

Your Treatment Guide



What to know

What to ask

What to expect

Your Treatment Guide

DEVELOPED BY CRYOCARE®PCA (PROSTATE CANCER ADVOCATES) IN COOPERATION
WITH CRYOCARE®ICE (INTERNATIONAL CENTERS OF EXCELLENCE)
BE CONFIDENT IN CRYO, A GREAT CHOICE!



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Be Confident In Cryo, A Great Choice!

By the time you read this, 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.

If you decided that cryo is right for you, it's because you trust how simple, safe and effective cryo is. You have faith in your physician. You know that success rates are high (92-89%) and the incidence of incontinence is the lowest of all treatments across the board. You have every reason to expect that you'll resume your normal life more quickly than if you had surgery or weeks of

radiation. In most cases, all this is true.

It is important to keep in mind that all procedures involve some risk, and that each person is unique. Your age, medical history, stage and location of cancer, attitude, family support—these are just a few of the factors that can affect your treatment experience.

This guide is an overview, and offers suggestions for what to talk over with your doctor. If you had a chance to talk with more than one former patient, you are aware that there is a range of recovery time and possible side effects. Reading this will help you know what to expect before, during and after the procedure. Remember: this is not intended as medical advice, and is not a substitute for advice from your doctor.

We recommend:

ARRANGE FOR AT LEAST ONE FRIEND OR FAMILY MEMBER TO ACCOMPANY YOU TO DOCTOR VISITS, BE THERE DURING THE PROCEDURE, AND AVAILABLE TO ASSIST YOU DURING YOUR RECOVERY.



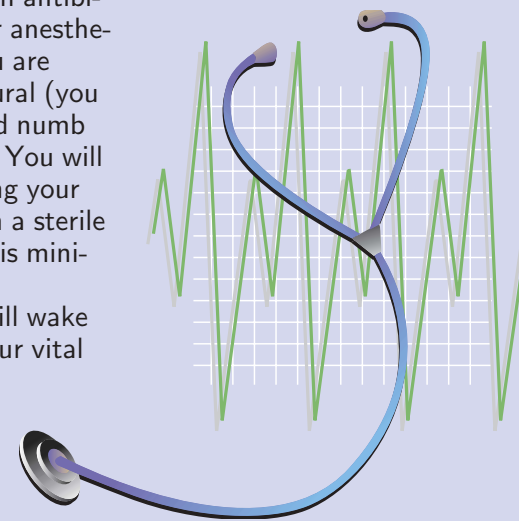
What Happens During Cryoablation

Cryoablation, or more simply "cryo," is part of the new direction in medicine that doesn't use major surgery to destroy cancer. Instead, state of the art technology assists the doctor who uses ultrasound to "see" what's happening inside the body as slender probes are inserted into position, and as the iceball forms that kills the cancer.

Preparation for Cryo is the same as 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 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 will not feel anything during your cryo. It is performed in a sterile environment, so there is minimal 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 take you home. If it is done inpatient, you will spend the night in the hospital being monitored, and most likely be allowed to leave the next day. Your doctor will make the decision on 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, or 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 usually up to your doctor.



We recommend:

WHETHER YOU ARE 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.

A Week Before Your Cryo

One thing we sometimes hear from patients after their cryo is, “No one told me that” or “I did not realize what was going to happen.” Sometimes it’s true. Sometimes health professionals think someone else covered the information with the patient.

Sometimes the patient was told, but was understandably overwhelmed; the information didn’t register or they did not understand. No one likes surprises (unless they’re very happy ones.)

We recommend:

WHEN YOUR CRYO IS SCHEDULED, BUT NO LATER THAN A WEEK BEFORE, HERE ARE SOME QUESTIONS WE SUGGEST YOU DISCUSS WITH YOUR DOCTOR OR OFFICE STAFF. IF YOU DON’T YET KNOW THE ANSWERS TO ANY OF THESE, WE SUGGEST YOU 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? When I arrive at the hospital?
- 4) Will I have an overnight stay in the hospital?

