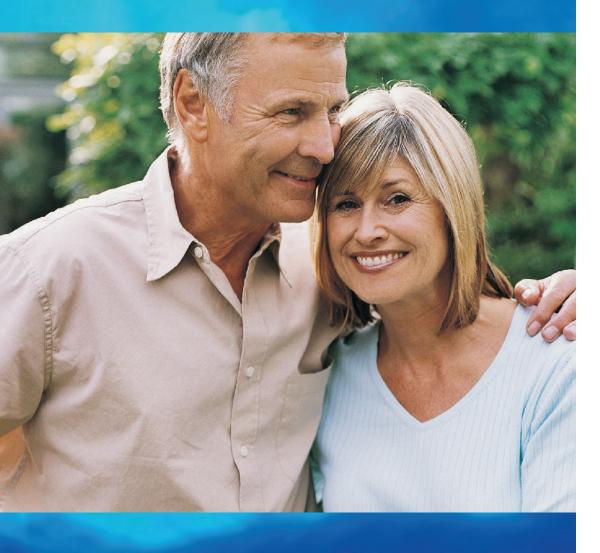
## CRYOTHERAPY YOUR TREATMENT GUIDE

WHAT TO KNOW.
WHAT TO ASK.
WHAT TO EXPECT.



# MAKING A CHOICE FOR CRYOTHERAPY.



By the time you read this guide, you've been through a lot. You've received a shocking diagnosis, and you've pondered your treatment options. You may have had numerous consultations with doctors, loved ones and trusted friends. Perhaps you attended support groups or "surfed the net" to learn what other patients chose and how well they did.

The following facts about cryotherapy may be important for you and your loved ones:

- It is a minimally invasive treatment typically resulting in the return of baseline urinary function within 12 months.<sup>1</sup>
- Tumors are typically destroyed in one treatment with biopsies showing no cancer in 87% to 98% of patients.<sup>1</sup>
- Cryotherapy can be repeated if any cancer cells are detected after the original treatment, or if your cancer returns. It can also be used as a salvage treatment for patients whose cancer comes back after radiation therapy.<sup>1</sup>
- A urethral warming system is used during the procedure to preserve the urethra, providing the potential to preserve urinary control.<sup>1</sup>

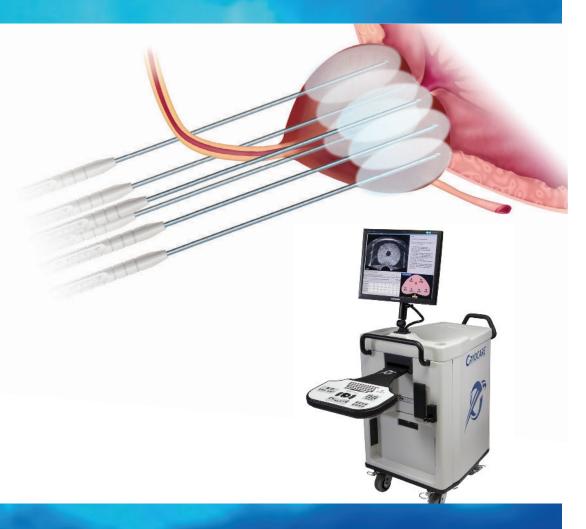
As with any treatment for prostate cancer, side effects may occur after cryotherapy. These side effects may include loss of urinary control, injury to the rectum, and loss of sexual function. The following data provides additional details:

- Incontinence occurred in no more than 8% of patients.1
- Injury to the rectum occurred in less than 0.5% of patients.<sup>1</sup>
- Rates of impotence varied from 49% to 93% at 1 year after cryotherapy.<sup>1</sup>

Other side effects may include temporary swelling, soreness, or discomfort in or around the scrotum or penis for a few days following the procedure.<sup>2</sup> Talk to your doctor about what you can do to help relieve any swelling or soreness. You should also talk to your doctor about the possibility of seeing blood in your urine and what you should do if you see it.

Be sure to speak with your qualified urologist to learn more about the benefits and risks that cryotherapy may hold for you.

# WHAT HAPPENS DURING CRYOTHERAPY.



### THE DAY OF YOUR CRYO PROCEDURE

Cryotherapy, or more simply "cryo," doesn't use major surgery to destroy cancer. Instead, state-of-the-art technology allows the doctor to use a minimally invasive approach. He or she uses ultrasound to "see" what's happening inside the body as slender probes are inserted into position and as an iceball forms to kill the cancer.

