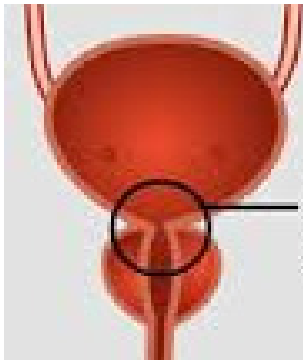
What next?

- The patient will be trialled without a catheter as soon as the urine is clear.
- The patient will be discharged as soon as he/she can completely empty his/her bladder.
- Patients may initially suffer from urge incontinence but this will improve over the next 6 weeks.
- Patients should allow for a 6 week period for symptoms to stabilise.
- There may be some blood in the urine. This can be remedied by drinking plenty of fluids until it clears.
- A follow-up appointment is to be scheduled in 6 weeks. Should pathology be a cause for concern the patient will be contacted for an earlier appointment.
- Please don't hesitate to direct further queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**



Side–effects

- Retrograde ejaculation in more than 90% of patients. Therefore if you have not completed your family, this procedure is not for you unless absolutely necessary.
- Infertility as a result of the retrograde ejaculation.
- Stress incontinence especially in the elderly and the diabetic patients
- Patients with Multiple Sclerosis, Strokes and Parkinsons have a higher risk of incontinence and risks should be discussed and accepted prior to surgery.
- Urethral structuring in 2-3% of patients, requiring intermittent self dilatation.
- Regrowth of prostate lobes within 3-5 years requiring a second procedure.
- NB! Each person is unique and for this reason symptoms vary!

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Urologist

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Specialist Urologist

PATIENT INFORMATION BROCHURE

BLADDER NECK INCISION

Patient well-being is my first priority!

Bladder Neck Incision

Why is it done?

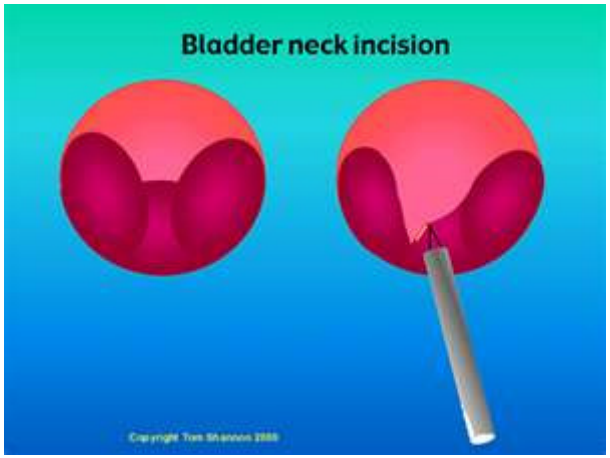
- This procedure is performed when the bladder neck has become stenotic and tight, usually after a TURP, but can also be found in younger men with an overactive bladder neck.
- Symptoms include a weak stream, nightly urination, frequent urination, inability to urinate, kidney failure due to weak urination (obstruction), bladder stones and recurrent bladder infections.
- Medication such as Flomaxtra, Minipress, etc. should always be given as a first resort.
- Prostate cancer first needs to be ruled out by doing a PSA and where indicated a prostate biopsy needs to be performed in men over 40.

Pre-requirements

- An informed consent is required from the patient and a pre-admission clinic appointment will be arranged.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/ CHLORHEXIDINE must clearly state this at the pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery and may be replaced by once daily Clexane injections where indicated.
- Patients with cardiac illnesses require a cardiologist/ physician's report.
- A chest X-ray is required for patients with lung disease.
- Pre-op blood tests are required 4 days prior to surgery.
- Prepare for a 2-3 day stay.

How is it done?

- This is done under a general anaesthetic.
- A cystoscopy is performed by placing a camera in the urethra with the help of a lubricant jelly and an irrigant (fluid).
- The inside of the bladder is viewed for pathology. If any suspicious lesions are seen, a biopsy will be taken.
- An incision of the bladder neck is made until a largely patent urethra is present.
- Prophylactic antibiotics will be given to prevent infection.
- A catheter is placed in the urethra and bladder.
- Continuous irrigation with saline is commenced to present clot formation.



What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain such risks.
- In extreme cases patients may experience blood loss which may require a blood transfusion.
- Patients will awake with a catheter in the urethra and bladder. This will remain in the bladder for up to 3 days.
- A continuous bladder irrigant may be running in and out of the bladder to prevent clot formation.
- Lower abdominal discomfort may be experienced for a few days.
- Complications include retrograde ejaculation (90%) and infertility as well as some haemorrhaging.
- Patients may experience varying degrees of discomfort when passing urine after the catheter has been removed.
- Some patients may even pass blood clots. Rest assured this is normal.
- NB! Each person is unique and for this reason symptoms may vary!