Use clean clothes and freshly laundered bed linens.

Repeat steps 1-9 each time you shower.



Caution: When using CHG soap, avoid contact with eyes, nose, ear canals and mouth.

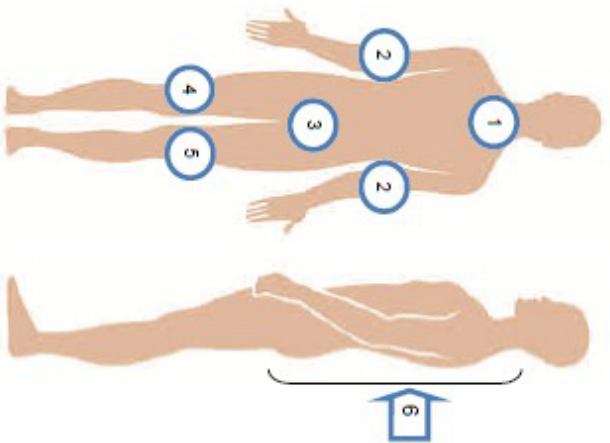
Important reminders:

- Do not use any other soaps or body wash when using CHG. Other soaps can block the CHG benefits.
- After showering, do not apply lotion, cream, powder, deodorant, or hair conditioner.
- Do not shave or remove body hair. Facial shaving is permitted. If you are having head surgery, ask your doctor whether you can shave.
- CHG is safe to use on minor wounds, rashes, burns, and over staples and stitches.
- Allergic reactions are rare but may occur. If you have an allergic reaction, stop using CHG and call your doctor if you have a skin irritation.
- If you are allergic to CHG, please follow the bathing instructions above using an over-the-counter regular soap instead of CHG.

Prevent infections during your hospital stay Bathe daily with Chlorhexidine (CHG) soap

PATIENT

While in the hospital, bathe *every day* with a special antiseptic soap (CHG) shown to remove germs and prevent infection better than soap and water. **6 cloths should be applied as below:**



Take a CHG shower or bed bath

Reminders

- CHG is proven to work better than soap and water in removing germs
- Once massaged onto skin, it works to kill germs for 24 hours

- Use CHG every day. Starting on admission is best, before IVs, lines, urinary catheters, and procedures/surgery
- Be thorough. Ask for help to cover all skin
- CHG is safe on rashes, burns, and wounds that are not large or deep to remove germs and prevent infection
- Clean lines, drains, tubes attached to body
- Allow to air dry for best effect

Clean all skin areas with special attention to:

- Neck
- All skin folds
- Skin around all devices (tubes/drains)
- Wounds unless deep or large
- Armpit, groin, between fingers/toes

Protect yourself every day

SHOWERING with CHG soap

1. Rinse body with warm water.
2. Wash hair with CHG or regular shampoo
3. Turn off the water and lather washcloth with plenty of CHG soap
4. Lather and massage soap in all six areas
5. Leave soap for 2 minutes before rinsing

BATHING with CHG cloths

1. These cloths are your protective bath
2. Use all 6 cloths. More, if needed
3. Firmly massage to clean skin. CHG will kill germs for 24 hours if applied well
4. Clean over non-absorbable dressings
5. Clean 6 inches of lines, tubes and drains nearest the body
6. Dispose of CHG cloths in a regular trash bin. Do not flush

Caution: Avoid eyes and ear canals

Directions to UCI Medical Center

101 The City Drive, Orange, California 92868

From Los Angeles:

Interstate 5 South to The City Drive /State College exit. Turn right onto City Dr. Continue to go straight past Chapman Ave. The 2nd light will be Dawn Way. Turn left. The UCI Medical Center parking structure is on the left side.

From San Diego: Interstate 5 North to the Chapman Avenue / State College exit. Turn left onto Chapman Avenue. Turn left at The City Drive (1st signal) and proceed past the hospital to Dawn Way. Turn left. The UCI Medical Center parking structure is on the left side.

