Laser Prostatectomy
Urology
Patient information Leaflet
Laser Prostatectomy

Your surgeon has recommended that you have laser surgery to your prostate. We hope that this leaflet answers any questions you may have about your operation.

What is a laser prostatectomy?

It is an operation to remove the obstructing part of the prostate gland which is causing your urinary symptoms, to allow free flow of urine.

What is the prostate?

It is a walnut sized gland that sits at the base of your bladder surrounding the urethra (the tube through which you urinate). As you get older, the prostate gland grows and can cause an obstruction to the flow of urine leaving the bladder, thus causing problems with urination.

What are the advantages of having laser prostatectomy rather than standard prostate surgery?

Laser prostatic surgery has a number of advantages over standard prostate surgery (TURP). These include:

- Less bleeding
- Reduced catheterisation time after the operation
- Reduced time in hospital
- Quicker recovery time

Alternatives to Laser Prostatectomy

- Drugs
- TransUrethral Resection of the Prostate (TURP) – the more traditional prostate surgery, which is still more suitable for some patients
- Long term indwelling catheter or intermittently passing a catheter yourself
- Open prostate surgery
- Observation of symptoms

How is a Laser Prostatectomy performed?

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 anaesthetic methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthesia to you before your surgery.

The operation is carried out through a telescope passed up your urethra, therefore there are no external cuts or scars. The laser fibre is passed down the telescope and the prostate is cored out in 2-3 large pieces. These pieces float into the bladder and, at the end of the operation, they are chopped up and sucked up by a special instrument called a morcellator. The operation, on average, takes 60-120 minutes, depending on the size of your prostate.

At the end of the operation, a catheter (fine tube) is passed into your bladder to drain the urine and any blood. The catheter usually stays in place for 12-48 hours. Occasionally it may be necessary to leave it in place for longer, until any bleeding settles.

Before the Operation

You will be admitted on the day of your surgery. Your admission letter will contain the date and any instructions you must follow before your operation. If you are taking Warfarin, Aspirin or Clopidogrel (Plavix ®) 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 told before your discharge when these medications can be safely re-started.

If you smoke, try to cut down or preferably stop, as this reduces the risks of heart and lung complications during and after the operation.
Prior to your admission date, you will receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

**Your admission letter will contain guidance about when you can eat and drink before your operation.** Please be sure to inform your surgeon 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 regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix ®)
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign a consent form giving permission for your operation to take place, showing that you understand what is to be done and confirming that you wish to proceed. Please ensure that you have discussed any concerns and asked any questions you may have before signing the form.

**After the Operation**

After your operation you will normally go back to the urology ward (B6). You can start eating and drinking as soon as you recover from the anaesthetic. In general terms, you should expect to be told how the procedure went and you should:

- Let the staff know if you are in any discomfort
- Be told what you can and cannot do
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- Ensure that you are clear about what has been done and what should happen next

There is always some bleeding from the prostate area after the operation. The urine is usually reasonably clear of blood after 24-48 hours, although some patients may lose more blood for a longer period of time. It is unusual to require a blood transfusion after laser surgery.

It is useful to drink as much fluid as possible in the first 12 hours after the operation, because this helps to clear the urine of any blood more quickly.
Sometimes we will flush fluid through your catheter to help to clear the urine of blood.

The catheter is generally removed 12-48 hours after your operation, although sometimes it is necessary to leave it in place for longer, and some patients may go home with a catheter in place. If this is the case, your surgeon will discuss the reasons with you, and the nursing staff will make an appointment for you to attend a clinic at Corbett Hospital to have your catheter removed at the appropriate time.

At first, it may be painful to pass urine and it may happen more frequently than normal. Any initial discomfort can be relieved by painkillers and the frequency usually improves within a few days, although it is not unusual for it to last longer. Some of your symptoms, especially frequency, urgency and getting up at night to pass urine, may not improve for several months. This is because these symptoms are often caused by bladder over-activity (which takes time to resolve after prostate surgery) rather than prostate blockage. Since a large portion of prostate tissue is removed with the laser technique, there may be some temporary loss of urinary control until your pelvic floor muscles strengthen and recover.

It is not unusual for your urine to become bloody again for the first 24-48 hours after the catheter is removed. Some blood may be visible in the urine even several weeks after surgery but this is not usually 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, particularly those with small prostate glands, are unable to pass urine at all after the operation due to temporary swelling of the prostate area. If this should happen, we normally pass a catheter again to allow time for the swelling to resolve and the bladder to regain its function. Usually, patients who require re-catheterisation go home with a catheter in place, and the nursing staff will make an appointment for you to attend a clinic at Corbett Hospital to have your catheter removed at the appropriate time. A second catheter removal is usually successful in almost all cases.

This procedure is usually performed as a day case, i.e. you can go home on the same day as your operation. If it is necessary for you to stay in hospital overnight, your surgeon will discuss this with you. Please make arrangements to have a lift home available.

Pain Management

Because there are no external cuts, this procedure is relatively pain free. You may experience some discomfort from the catheter, but this can usually be managed with mild painkillers.

