

## PATIENT INFORMATION

### Bladder Neck Incision (BNI)

This information should supplement what your doctor has already discussed with you.

#### **What is a Bladder Neck Incision (BNI)?**

This operation involves the telescopic removal or incision of obstructing parts of the prostate with a heat diathermy device and temporary insertion of a catheter for bladder irrigation.

#### **Indications**

Relief of urinary obstruction and improvement of urinary flow.

#### **Before the procedure**

Approximately 2 weeks prior to your operation you will be seen and examined in the pre assessment clinic at the West Suffolk Hospital.

You will be admitted either the day before or on the day of your surgery. After admission you will meet your anaesthetist who will discuss your anaesthetic needs with you. You will also see a member of the urology team.

You will be asked not to eat for 6 hours before surgery. However, you may drink water only up to 3 hours prior to your surgery.

#### **During the operation**

The operation will be performed using either a full general or spinal anaesthetic. If a general anaesthetic is used you will be asleep for the whole operation. During a spinal anaesthetic you will be awake but will have no sensation or pain below the waist.

After telescopic incision of the bladder neck, a catheter will be inserted and your bladder will be irrigated with fluid.

#### **After the operation**

Your urine may be heavily blood stained.

A continuous irrigation will be maintained overnight and will usually be removed the following morning. The catheter will be removed when the urine is clear, usually 2-3 days after your operation.

Once the catheter is removed you should urinate into the bottles provided so that the nursing staff can keep a record of volumes passed. You will be discharged once you have passed adequate volumes. This is usually between 12-24 hours following catheter removal.

The average hospital stay is between 3-5 days.

## **Are there any side effects?**

### **Common**

- Temporary mild burning, bleeding and frequency of urination after procedure.
- No semen is seen during an orgasm (in approx: 20%).
- May not relieve all symptoms.

### **Occasional**

- Infection of your bladder or kidney requiring antibiotics.
- Bleeding requiring a blood transfusion.
- Possible need to repeat treatment later due to reobstruction (approx 10%)
- Temporary failure to pass urine after surgery requiring a new catheter.
- Erectile dysfunction (Impotence) in approx 5-10%.

### **Rare**

- Injury to urethra causing delayed scar formation.
- Loss of urinary control (incontinence), temporary or permanent.
- Absorption of irrigating fluids causing confusion, heart failure (TUR syndrome).
- Bleeding, requiring a return to the operating theatre.
- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair.

## **Alternative Therapies**

Medication, Use of catheter, Laser surgery, Observation or Open operation.

## **What should I expect when I get home?**

At first you may find that you have some frequency and urgency when passing urine, this should settle down as you recover from the surgery. This can take 4-6 weeks.

If you experience increasing severe frequency, burning, fever or difficulty passing urine you may have a urinary infection and should see your GP.

You may also experience a further bleed from the bladder neck around day 7-10 causing the urine to be discoloured. Increasing your fluid intake should stop this bleeding quickly but, if it does not, or you have problems passing urine, you should contact your GP.

Upon your return home take things easy to begin with and slowly build up your activity.

You should avoid heavy lifting or strenuous exercise for about a month.

Avoid driving to start with and slowly build up your time and distances over the next few weeks.

**Most patients have a comfortable and uneventful hospital stay.**