

PATIENT INFORMATION

Optical urethrotomy: procedure-specific information

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

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

What are the alternatives to this procedure?

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



What should I expect before the procedure?

If you are taking Aspirin or Clopidogrel on a regular basis, you must discuss this with your urologist 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 usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

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

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

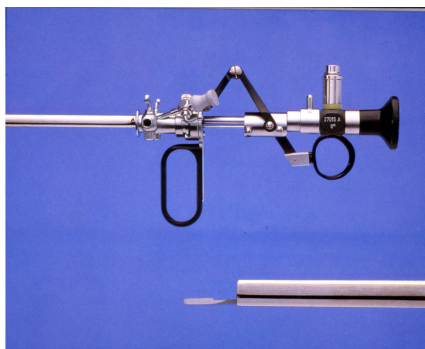
- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens 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.

You will be given an antibiotic to reduce the chance of infection.

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 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 24-48 hours after the procedure.



What happens immediately 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. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes 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 and 1 in 50)

- Infection of the bladder requiring antibiotics
- Permission for telescopic removal/biopsy of bladder abnormality/stone, if found

Rare (less than 1 in 50)

- Decrease in quality of erections requiring treatment

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included)

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

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, you will be given a "draft" discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

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 your GP immediately.

If you experience any problems with self-catheterisation, contact the Specialist Nurse immediately.

Are there any other important 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 in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806

- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy Telephone 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

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

Signature.....Date.....