- 5) What kind of anesthesia is best for me?
- 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 I be on 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 to maintain physical intimacy with my loved one?
- 11) Can I still experience orgasm after cryo? Will it be any different?



We recommend:

HERE ARE SOME ITEMS TO ASSEMBLE IN ADVANCE, AND HAVE ON HAND DURING YOUR RECOVERY:

- 1) A soft ice pack or 2-3 bags of frozen peas (make great ice packs!).
- 2) A “donut” pillow to have handy in case sitting is uncomfortable.
- 3) Plenty of fluids such as water, soft drinks, etc. to keep your catheter flushed and functioning properly.
- 4) Your favorite relaxation activities: books, magazines, video/DVD’s.
- 5) Your favorite foods.
- 6) Absorbent pads in case of slight urine leakage during recovery.

After My Cryo

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. Potential side effects, experienced by some patients, can include:

- 1) Swelling of the scrotum and/or abdomen that should decrease within a week or so.
- 2) Temporary discomfort or minor pain requiring oral medication. Be sure you are sent home with a prescription just in case, since everyone's tolerance is different. In general, your discomfort should decrease in a week or two.
- 3) Temporary bruising of the scrotum and/or perineum (skin between the scrotum and anus).
- 4) Slight blood in the urine from the shedding of dead cells (called "sloughing") in the urethra; should disappear as healing occurs.
- 5) Burning when urination is first attempted without the catheter; should disappear as healing occurs.
- 6) Slight loss of penis length occurs in some patients with all treatments where the prostate decreases in size (radiation & cryo) and especially when the prostate is removed (radical surgery).



The Boy Scouts Say "Be Prepared"

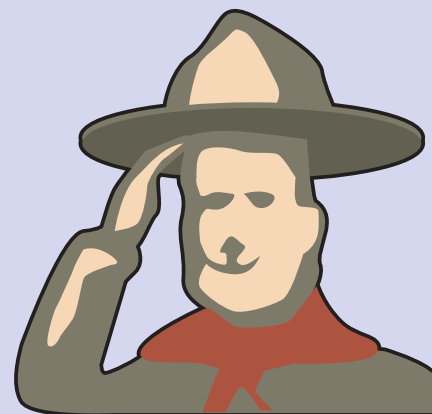
Here are some things you should be equipped with after the procedure. Ask your doctor in advance:

- 1) Written information on how to reach your doctor or the physician on call if you are concerned about any aspect of your recovery.
- 2) Chemical ice packs to prevent or reduce swelling, or instructions for icing.
- 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, etc.
- 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.

If you would like to talk to men who have had cryo to find out what it was like for them, ask your doctor for names, or call 1-877-PCA-CRYO (877-722-2796) and ask for peer support. You will be given names and phone numbers of certified peer support volunteers.

CRYOCARE **PCA**[™]

Prostate Cancer Advocates



Glossary of Terms

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, depending on doctor's advice. Usually removed during a follow-up office visit. Two types exist:

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

Cryoablation: (also Cryotherapy, Cryosurgery) Destruction of cancer cells and their blood supply by administering a lethal freeze that immediately ruptures cell walls. A double freeze/thaw cycle insures that all frozen cells cannot survive or recur.

Impotence: Inability to get a spontaneous erection, though orgasm can be achieved without erection. In most cases, erection can be achieved with assistance, e.g. medication (Viagra, etc.), vacuum erection device, injections.

Incontinence: Inability to control urine flow; leaking or dripping. A less common side effect with cryo than with radical prostatectomy. If it occurs, it may spontaneously improve over time. Ask your doctor about "Kegels" 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.

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 keep a blockage from building up in the urinary tract below the bladder. May cause the urine to appear discolored or bloody.

Vacuum erection device: Cylindrical airtight tube placed over the penis shaft. When air is pumped out (mechanical or electric) blood is drawn into the penis shaft to create an erection which is then sustained by an elastic ring at the base of the penis. May assist in penile rehabilitation if impotence persists after cryo.

Nurses Notes & Contact
