

**Optical Urethrotomy**  
**Urology**  
**Patient Information Leaflet**

Under review

## Why do I need this procedure?

This procedure is performed because the urethra (water pipe) has become narrow, usually as a result of previous surgery causing scar tissue or an infection. Symptoms can include pain and difficulty passing urine.

## 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

## 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.

### 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.

### After the Operation

After your operation you will normally go back to the urology ward (C6). 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 often some bleeding around the catheter, because the incision has been made in the urethra (water pipe) that surrounds the catheter. This usually lasts for a short period, unless there has been a need for multiple or deep cuts. A pad may 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 5–14 days after your operation.

The average hospital stay is 1-3 days. **Please make sure you have a lift available to take you home on discharge.**

### 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.

#### **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

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.

### **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.

### **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. You may require a further flow study.

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.

If you have been asked to perform self-catheterisation it is important you continue until your Consultant tells you to stop. Your 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.

## 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 C6 Tel: 01384 244282

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\\_information](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.besttreatments.co.uk](http://www.besttreatments.co.uk)

[www.nhs.uk](http://www.nhs.uk)

**This Information can be made available in large print, audio version and in other languages, please call 0800 0730510.**

ਜੇਕਰ ਇਹ ਲੀਫਲੈੱਟ (ਛੋਟਾ ਇਸਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिये तो पेशन्ट इनफरमेशन को-आरडीनेटर को टैलीਫ਼ोन ਨੰਬਰ **0800 0730510** पर फ़ोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરનો **0800 0730510** પર સંપર્ક કરો.

আপনি যদি এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেশেন্ট ইনফরমেশন কো-অর্ডিনেটরের সাথে **0800 0730510** এই নম্বরে যোগাযোগ করুন।

إذا كنت ترغب هذه الوريقة مترجمة بلغتك الاصلية ( اللغة العربية ) ، فرجاء ا اتصل بمنسق المعلومات للمريض **0800 0730510** على التلفون **Information Co-ordinator**

حسب ضرورت اس ایف ایٹ کو اپنی زبان (اردو) میں حاصل کرنے کے لئے برہم پرائی ٹیلیفون نمبر **0800 0730510** پر ویڈیو انٹرفیشن کو اور ایملز (مریٹوں) کے لئے معلومات کی فراہمی کے سلسلے میں (سر) کے ساتھ رابطہ قائم کریں۔

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