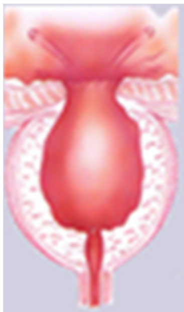
Side–effects

- Blood loss requiring blood transfusion.
- Infection.
- Prolonged hospital stay.
- 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..
- Less chance of growth of prostate lobes usually within 3-5 years requiring a second procedure.
- NB! Each person is unique and for this reason symptoms vary!

Remember

You still have a peripheral zone of your prostate and regular PSA reviews are required up to the age of 75.

(This could be seen as controversial)



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PATIENT INFORMATION BROCHURE

RETRO-PUBIC/ SUPRAPUBIC OPEN PROSTATECTOMY

Patient well-being is my first priority!

Retro-pubic/Suprapubic open Prostatectomy

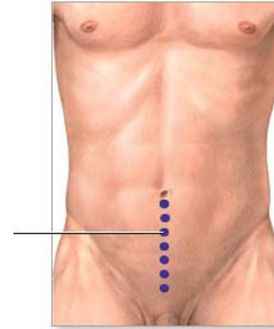
For those large benign prostates where a TURP would be too time consuming, and too dangerous. Generally prostates over 200cc

Not commonly performed in Australia

Still commonly used in the rest of the world especially third world countries.

Why is it done?

- This procedure is performed when the prostate gland is enlarged to such an extent that medication cannot relieve the urinary symptoms.
- Symptoms include: a weak stream, nightly urination, frequent urination, inability to urinate, (LUTS) kidney failure due to the weak urination (obstruction), bladder stones, recurrent bladder infections.
- Medication such as Flomaxtra, Xatral Minipress etc. should always be given as a first resort.
- Step-up therapy should have been used for prostates larger than 35-50cc with either Duodart, Avodart or Proscar and can be used as a **first line in these huge prostates**
- Prostate cancer first needs to be ruled out by doing a PSA, and when indicated, with a 3T MRI scan of the prostate with an abnormal PSA with a possible prostate biopsy of any suspicious lesions.
- A staged-TURP can also be performed to dis-obstruct a huge prostate. Either Bipolar resection or Laser can be utilized
- Patient **informed decision** is vital
- It provides a quicker solution with more marked side-effects and risks

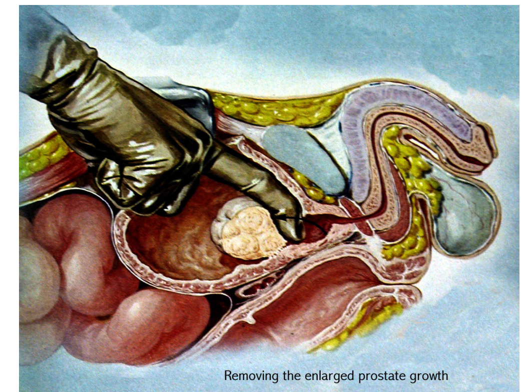


How is it done?

- Patients will receive a general anaesthesia, unless contra-indicated.
- Prophylactic anti-biotics is given.
- An indwelling catheter is placed.
- A lower midline incision is made (or alternatively a horizontal Pfannensteil-incision)
- The retropubic space of Retzuis is entered
- A Millen-procedure is done where the prostate capsule and lower part of the bladder is incised in the longitudinal aspect
- The bladder neck mucosa is cut and freed from the prostate away from the ureters as to prevent injury .
- With blunt dissection the apex of the prostate is freed from with the urethra and each lobe is delivered separately.
- Copious bleeding is possible in this phase and this is where a cell-saver usage is critical to prevent blood transfusions with donor blood.
- Hemostatic sutures are placed over bilateral prostatic vascular pedicles to stop the bleeding.
- Sutures are placed to assist in reducing the cavity left after eneucleation
- The bladder neck is pulled down into the cavity to assist with hemostasis.
- Prostate capsule and bladder is closed in 2 layers over a 3 way irrigation catheter
- A drain is left for a couple of days
- You may have continuous Antibiotics over the next few days.

What next?

- You will spend up to 5-7 nights in hospital.
- You will have a catheter for that time.
- A drain for 2-3 days.
- You will a trial without the catheter on the 5th day
- You will be discharged as soon as you can completely empty your bladder.
- You may initially suffer from urge incontinence and dysuria (irritable voiding) and will improve within the next 6 weeks.
- Allow for 6 weeks for stabilization of symptoms.
- There may be some blood in your urine. You can remedy this by drinking plenty of fluids until it clears.
- A ward prescription will be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 6 weeks. Remember there is no pathology due to vaporization.
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**



Removing the enlarged prostate growth