

## PATIENT INFORMATION

### Bladder neck incision: 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 involves a telescopic incision through the prostate and bladder outlet to widen the urinary channel with temporary insertion of a catheter for bladder drainage

#### What are the alternatives to this procedure?

Drugs, use of a catheter / stent, observation



#### 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 day of surgery. Your general fitness, to screen for the carriage of MRSA will be assessed and sometimes some baseline investigations performed prior to your admission. This can, on occasions, be done by telephone or you may be asked to attend a pre-admission clinic approximately 14 days before your admission, depending on your medical history. 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.

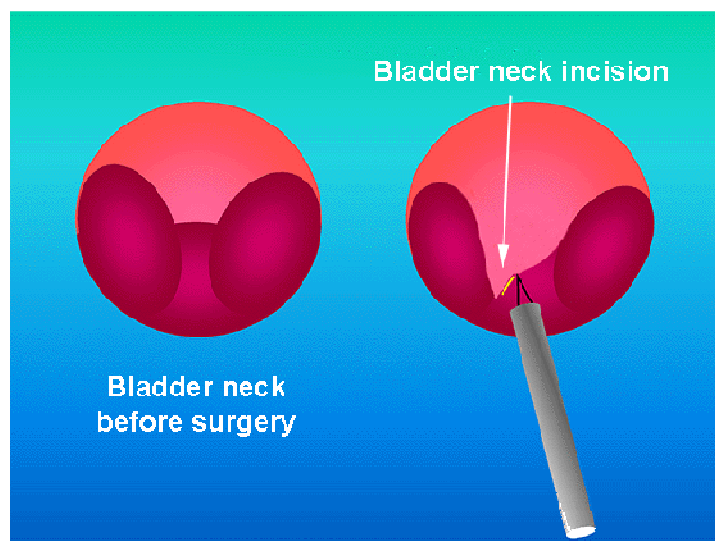
You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

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 operation, on average, takes 10-20 minutes.



You will usually be given an injectable antibiotic before the procedure after checking for any drug allergies.

The cautery blade is used to incise through any tight areas in the bladder outlet and prostate. Often, this allows sufficient widening of the urinary channel but, sometimes, a small amount of prostate tissue is removed at the same time to ensure the channel is clear and open. A catheter is normally left to drain the bladder at the end of the procedure.

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

There is always some bleeding from the prostate area after the operation. The urine is usually clear of blood within 12 hours, although some patients lose blood for longer. It is unusual to require a blood transfusion after laser surgery.

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 midnight on the first night after surgery or the following day. This allows your bladder time to fill overnight so that, in the morning, the doctors can decide whether you can go home without the catheter. 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 pass 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 1 night only.

## **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 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 urinary symptoms
- Poor erections (impotence) in approximately 14%
- Infection of the bladder, testes or kidney requiring antibiotic treatment
- Possible need to repeat the treatment later due to re-obstruction (approximately 10%)
- Injury to the urethra (water pipe) causing delayed scar formation

**Occasional (between 1 in 10 and 1 in 50)**

- May need to self-catheterise to empty the bladder fully if the bladder itself is weak
- Failure to pass urine after surgery requiring a new catheter

**Rare (less than 1 in 50)**

- Bleeding requiring a return to theatre and/or blood transfusion (less than 2%)

**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?**

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, 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.

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 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?**

Incision of your bladder neck should not adversely affect your erections 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 symptoms of an overactive bladder may take 3 months to resolve whereas the flow is improved immediately.

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.

### **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.....