Catheter

A urinary catheter is a tube that runs from the bladder out through the tip of the penis and allows urine to drain into a bag. It is important to drain the
bladder in this way until the urine is clear. The catheter is usually removed 12-48 hours after surgery. You will generally be allowed home when the bleeding is not excessive and recovery from the operation is satisfactory. Please make arrangements to have a lift home available.

Before you can go home
- Mild painkillers should adequately control any pain
- Your temperature should be normal
- Bleeding should not be excessive

Discharge Information and Advice

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 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 from hospital.

Bleeding

It is quite normal to see an occasional show of blood – this is due to the healing of the operation site. If you see blood, simply increase your fluid intake and take more rest until it has settled. If you have prolonged bleeding (more than 24 hours), increasing difficulty in passing urine or feel feverish or unwell, please contact ward B6 on 01384 244125.

Bowels

It is important that you don’t get constipated. There are no dietary restrictions but you should try to eat plenty of fruit and vegetables. If you feel that you may be constipated, please see your GP.

Exercise

You should avoid strenuous exercise for a week, although it is important to get some gentle exercise like walking, as you will be at slight risk of developing a blood clot in your legs (as after any type of surgery).

During the first week after surgery you should not:
- Lift or move any heavy objects
- Dig the garden
- Do housework or carry heavy shopping
- Engage in sexual activity

After the first week, you can usually go back to leading a normal life.
Work

You should be able to return to work 1-2 weeks after your operation. If you have a manual job requiring heavy lifting, it may be advisable to stay off work longer. If you are unsure, please ask your doctor before leaving hospital.

You may notice that you pass very small flecks of tissue in your urine at times during the first month as the prostate area heals. This does not usually interfere with the urinary stream or cause discomfort.

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.

What are the risks, consequences and alternatives?

Most procedures are straightforward; however as with any surgical procedure there is a chance of side effects or complications. 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.

Serious or frequently occurring risks

Common (greater than 1 in 10)

- Temporary mild burning, bleeding and frequency of urination after the procedure
- No ejaculation (semen) is produced during an orgasm in approximately 75% of men if the prostate is fully enucleated
- Treatment may not relieve all the urinary symptoms
- Poor erections (impotence in approximately 14% of patients)
- Infection of the bladder, kidney or testes requiring antibiotics
- Possible need to repeat treatment later due to re-obstruction (approximately 10%)
- Injury to the urethra causing delayed scar formation
- Loss of urinary control (incontinence) which reduces within 6 weeks (10-15% of patients). This can usually be improved with pelvic floor exercises.

Occasional (between 1 in 10 and 1 in 50)

- May need self-catheterisation to empty bladder fully if the bladder is weak
- Failure to pass urine after surgery requiring a new catheter
- Bleeding requiring return to theatre and/or blood transfusion (less than 2%)
Rare (less than 1 in 50)

- Finding unsuspected cancer in the removed tissue which may require further treatment. The prostate tissue removed is analysed to look for cancer
- Retained tissue fragments floating in the bladder which may require a second telescopic procedure for their removal
- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair
- Persistent loss of urinary control which may require a further operation or management with incontinence pads or a long term catheter

Hospital acquired infection

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital acquired infection 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.

Are there any other important points?

Removal 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 generally improved immediately. The ward staff will issue you with instructions on how to carry out these exercises.

The results of any tissue removed will be available after 14-21 days, and you will be informed of the results if there is anything that requires further follow-up or investigation.

You may be reviewed in the outpatient clinic and several tests may be repeated (including a flow rate, bladder scan and symptom score) to help assess the effects of the surgery.

All surgical procedures, even those not currently the subject of active research, are subjected to rigorous clinical audit so that we can analyse our results and compare them with those of other surgeons. In the way, we can learn how to improve our techniques and our results; this means that our patients will get the best treatment available.
**Medication**

Please make sure before you come into hospital you have enough of your regular medication to take when you get home as it’s unlikely that the medication prescribed by your GP or another hospital Consultant will be changed. Also please make sure you have a supply of painkillers to take when you get home. We recommend Paracetamol which can be purchased in pharmacies or supermarkets, alternatively whatever painkillers you normally take. Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy and this will delay your discharge.

**Further Information**

**Hospital Contact Numbers**

If you have any questions or are unsure about any of the information provided in this booklet, please contact a member of our Urology team on one of the numbers listed below.

Urology Nurse Specialists:-  
Monday – Friday 08:00 – 16:00  
Tel: 01384 456111 Extension 2873 or Mobile 07787512834  
Out of Hours (16:00 – 08:00 Monday – Friday) and at weekends  
Ward B6 Tel: 01384 244125

Ask to speak to the nurse in charge. If the nursing staff are unable to address your questions, they will suggest alternative contacts.

**Other Resources**

[www.rcseng.ac.uk/patient](http://www.rcseng.ac.uk/patient) _information_
[www.patient.co.uk](http://www.patient.co.uk)
[www.patientinformation.org.uk](http://www.patientinformation.org.uk)
[www.rcoa.ac.uk](http://www.rcoa.ac.uk) (for information about anaesthetics)
[www.prodigy.nhs.uk.PILS](http://www.prodigy.nhs.uk.PILS)
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)
[www.besttreatments.co.uk](http://www.besttreatments.co.uk)
This Information can be made available in large print, audio version and in other languages, please call 0800 0730510.

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