Transurethral incision of the prostate for benign disease

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 urologist or nurse specialist as well as the surgical team at Addenbrooke’s. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?
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.

What are the alternatives to this procedure?
Drugs, use of a catheter/stent, observation or open operation, laser enucleation of the prostate (HoLEP).

What should I expect before the procedure?
If you are taking blood thinning medication 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 be admitted on the day of your surgery. You will normally undergo pre assessment on the day of your clinic or an appointment for pre assessment will be made from clinic, 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, junior urology doctors and your named nurse.

You will be asked not to eat or drink for six 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, rivaroxaban, dabigatran, apixaban, edoxaban or clopidogrel, ticagrelor or blood thinning medication
• a previous or current MRSA infection
• high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)

**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 takes approximately 14 minutes. You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

**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 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.

You may be sent home the same day of surgery with a catheter for later removal in the community if the urine remains clear. Alternatively, you may be advised to stay in hospital overnight for removal of catheter the following day. 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 to 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 one night.

**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 one 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
- ☐ Poor erections (impotence in approx approximately 14%)
- ☐ 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%)
- ☐ Injury to the urethra causing delayed scar formation

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

- ☐ May need self catheterisation to empty bladder fully If bladder weak
- ☐ Failure to pass urine after surgery requiring a new catheter
- ☐ Loss of urinary control (incontinence) which may be temporary or permanent (2-4%)

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

- ☐ Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair
What should I expect when I get home?

When you leave hospital, you will be given a 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.

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

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 one man in five experiences bleeding some 10 to 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 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 readmitted to hospital.

Are there any other important points?

Incision of your prostate may affect your sexual function and you may experience dry orgasm after this procedure. Sexual activity can be resumed as soon as you are comfortable, usually after three to four 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 three 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 two to three weeks at home before they feel ready for work. We recommend three to four 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.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.
Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.

Hair removal before an operation

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

References:

NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

Is there any research being carried out in this field at Addenbrooke’s Hospital?

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 and clinical governance meeting.

Who can I contact for more help or information?

Oncology nurses
Uro-oncology nurse specialist
01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)
01223 274608

Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548

Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

Non-oncology nurses
Urology nurse practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748 or bleep 157-237

Urology nurse practitioner (stoma care)
01223 349800

Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879
Patient Information

Transurethral incision of the prostate

Innovation and excellence in health and care

Addenbrooke’s Hospital I Rosie Hospital

Patient advice and liaison service (PALS)
Telephone: +44 (0)1223 216756
PatientLine: *801 (from patient bedside telephones only)
email: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ

Chaplaincy and multi faith community
Telephone: +44 (0)1223 217769
e-mail: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke’s Hospital
Hills Road, Cambridge, CB2 2QQ

MINICOM System (‘type’ system for the hard of hearing)
Telephone: +44 (0)1223 217589

Access office (travel, parking and security information)
Telephone: +44 (0)1223 596060

What should I do with this leaflet?
Thank you for taking the trouble to read this patient information leaflet. 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 leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature……………………………….………Date……………………………………….
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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