What next?

- Patients will have a trial of void without catheter after surgery.
- Patients will be discharged as soon as they can completely empty the bladder.
- Patients may initially suffer from urge incontinence but this will improve within the next 6 weeks.
- Allow 6 weeks for symptoms to stabilise.
- You may not experience a full return of continence and the effects may worsen with time..
- There may be some blood in the urine. This can be remedied by drinking plenty of fluids until it clears.
- On discharge a prescription may be issued for patients to collect.
- Patients are to schedule a follow-up appointment in 6 weeks.
- Please direct all queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOPSITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**

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Urologist

Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

EXISION OF PROLAPSED URETHRA

Patient well-being is my first priority!

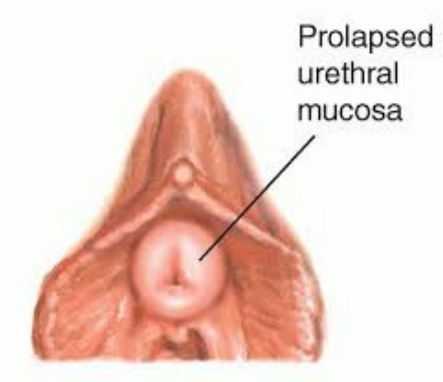
Exision of prolapsed Urethra

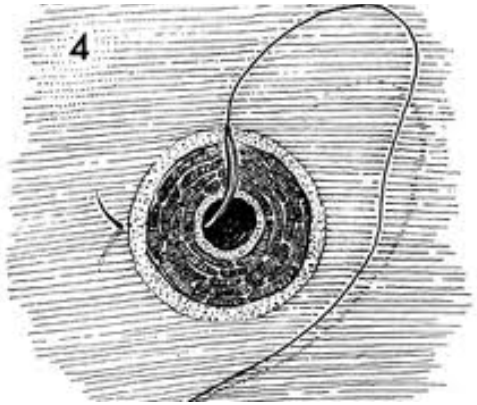
Why is it done?

- Prolapsed urethral mucosa causing pain and bleeding
- Occurs from childhood to old age

Pre-requirements

- An informed consent is required from the patient and a pre-admission clinic 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 should 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. This may be replaced by once daily Clexane injections.
- Usually a day-procedure.





How is it done?

- This procedure is done under a spinal / general anaesthetic, as decided by the anaesthetist.
- The legs will be elevated into the lithotomy position.
- This procedure is done cystoscopically.
- The blad.
- Your urine outpour and urethra is inspected with cystoscopy
- The prolapsed mucosa will then be excised at the external meatus.
- Dissolvable sutures will be placed for hemostasis
- A catheter will be placed until you are awake for some compression.
- Prophylactic antibiotics will be given to prevent infection.

What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain all such risks.
- Complications: hemorrhaging, and urine retention
- Patients catheter will be removed when they wake up.
- If you cannot urinate after 2-3 attempts, a catheter may be inserted to empty your bladder.
- You may be required to keep the catheter for a few days
- NB! Each person is unique and for this reason symptoms may vary!