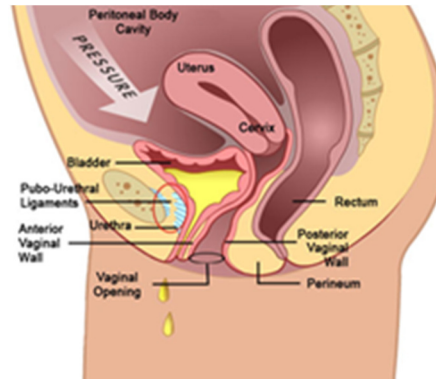


## What next?

- Patients will have a trial of void without catheter the next day.
- Patients will be discharged as soon as they can completely empty the bladder.
- Patients may be required to self catheterize for a week or two.
- 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.
- More than 1-2 treatments may provide the desired effects.
- 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 HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**



**Jo Schoeman**  
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# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

## PATIENT INFORMATION BROCHURE

### *MACROPLASTIQUE PERI-URETHRAL INJECTIONS*

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Patient well-being is my first priority!

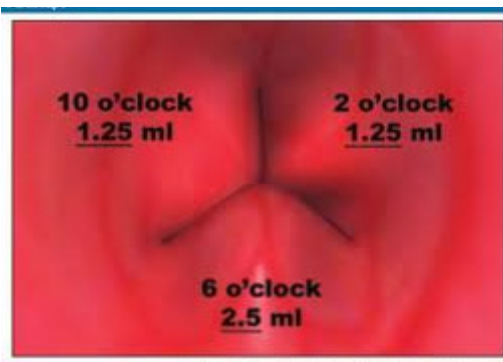
## Macroplastique Peri-urethral Injections

### Why is it done?

- Where Intrinsic Sphincter Deficiency has been proved after failed previous sling

### 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.
- 3 peri-urethral injections are made with injection of Macroplastique until the urethral lumen closes.
- Your urine output will be measured each time you urinate and the residual will be measured. (Patients will be required to do this up to 3 times.)
- If the residual amount of urine is more than 1/3 of the total bladder capacity, the patient may have to self catheterise, until the residual volume is acceptable.
- 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 will have no catheter when they wake up.
- If you cannot urinate after 2-3 attempts, an in-out catheter may be inserted to empty your bladder.
- You may be required to self catheterize for a week or two.
- NB! Each person is unique and for this reason symptoms may vary!