Preparation for cryo is typically the same as for any procedure requiring anesthesia. This means you will be instructed to have no food or drink after a certain time. Right before the procedure you will have an IV inserted into a vein to supply your body with fluid and any necessary medications such as a relaxant and/or an antibiotic. You will be under anesthesia, either general (you are asleep) or spinal/epidural (you are mildly sedated, and numb from the waist down). You should not feel anything during your cryo procedure. It is performed in a sterile environment to reduce the risk of infection.

Afterwards, you will wake up in a room where your vital signs are watched.

If your cryo is done on an outpatient basis, you will be allowed to leave when you are stable and comfortable, and you have someone to drive you home. If it is done as inpatient procedure, you will spend the night being monitored in the hospital, and most likely be allowed to leave the next day. Your doctor will make the decision about whether you are admitted to the hospital and your doctor will determine when you are ready to go home. Most patients go home with a catheter, which is a tube to help urine drain from the bladder. There are two types of catheters, described in the Glossary section. Which one you will have is up to your doctor.

WHETHER YOU ARE AN OUTPATIENT OR INPATIENT, BE SURE YOU LEAVE WITH WRITTEN INSTRUCTIONS FOR YOUR RECOVERY AT HOME, CATHETER CARE, AND ANY NECESSARY MEDICATIONS OR PRESCRIPTIONS, AS DETERMINED BY YOUR DOCTOR.

ALSO, KNOW WHEN YOUR FOLLOW-UP APPOINTMENT IS, AND KNOW HOW TO REACH YOUR DOCTOR IN CASE OF QUESTIONS OR AN EMERGENCY. FOR LIFE-THREATENIING EMERGENCIES, ALWAYS CALL 911 FIRST.



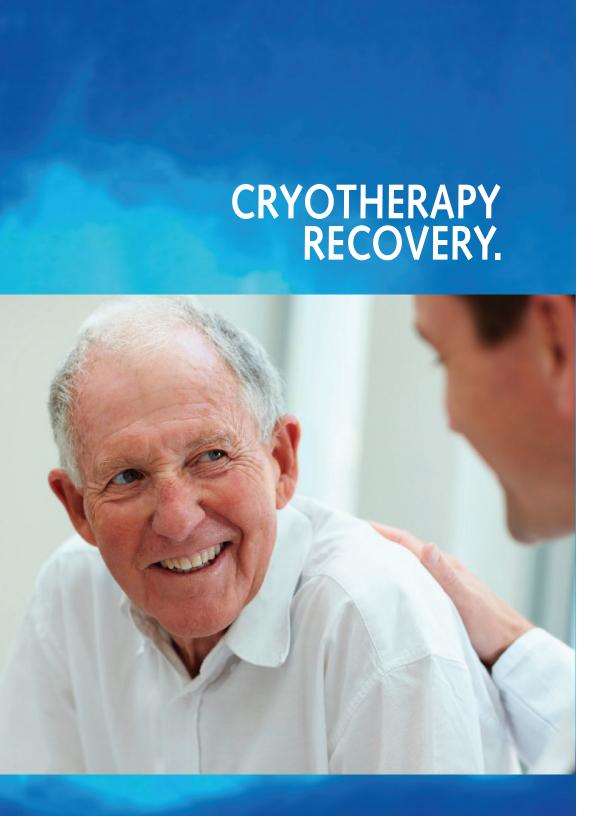


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### A WEEK BEFORE YOUR CRYO PROCEDURE

When your cryo is scheduled, but no later than a week before, here are some suggested questions to ask yourself. If you don't yet know the answers to any of these, contact your doctor or their staff and be sure you have all your questions answered.

- 1. Was my procedure explained so I could understand it?
- 2. Are there any standard tests I still need to complete before my cryo?
- 3. What preparation will I need the night before my procedure and when I arrive at the hospital?
- 4. Will I have an overnight stay in the hospital?
- 5. What kind of anesthesia will be used (general or spinal block)?
- 6. What kind of catheter will I have after the procedure?
- 7. How long can I expect the catheter to be in place? Will someone show me how to care for it before I go home?
- 8. How soon after the procedure can I get up and walk around? Drive? Exercise? Climb stairs? Lift heavy objects? Engage in sex?
- 9. What antibiotics will be prescribed after the procedure, and for how long?
- 10. How soon after cryo can I have spontaneous erections? If not spontaneous, how can my doctor help me maintain physical intimacy with my loved one?
- 11. Can I still experience orgasm after cryo? Will it be any different?