From South Orange County and John Wayne Airport Area:

San Diego Fwy (405) North to Costa Mesa Fwy (55) North to Garden Grove Fwy (22) West. Exit at The City Drive. Turn left and proceed to Dawn Way. Turn right. The UCI Medical Center parking structure is on the left side.

From North Orange County and Pomona:

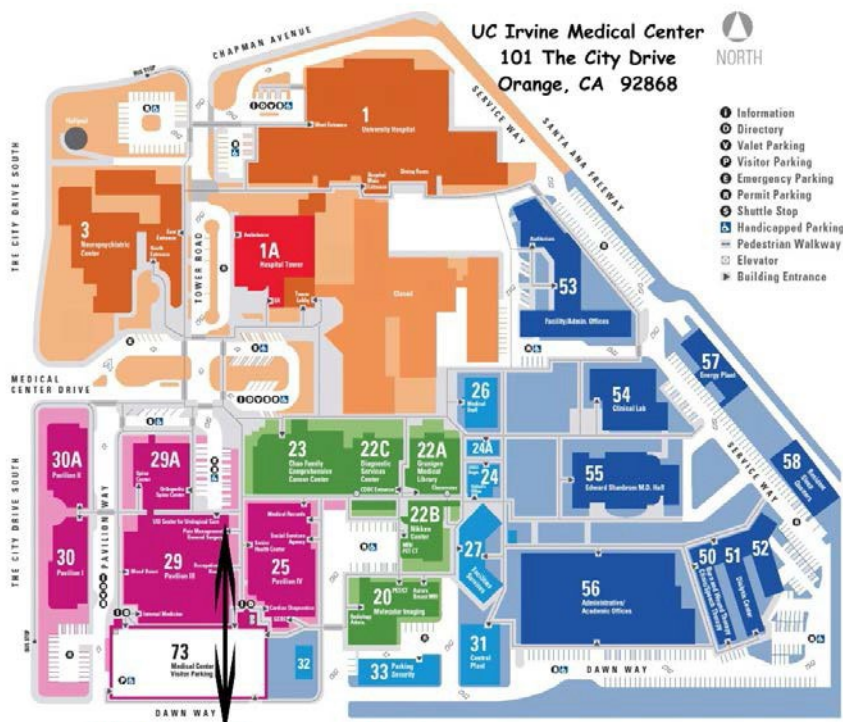
From the Pomona Fwy, take the Orange (57) Fwy South to Chapman. (must pass Angel Stadium for correct Chapman Avenue exit). Turn right. Turn left at The City Drive (2nd signal) and proceed past the hospital to Dawn Way. Turn left. The UCI Medical Center parking structure is on the left side.

From Long Beach:

San Diego Fwy (405) South to Garden Grove Fwy (22) East to The City Drive exit. Turn left onto The City Drive. Proceed to Dawn Way. Turn right. The UCI Medical Center parking structure is on the left side.

From Riverside and San Bernardino:

Riverside Fwy (91) West to Orange Fwy (57) South to the Chapman Avenue exit. Turn right. Turn left at The City Drive (2nd signal) and proceed past the hospital to Dawn Way. Turn left. The UCI Medical Center parking structure is on the left side.



**Adult urology patients
are seen in Pav. 3 (Bldg. 29)**

Rev: 02/13/23

FINAL REMINDERS

- 1. Sign up for MyChart** (ph: 833-469-2478) to view any labs and notes from your care here at UCI. However, we ask that you **DO NOT use it to communicate with Dr. Ahlering's team.** Please directly contact them at the below contacts.
- 2. It is the patient's responsibility to schedule your next follow-up. ALWAYS call Lydia and Anna after your appointments to schedule your next follow-up.**
- 3. Always CC Lydia (Lgcruz@hs.uci.edu) AND Ana (ajrod3@hs.uci.edu) in all email communication as they cross-over each other.**

If you have any additional concerns or questions, please do not hesitate to call:

9am-3:30pm:	Office	(714) 456-6068
After 3:30pm:	Lydia's cell	(714) 328-6959
	Anna's cell	(714) 319-1788
After 10pm:	Lydia's home	(714) 349-7337

For any emergency go to your nearest ER or call 911.