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# Open Removal of the Prostate for Benign Disease

Removal of the obstructing portion of the prostate gland through an abdominal incision when the prostate gland is too big to remove with the telescopic method

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This patient information leaflet is drawn from the consensus panels of many worldwide urological societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with Dr Campbell.

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## What are the alternatives to this procedure?

- ~ Drugs
- ~ Use of a catheter/stent
- ~ Observation
- ~ Open operation
- ~ Laser enucleation of the prostate gland (HoLEP).
- ~ Laser vapourisation of the prostate gland (greenlight laser)
- ~ Radiofrequency ablation of the prostate gland (prostita)

## Before the procedure

Please be sure to inform Dr Campbell in advance of your procedure if you have any of the following:

- ~ An artificial heart valve
- ~ A coronary artery stent
- ~ A heart pacemaker or defibrillator
- ~ An artificial blood vessel graft
- ~ A neurosurgical shunt
- ~ Any other implanted foreign body
  
- ~ Mesh hernia repair
- ~ Previous abdominal surgery
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heart attack
- ~ Warfarin

- ~ Blood thinning medications, particularly
  - ~ Asasantin
  - ~ Aspirin
  - ~ Fish oil
  - ~ Iscover
  - ~ Persantin
  - ~ Plavix

You will usually be admitted on the day of surgery. You may be asked to attend a pre-admission clinic 5–10 days before the procedure to assess your general fitness and to perform some baseline investigations.

If you are taking warfarin, Clopidogrel, iscover, asaantin, or persantin on a regular basis, you must discuss this with Dr Campbell because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will be asked not to eat or drink for 6 hours before surgery. Immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (heparin), that along with the help of elasticated stockings fitted on admission, will help prevent thrombosis (clots) in the veins of the legs.

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After admission, you will be seen by members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, your named nurse, and the physiotherapist. The specialist registrar may perform the operation in conjunction with Dr Campbell and with your permission.

### Where do I go for my procedure?

The admissions section of the hospital at the appointed time, on the appointed day. The admissions section of the particular hospital will give you instructions well in advance of the operation.

If no contact has been made telephone Dr Campbell's secretary on (07) 3367 1608, and the problem will be addressed.

### Do I need to do anything special before my procedure?

You will need to not drink or eat anything for 6 hours prior to the procedure.

### During the procedure

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used.

All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you. You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

The operation is performed through an incision in the lower part of your abdomen and is usually preceded by telescopic examination of your bladder. The outer shell of the prostate gland is opened and the central part of the prostate removed. Two bladder catheters, one through the abdomen and one through the penis, are normally inserted at the end of the procedure. A wound drain is also normally inserted at the end of the procedure.

This operation takes approximately 90–120 minutes to complete.

### Immediately after the procedure

After the procedure, there is normally some bleeding from the prostate area. The urine is usually clear of blood after 48 hours, although some patients lose more blood for longer. If the loss is moderate, you may require a blood transfusion to prevent you from becoming anaemic.

You will be able to eat and drink the morning after the operation although this may be allowed earlier after a spinal anaesthetic. The wound drain is usually removed when drainage ceases after 2–4 days. The penile catheter is generally removed after 5–7 days, following which urine can be passed in the normal way. At first, it may be painful to pass your urine and it may come more frequently than normal.

Any initial discomfort can be relieved by tablets or injections and the frequency usually improves within a few days. It is not unusual for your urine to turn bloody again for the first 24–48 hours after catheter removal.

If you are able to pass urine following removal of the penile catheter, then the abdominal catheter will be removed.

A few patients are unable to pass urine at all after the operation. If this should happen, we normally leave the abdominal catheter in place to allow the bladder to regain its function before trying again by spiggotting the catheter. If the trial is successful, then the abdominal catheter is removed.

The average hospital stay is 7 days for a routine admission and 10 days following emergency admission.

### Are there any side-effects?

Most procedures have a potential for side-effects and these are outlined below. Please use the check circles to tick off individual items when you are happy that they have been discussed to your satisfaction:

#### **Common (greater than 1 in 10)**

- ~ Temporary insertion of a bladder catheter and wound drain
- ~ No semen is produced during an orgasm causing subfertility
- ~ Frequency of urination may persist after surgery
- ~ Bleeding requiring further surgery or transfusions (5%)
- ~ 10% chance of impotence (poor erections)
- ~ Scarring of the bladder neck producing similar symptoms to prostatic obstruction
- ~ Incontinence of urine (poor urinary control) which may be temporary or permanent (2–4%)

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### Occasional (between 1 in 10 & 1 in 50)

- ~ Finding of unsuspected cancer requiring further treatment
- ~ Infection, pain or hernia of incision requiring further treatment

### Rare (less than 1 in 50)

- ~ Incontinence of urine (poor urinary control) which may be temporary or permanent
- ~ Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)

*(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)*

## General side-effects of any procedure

Any operative procedure that involves regional (spinal) or general anaesthetic can have side-effects. These are explained in the leaflet on anaesthesia.

