
Optical Urethrotomy

This procedure involves telescopic inspection of the urethra and bladder with incision of a stricture (narrowing caused by scar tissue) using a visual knife or laser fibre

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.

What are the alternatives to this procedure?

Observation, urethral dilatation, open (non-telescopic) repair of stricture.

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
- ~ Blood thinning medications, particularly
 - ~ Asasantin
 - ~ Aspirin
 - ~ Fish oil
 - ~ Iscover
 - ~ Persantin
 - ~ Plavix
 - ~ Warfarin
- ~ Angina
- ~ Hypertension
- ~ Diabetes
- ~ Recent heart attack

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.

Elasticated stockings will be fitted on admission, These will help prevent thrombosis (clots) in the veins of the legs.

After admission, you will be seen by other members of the urological team which may include not only Dr Campbell, but the specialist registrar, the intern, and your named nurse. The specialist registrar may perform the procedure 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.

Optical Urethrotomy continued...

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 and to have an enema at least 2 hrs prior to the operation.

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. Both methods minimize pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

In this operation, you will usually be given injectable antibiotics before the procedure, after checking for any allergies. The operation is performed using a telescope passed into the penis through the water pipe (urethra). Any narrowing due to stricture can then be cut using a special internal knife or a laser probe. All the cutting takes place internally and there are no incisions or stitches. Most patients require insertion of a catheter into the bladder for 2–5 days after the procedure.

The operation takes approximately 30–45 minutes to complete.

Immediately after the procedure

After the procedure, there is often some bleeding around the catheter, as the incision has been made in the waterpipe that surrounds the catheter. This usually lasts for a short period, unless there has been a need for multiple or deep cuts. A pad will often be secured around the end of the penis to collect any blood which seeps out around the catheter; this pad is removed on the day after surgery.

Once the catheter is removed, you should be able to pass urine with an improved flow but, in the early stages, this can often be painful and bloodstained. Provided you drink plenty of fluid, this will gradually settle over a few days.

Once the initial discomfort has settled, you will be asked to perform a voiding flow rate test to measure how fast you pass urine; this measurement will be used as a baseline to compare with future measurements. After the operation, you may be instructed in the technique of self-catheterisation, using a "slippery" catheter, to keep your urethral stricture open. This instruction usually takes place 5–7 days after your operation in the outpatient clinic. The average hospital stay is 3 days.

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)

- ~ Mild burning or bleeding on passing urine for a short period after the operation
- ~ Temporary insertion of a catheter
- ~ Need for self catheterisation to keep the narrowing from closing down again
- ~ Recurrence of narrowing necessitating further procedures or repeat incision

Occasional (between 1 in 10 & 1 in 50)

- ~ Infection of the bladder requiring antibiotics
- ~ Permission for telescopic removal/biopsy of bladder

Rare (less than 1 in 50)

- ~ Decrease in quality of erections requiring treatment

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)

Optical Urethrotomy continued...

What should I expect when I get home?

When you get home, you should drink twice as much fluid as you would normally for the next 24–48 hours to flush your system through. You may find that, when you first pass urine, it stings or burns slightly and it may be lightly bloodstained. If you continue to drink plenty of fluid, this discomfort and bleeding will resolve rapidly.

If self-catheterisation is to be used, you will be given written instructions as to how often to insert the catheter. You will also be given a contact number for the Specialist Nurse who can be contacted in the event of any problems.

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 develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact Dr Campbell immediately. If you experience any problems with self-catheterisation, contact the Specialist Nurse immediately. If you develop a temperature, or drainage at the site of the operation, please contact Dr Campbell or your family doctor.

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?

You will normally receive an appointment for outpatient follow-up 6–12 weeks after the procedure. When you return to outpatients, please come with a full bladder. If you have been asked to do another flow test on arrival.

Following a first-time operation, 40% of men will not require any further treatment. However, if the stricture does recur, you may need a further procedure carried out.

In the longer term, you may need to continue self-catheterisation for several months; your Specialist Nurse or Consultant will give you more details of this at your outpatient appointment.

Is there any research being carried out in this field?

There is no specific research in this area at the moment but all operative procedures performed are subject to rigorous audit at monthly Audit & Clinical Governance meetings.

Optical Urethrotomy continued...

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

The Wesley Hospital, Urology Ward

451 Coronation Drive,
Auchenflower, QLD 4066
(07) 3232 7168
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

Greenslopes Private Hospital Urology Ward

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 7261
www.greenslopesprivate.com.au

Greenslopes Private Hospital Emergency Centre

Newdgate St,
Greenslopes, QLD 4120
(07) 3394 6777
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

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
