

## PATIENT INFORMATION

# Open removal of the prostate for benign disease: procedure-specific information

### What is the evidence base for this information?

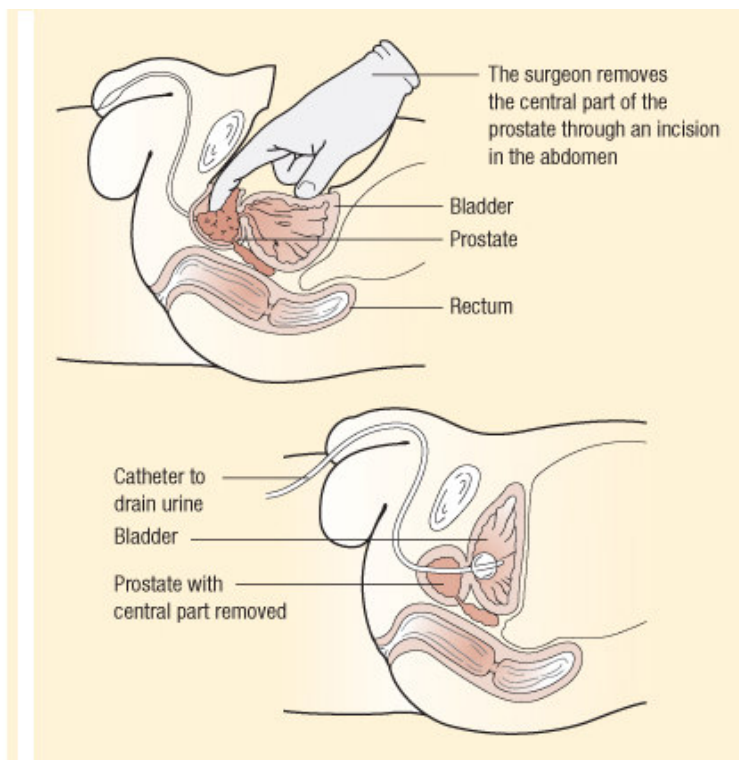
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other 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?

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

### What are the alternatives to this procedure?

Drugs to shrink or open the prostate, long-term catheter drainage, telescopic removal of prostate obstruction.



## **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. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

The procedure, on average, takes 45-60 minutes.

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. A bladder catheter and a wound drain are normally inserted at the end of the procedure.

## **What happens immediately after the procedure?**

There is normally some bleeding from the prostate area after the operation. 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 catheter is generally removed after 4-6 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. A few patients are unable to pass urine at all after the operation. If this should happen, we normally pass a catheter again to allow the bladder to regain its function before trying again without the catheter.

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. 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)**

- 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%)

### **Occasional (between 1 in 10 and 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)

### **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?**

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 District Nurse.

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 GP is satisfied with your progress.

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 experience increasing frequency, burning or difficulty on passing urine or worrying bleeding, contact your GP. If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

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 GP 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 your GP immediately since it may be necessary for you to be re-admitted to hospital.

### **Are there any other important 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.

### **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.....