### AFTER YOUR CRYO PROCEDURE

Every person's body differs somewhat from everyone else's body. Some men recover very quickly from the procedure, while others may take a little longer to heal. Short-term side effects, experienced by some patients, can include:

- 1. Swelling and bruising of the scrotum that should decrease within 1-2 weeks.<sup>2</sup>
- 2. Discomfort or minor pain requiring oral medication which should decrease within a week. You may want to ask for a prescription for a pain reliever in case over-the-counter medications are not enough.<sup>2</sup>
- 3. Possible numbness of the penis for up to one month.<sup>2</sup>
- 4. Frequent urination, some burning during urination and low level of blood in the urine for 1-2 weeks.<sup>2</sup>
- 5. A few drops of blood in the feces for a short time.<sup>2</sup>

Potential long-term side effects may include loss of urinary control, injury to the rectum, and loss of sexual function. The following data provides additional details:

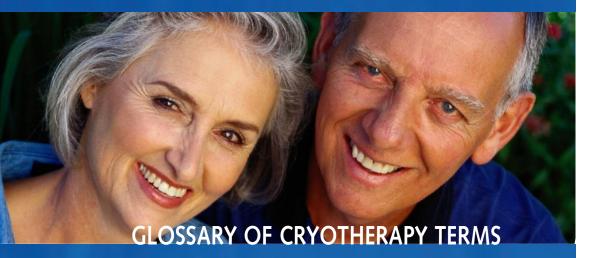
- Incontinence occurred in no more than 8% of patients.1
- Injury to the rectum occurred in less than 0.5% of patients.1
- Rates of impotence varied from 49% to 93% at 1 year after cryotherapy.1

### PREPARING FOR YOUR RECOVERY

Here are some things you may want to be equipped with for after the procedure. Ask your doctor in advance:

- 1. Chemical ice packs to prevent or reduce swelling, or instructions for icing.
- 2. A "donut" pillow in case sitting is uncomfortable.
- 3. Any necessary prescriptions, such as oral pain medication and routine antibiotics.
- 4. Written instructions for catheter management.
- 5. Written instructions for bathing, resuming normal activity.
- 6. Written list of warning signs, such as difficulty in urination,

- bladder spasms, fever, unusual bleeding, signs of infection, etc. and what to do if they occur.
- 7. Plenty of fluids such as water, soft drinks, etc. to keep your catheter flushed and functioning properly.
- 8. Your favorite relaxation activities: books, magazines, videos/DVD's.
- 9. Your favorite foods.
- 10. Absorbent pads in case of slight urine leakage during recovery.



**Catheter:** Temporary tube inserted into the bladder to drain urine into a plastic bag. Prevents possible blockage due to sloughing and allows urethra to heal after cryo. Usually kept in place 1-2 weeks,<sup>2</sup> depending on doctor's advice. Usually removed during a follow-up office visit. Two types of Catheters exist:

- Foley (inserted into the penis).
- Suprapubic (inserted through a small hole in the abdomen).

**Cryotherapy:** (also known as Cryoablation, Cryosurgery)
Destruction of cancer cells and their blood supply by administering a lethal freeze that ruptures cell walls. A double freeze/thaw cycle helps ensure that frozen cells cannot survive or recur.<sup>2</sup>

**Impotence:** Inability to get a spontaneous erection.

**Incontinence:** Inability to control urine flow; leaking or dripping. Ask your doctor about "Kegel" exercises.

**Perineum:** The area of skin between the scrotum and the anus through which the doctor inserts the cryoprobes into the prostate gland. After the procedure, a pressure dressing is applied to the area. The small puncture holes heal quickly.<sup>2</sup>

**Sloughing:** (pronounced "sluffing") Normal and temporary shedding of dead cells from the lining of the urethra following cryo. A temporary catheter is left in place after cryo to help prevent blockage in the urinary tract below the bladder. May cause the urine to appear discolored or bloody.<sup>2</sup>

# **NOTES & CONTACT INFORMATION**

### REFERENCES:

- 1. Babaian RJ, Donnelly B, Bahn D, et al. Best Practice Statement on Cryosurgery for the Treatment of Localized Prostate Cancer. J Urol 2008; 180(5):1993-2004.
- 2. Katz AE and Cheetum PJ. Living a Better Life After Prostate Cancer: A Survivor's Guide to Cryotherapy. San Diego, CA: University Readers 2010.

For more information:

www.endocareprostate.com

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