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
- 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.

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. Your catheter may be removed in the community, at home or in your GP surgery.

**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 1 to 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)**
- ☐ 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 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.

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.

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.

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

**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.information@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.information@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.information@addenbrookes.nhs.uk

Russian

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@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.information@addenbrookes.nhs.uk

Turkish

Bu bilgiyi diğer dillerde veya büyük baskıya ya da sesli formatta
istseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin:
patient.infoinformation@addenbrookes.nhs.uk

Bengali

এই তথ্য বাংলায়, বড় অক্ষরে বা অক্ষিও টেপে পেতে চাইলে দর্শা করে 01223 216032 নম্বরে কোন করে
বা patient.infoinformation@addenbrookes.nhs.uk চিঠিপত্র ই-মেইল করুন।

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

Document history

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