

Procedure Specific Information Sheet

Bladder-Neck Incision

What causes prostate trouble?

Your prostate gland is an organ that lies under your bladder and surrounds your urethra (tube that carries urine and semen to the tip of your penis) (see figure 1). Prostate trouble is caused by the growth of your prostate gland. As the gland grows, it can narrow your urethra.

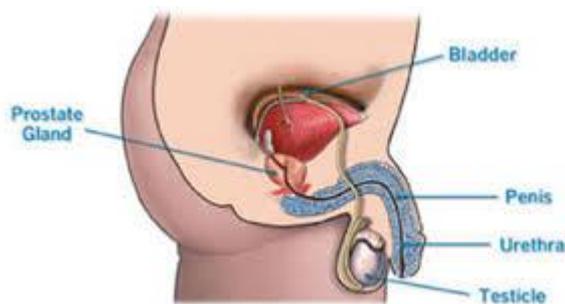


Figure 1
Position of the prostate gland

Dr Vasudevan has recommended a bladder-neck incision. However, it is your decision to go ahead with the operation or not.

This document will give your information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask Dr Vasudevan

What are the symptoms of prostate trouble?

It is normal for your prostate gland to get larger with age. If the gland tightens around your urethra, it can interrupt the flow of urine from your bladder. This results in the following symptoms:

- The need to pass urine more often.
- Slow flow of urine, often with dribbling.
- Having to wait longer than usual before starting to pass urine.
- The feeling of not having fully emptied your bladder.
- Sudden urges to pass urine.

Sometimes the tightening happens only at the top of your prostate gland where it meets your bladder (the neck of your bladder).

What are the benefits of surgery?

You should get a better flow of urine and improved bladder emptying, and not need to pass urine as often during the night. The worse your symptoms are, the more likely you are to benefit from surgery.

Are there any alternatives to surgery?

For most men an operation is not essential. There are medications available to treat the condition but this is rarely a permanent solution. However, for a few men an operation is vital and Dr Vasudevan will tell you if this is the case. For most men the aim of the operation is to improve their lifestyle by relieving the symptoms.

What will happen if I decide not to have the operation?

Prostate symptoms can come and go. 1 in 3 men will find that their symptoms improve, 1 in 3 will find that they stay the same and 1 in 3 will find that their symptoms get worse.

If your symptoms get worse, you may get urinary infections or bladder stones. In severe cases the flow of urine can become completely blocked (risk: 1 in 50 over a year). Urine will build up in your kidneys, increasing the risk of kidney failure. You will need an emergency procedure to drain the urine.

What does the operation involve?

The operation is performed under a general or spinal anaesthetic. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes less than an hour.

Dr Vasudevan will place a resectoscope (a small operating telescope) into your urethra. They will make small cuts in the neck of your bladder where the prostate is restricting the flow of urine. This will open the neck of your bladder to relieve the pressure and improve the flow.

Dr Vasudevan will place a catheter (tube) in your bladder. This will allow you to pass urine easily and for your bladder to be washed out with fluid to prevent blood clots.

What should I do about medication?

Let Dr Vasudevan know about all the medication you take and follow his advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complication and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complication if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health.

What complications can happen?

Dr Vasudevan will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death (risk: 1 in 400). You should ask Dr Vasudevan if there is anything you do not understand. Dr Vasudevan may be able to tell you if the risk of a complication is higher or lower for you.

1. Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complication of having an anaesthetic.

2. General complications of any operation

- Pain. The hospital healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation. Most men will notice blood in their urine. Any bleeding is usually little. The healthcare team can flush water into your bladder through the catheter to wash out any blood that may collect or to remove any blood clots in the catheter. If the bleeding is heavy, you may need a blood transfusion (risk: less than 1 in 100).
- Infection. You may need treatment with antibiotics (risk: 1 in 10). The risk is higher if a catheter is placed in your bladder before surgery.
- Blood clot in your leg (deep-vein thrombosis-DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway. If you are at home, call an ambulance or go immediately to your nearest Emergency Department.

3. Specific complications of this operation

- Impotence (Problems having an erection) (risk: less than 1 in 100). This is more common in older men who may already have problems in impotence.
- Difficulty passing urine (risk: 1 in 50). You will need a catheter again for one to two weeks. If the problem continues, you may need to learn how to use a catheter until you can pass urine in the normal way.
- Incontinence, which can happen for a short while. This often involves passing small amounts of urine before reaching the toilet and you may need to wear a small pad. This can be permanent (risk of new, permanent incontinence: Less than 1 in 100).
- Reduction in fertility caused by 'retrograde ejaculation', where the fluid produced at ejaculation passes back into your bladder rather than coming out of your penis (risk: up to 3 in 4). If you may want to have children in the future, you should discuss this carefully with your doctor. Do not rely on this as a method of contraception. You still get the feeling of orgasm.
- Narrowing of your urethra (stricture) caused by scar tissue forming. You may need another operation (risk: less than 3 in 100).

How soon will I recover?

• In Hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the next day. However, Dr Vasudevan may recommend that you stay a little longer.

Once your urine is clear, the catheter will be removed.

You will feel a stinging pain the first few times you pass urine. Drink plenty of water as this will help you pass urine more easily and will reduce the risk of blood clots. If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

- **Returning to normal activities**

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Any pain usually settles within two weeks. The cuts will take a few weeks to heal. During this time, when you are towards the end of passing urine, you get a sensation of discomfort that travels down your penis. If drinking enough water does not help and the discomfort gets worse, contact Dr Vasudevan.

For up to four weeks, it is normal to pass blood and small clots when you pass urine. Do not worry as a little blood can look like a lot, especially when it is mixed with urine.

A clot or scab will cover each cut and, as they heal, the area around the cuts may bleed from time to time, again causing blood in the urine. If you pass a lot of clots and find it difficult to pass urine, contact Dr Vasudevan. You may need to come back to the hospital to have a blood clot removed using a catheter.

Even though there is no external cut, you will have had an operation and it is normal to be tired for at least two weeks. Do not do strenuous exercise during this time. After two weeks build up your activity level gradually. You should be able to return to work after two to three weeks, depending on your type of work.

Regular exercise should help you to return to normal activities as soon as possible.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy.

- **The future**

Most men make a good recovery, with a large improvement in their symptoms. Progress is most rapid in the first six weeks but improvement can continue for many months, particularly if your bladder has become overactive.

Your prostate gland can grow larger again and symptoms can come back and be worse. You may need another operation (risk: 1 in 16).

Summary

Prostate trouble is common. If your medication does not help or symptoms are severe, a bladder-neck incision should relieve your symptoms.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.