Transurethral incision 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?
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 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 before 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
- 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.

The catheter is generally removed at midnight on the first night after surgery. 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 2 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)
- 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 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

**Hospital-acquired infection (overall risk for Addenbrooke’s)**  
- Colonisation with MRSA (0.02%, 1 in 5,000)  
- Clostridium difficile bowel infection (0.04%; 1 in 2,500)  
- MRSA bloodstream infection (0.01%; 1 in 10,000)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions)

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

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.

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.

**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 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 re-admitted to hospital.
Are there any other important points?

Incision 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.

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.

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 3 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.

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 & 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 & BCG)
  01223 274608
- Prostate cancer Nurse Practitioner
  01223 247608 or 216897 or bleep 154-548
- Surgical Care Practitioner
  01223 348590 or 256157 or bleep 154-134
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Non-Oncology Nurses
- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
  01223 274608 or 586748
- Urology Nurse Practitioner (stoma care)
  01223 349800

Patient Advice & Liaison Centre (PALS)
- Telephone
  +44 (0)1223 216756 or 257257
  +44 (0)1223 274432 or 274431
- PatientLine
  *801 (from patient bedside telephones only)
- E mail
  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
  derek.fraser@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 274604

Access Office (travel, parking & security information)
- Telephone
  +44 (0)1223 586969

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. 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 information sheet and I accept the information it provides.

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

How can I get information in alternative formats?

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.info@addenbrookes.nhs.uk

Polish                  Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.info@addenbrookes.nhs.uk

Portuguese             Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.info@addenbrookes.nhs.uk

Russian                Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обратитесь по телефону 01223 216032 или на вебсайте patient.info@addenbrookes.nhs.uk

Cantonese              若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到：patient.info@addenbrookes.nhs.uk

Turkish                Bu bilgiyi diğer dillerde veya büyük baskıta veya sesli formatta istseniz lütfen su numaradan kontakt kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.info@addenbrookes.nhs.uk

Bengali                এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দরকার ফর 01223 216032 নম্বরে কোন করতে বা patient.info@addenbrookes.nhs.uk এ-মেইল করতে পারেন।
Addenbrooke’s is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169