### Hospital-acquired infection

- ~ Colonisation with MRSA (0.9%, 1 in 110)
- ~ Clostridium difficile bowel infection (0.2%; 1 in 500)
- ~ MRSA bloodstream infection (0.08%; 1 in 1,250)

*(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)*

## What should I expect when I get home?

If non-absorbable sutures have been used, we will arrange for them to be removed after 7-10 days, either on the ward or by your family doctor. It will be at least 14 days before full healing of the wound occurs but it may take up to 6 weeks before you feel fully recovered from the surgery. You may return to work when you are comfortable enough and your family doctor is satisfied with your progress. Patients often feel tired for several months.

When you leave hospital, a discharge summary of your admission will be sent to your family doctor. This holds important information about your inpatient stay and your operation.

## What else should I look out for?

If you experience increasing frequency, burning or difficulty on passing urine or worrying bleeding, contact your family doctor.

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your family doctor.

About 1 man in 5 experiences bleeding some 10-14 days after getting home; this is due to scabs separating from the cavity of the prostate. Increasing your fluid intake should stop this bleeding quickly but, if it does not, you should contact your family doctor who will prescribe some antibiotics for you.

In the event of severe bleeding, passage of clots or sudden difficulty in passing urine, you should contact Dr Campbell immediately or present to the nearest emergency department since it may be necessary for you to be re-admitted to hospital.

For after hours emergencies Dr Campbell can be contacted on (07) 3367 1608.

The Wesley Hospital Emergency Centre (07) 3232 7333, and The Greenslopes Private Hospital Emergency Centre (07) 3394 7111 are other resources that are also available.

## Are there any other specific points?

Removal of your prostate should not adversely affect your sex life provided you are getting normal erections before the surgery. Sexual activity can be resumed as soon as you are comfortable, usually after 3-4 weeks.

It is often helpful to start pelvic floor exercises as soon as possible after the operation since this can improve your control when you get home. The symptoms of an overactive bladder may take 3 months to resolve whereas the flow is improved immediately. If you need any specific information on these exercises, please contact the ward staff or the Specialist Nurses.

The results of any tissue removed will be available after 14-21 days and you and your GP will be informed of the results. It is not necessary for all patients to be reviewed in the clinic, but you will be given the follow up plan when you leave hospital. You should not drive until you feel fully recovered; 3 weeks is the minimum period that most patients require before resuming driving.

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### Is there any research being carried out in this field?

Yes. As part of your operation, various specimens of tissue could be sent to a tissue bank, where it can be used in research on prostate disease. Normally, this tissue is disposed of or simply stored. What we would like to do is to store samples of the tissue, both frozen and after it has been processed.

Please note that we are not asking you to provide any tissue apart from that which would normally be removed during the operation.

A number of research projects are being carried out which involve studying the genes and proteins produced by normal and diseased tissues. The reason for doing this is to try to discover differences between diseased and normal tissue to help develop new tests or treatments that might benefit future generations.

This research is being carried out here in Brisbane but sometimes the research scientists work with other universities or with industry to move the research forwards more quickly than it would if everything was done here.

If you would like any further information, please ask Dr Campbell.

All operative procedures performed are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

### Who can I contact for more help or information?

#### **Dr Peter Campbell**

Suite 9, level 9, Evan Thomson Building, The Wesley Hospital,  
Chasely St,  
Auchenflower, QLD 4066  
(07) 3367 1608,  
[www.campbellurology.com.au](http://www.campbellurology.com.au)

#### **The Wesley Hospital, Urology Ward**

451 Coronation Drive,  
Auchenflower, QLD 4066  
(07) 3232 7168  
[www.uhc.com.au/wesley](http://www.uhc.com.au/wesley)

#### **The Wesley Emergency Centre**

451 coronation Drive,  
Auchenflower, QLD 4066  
(07) 3232 7333

#### **Greenslopes Private Hospital, Continence Advisor**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 7978  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **Greenslopes Private Hospital Urology Ward**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 7261  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **Greenslopes Private Hospital Emergency Centre**

Newdgate St,  
Greenslopes, QLD 4120  
(07) 3394 6777  
[www.greenslopesprivate.com.au](http://www.greenslopesprivate.com.au)

#### **The Queen Elizabeth II Jubilee Hospital, Urodynamics Department**

Kessels Rd,  
Coopers plains, QLD 4108  
(07) 3275 6346

#### **American Urological Association Foundation**

1000 Corporate Blvd, Suite 410,  
Linthicum, MD 21090  
1800 828 7866  
[www.UrologyHealth.org](http://www.UrologyHealth.org)

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Thank you for taking the trouble to read this information sheet. If you are satisfied with the explanation of the test, please sign below and this leaflet will be filed in your chart.

If you wish to retain a copy for you own records, one will be provided.

*I have read this information sheet and I accept the information it provides.*

Signature

Date