Transurethral Incision of the Prostate (for Benign Disease)

This operation involves the telescopic incision of the obstructing, central part of the prostate with heat diathermy and temporary insertion of a catheter for bladder irrigation

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?

Drugs, use of a catheter/stent, observation, open operation, laser enucleation of the prostate (HoLEP). Laser vaporization of the prostate (greenlight). Transurethral resection of the prostate (TURP), Radiofrequency needle ablation of the prostate (TUNA).

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 defribrillator
- 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
- Diabetes
- Hypertension
- Mesh hernia repair
- Previous abdominal surgery
- 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.

You will be fitted with elasticated stockings 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

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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 please 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. Both methods minimize 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.

In this operation, the prostate and the neck of the bladder are incised using a metal "spike" to relieve the obstruction. A catheter is placed in the bladder to allow irrgation with saline solution which prevents the development of blood clots in the bladder.

The operation takes approximately 30 minutes to complete.

Immediately after the procedure

After the procedure, There is always some bleeding from the prostate area after the operation. The urine is usually clear of blood within 48 hours, although some patients lose blood for longer.

It is unusual to require a blood transfusion after bladder neck incision. It is useful to drink as much as possible in the first 12 hours after the operation because this helps the urine clear of blood more quickly. Sometimes, fluid is flushed through the catheter to clear the urine of blood. You will be able to eat and drink on the same day as the operation when you feel able to.

The catheter is generally removed at 0600hrs on the second morning after surgery.This allows your bladder time to fill in the morning, so the nursing staff can decide whether you can go home without the catheter, later that morning.

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 weeks.

Some of your symptoms, especially frequency, urgency and getting up at night to pass urine, may not improve for several months because these are often due to bladder overactivity (which takes time to resolve after prostate surgery) rather than prostate or bladder neck blockage. It is not unusual for your urine to turn bloody again for the first 24–48 hours after catheter removal.

Some blood may be visible in the urine even several weeks after surgery but this is usually not a problem. Let your nurse know if you are unable to pass urine and feel as if your bladder is full after the catheter is removed.

Some patients are unable to pas urine at all after the operation due to temporary internal swelling within the prostate area. If this should happen, we normally pass a catheter again to allow the swelling to resolve and the bladder to regain its function.

Usually, patients who require re-catheterisation go home with the catheter in place and return after a week or so for a second catheter removal which, in almost all cases, is successful. 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)

~ Temporary mild burning, bleeding and frequency of urination after the procedure
~ No semen is produced during an orgasm in approximately 20%
~ Treatment may not relieve all the symptoms

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Occasional (between 1 in 10 & 1 in 50)
~ Poor erections (impotence in approx approximately 7%)
~ Infection of the bladder, testes or kidney requiring antibiotics
~ Bleeding requiring return to theatre and/or blood transfusion (5%)
~ Possible need to repeat treatment later due to re-obstruction (approx 10%)
  ~ May need self catheterisation to empty bladder fully if bladder weak
  ~ Failure to pass urine after surgery requiring a new catheter

Rare (less than 1 in 50)
~ Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair
~ Injury to the urethra causing delayed scar formation
~ Loss of urinary control (incontinence) which may be temporary or permanent (2–4%)

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?

Most patients feel tired and below par for a week or two because this is major surgery. Over this period, any frequency usually settles gradually.

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 Dr Campbell or 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 incision in the bladder neck. Increasing your fluid intake should stop this bleeding quickly but, if it does not, you should contact your family doctor or Dr Campbell who will prescribe antibiotics for you.

In the event of severe bleeding, passage of clots or sudden difficulty in passing urine, you should contact Dr Campbell immediately since it may be necessary for you to be re-admitted to hospital. If you develop a temperature, please contact your family doctor or Dr Campbell.

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?

Incision 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.

Most patients require a recovery period of 2–3 weeks at home before they feel ready for work. We recommend 3-4 weeks' rest before resuming any job, especially If it is physically strenuous and you should avoid any heavy lifting during this time.

You should not drive until you feel fully recovered; two 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?

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.

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