

Holmium Laser Enucleation of the Prostate (HoLEP) Procedure-specific information



Urology

patient**information**

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources; it is therefore a reflection of best practice in the UK.

It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals.

Alternative treatments are outlined in this booklet and can be discussed in more detail with your Urologists or Specialist Nurse.

What does the procedure involve?

This operation involves the telescopic removal of obstructing prostate tissue using a laser and temporary insertion of a catheter.

What should I expect before this procedure

If you are taking Clopidogrel on a regular basis, you must stop taking this 10 days before surgery your admission. This drug can cause increased bleeding after prostate surgery. Treatment can be re-started safely about 10 days after you get home.

If you are taking Warfarin to thin your blood, you should ensure that the Urology staff are aware of this well in advance of your admission.

You will usually be admitted on the day of your surgery. If not done on the day of your urology clinic appointment, you will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation you may be given a pre-medication by the anaesthetist which will make you dry mouthed and pleasantly sleepy.

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Please ensure you inform your Urologist 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 prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- A previous or current MRSA infection
- High risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (when 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. The operation, on average, takes 45-90 minutes, depending on the size of your prostate.

You will usually be given an injectable antibiotic before the procedure after checking for any drug allergies. The laser is used to separate the obstructing prostate tissue from its surrounding capsule and to push it in large chunks into the bladder. An instrument is then used through the telescope to remove the prostate tissue from the bladder. A catheter is normally left to drain the bladder at the end of the procedure.

What happens immediately after the procedure?

There is always some bleeding from the prostate area after the operation. The urine is usually clear of blood within 12 hours, although some patients lose more blood for longer. It is very unusual to require a blood transfusion after laser surgery.

It is useful to drink as more fluid than normal in the first week after the operation because this helps the urine clear of any blood more quickly. Sometimes, fluid is flushed through the catheter to clear the urine of blood. The catheter is generally removed the next morning. At first, it may be painful to pass urine and it may come

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more frequently than normal. Any initial discomfort and frequency of urination usually improves steadily within a few days. Some of your symptoms, especially frequency, urgency and getting up at night to pass urine, may not improve for several months because these are often due to bladder over-activity (which takes time to resolve after prostate surgery) rather than prostate blockage. Since a large portion of prostate tissue is removed with the laser technique, there may be some temporary loss of urine control until your pelvic floor muscles strengthen and recover. Pelvic floor exercises before and after surgery help to decrease the chance of any temporary loss of urinary control (incontinence).

It is not unusual for your urine to turn bloody again for the first 24-48 hours after catheter removal. Some blood may be visible in the urine even up to 6 weeks after surgery but this is not usually a problem. After the catheter is removed, let your nurse know if you are unable to pass urine and feel as if your bladder is full. Some patients, particularly those with small prostate glands, are unable to pass urine at all after the operation due to temporary swelling of the prostate area. If this should happen, we would pass a catheter again to allow the swelling to resolve and the bladder to regain its function. Usually, patients who require re-catheterisation go home with a catheter in place and then return within a week for a second catheter removal which is successful in almost all cases.

The expected hospital stay is 1 night. It is safe for almost all patients to be discharged the afternoon after surgery.

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 side effects

(greater than 1 in 10 patients)

- Temporary mild burning, bleeding and increase in frequency of urination after the procedure
- No semen is produced during an orgasm in approximately 75% of patients, if the prostate is fully enucleated
- Treatment may not relieve all the urinary symptoms
- Infection of the bladder, test or kidneys requiring antibiotics
- Loss of urinary control (incontinence) which usually resolves within 3-6 months (50%); this can usually be improved with pelvic floor exercises
- Initial failure to pass urine after surgery requiring a new catheter for less than 1 week

Occasional

(between 1 in 10 patients and 1 in 50 patients)

- Weakened erections or impotence (less than 5%)
- Injury to the urethra causing delayed scar formation (stricture) in 5% of patients
- Finding unsuspected cancer in the removed tissue which may need further treatment (8%)

Rare

(less than 1 in 50 patients)

- Retained tissue fragments floating in the bladder which may require a second telescopic procedure for their removal
- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair
- Persistent loss of urinary control which may require a further operation (0.5%)
- Possible need to repeat treatment later due to re-obstruction (less than 2%)
- May need self-catheterisation to empty bladder if bladder is weak (1%)
- Bleeding requiring return to theatre and/or blood transfusion (less than 1%)

Hospital-acquired infection

- Colonisation with MRSA (1 in 5,000 patients)
- Clostridium difficile bowel infection (1 in 2,500 patients)
- MRSA bloodstream infection (1 in 10,000 patients)

These risks 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 should I expect when I get home?

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation.

If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

Most patients feel pretty much back to normal within a week. Apart from some burning on urination you should not be in any pain.

You may notice that you pass very small flecks of tissue in the urine at times within the first month as the prostate area heals. This does not usually interfere with the urinary stream or cause discomfort.

It is normal to pass some blood in the urine (usually intermittently) for up to 6 weeks after surgery.

What else should I look out for?

If you experience increasing frequency, burning or difficulty on passing urine or worrying bleeding, contact your GP.

In the event of severe bleeding, passage of clots or sudden difficulty in passing urine, you should contact your GP immediately since it may be necessary for you to be readmitted to hospital.

What are the alternatives to this procedure?

Alternatives to this procedure include:

- Drugs
- Use of a catheter/stent
- Observation
- Conventional transurethral resection
- Open operation

Are there any other important points?

Removal of your prostate should not adversely affect your sex life provided you are getting normal erections before the surgery. Sexual activity can be resumed as soon as you are comfortable, usually after 3-4 weeks.

It is often helpful to continue with pelvic floor exercises as soon as possible after the operation since this can improve your control when you get home. The symptoms of an overactive bladder may take 3 months to resolve whereas the flow is improved immediately.

If you need any specific information on these exercises, please contact the ward staff or the Specialist Nurses. The symptoms of an overactive bladder may take 3 months to resolve whereas the flow is improved immediately.

The results of any tissue removed will be available after 14-21 days and you and your GP will be informed of the results by letter.

Around 3 months after surgery you will be reviewed in the outpatient clinic (The Darshane Unit) and several tests repeated (including a flowrate, bladder scan and symptom score) to help assess the effects of the surgery. Please come to your clinic appointment prepared to pass urine for a flow test.

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Most patients require a recovery period of 1-2 weeks at home before they feel ready for work. You should avoid any heavy lifting or physical straining during this time. You should not drive until you feel fully recovered; 1-2 weeks is the minimum period that most patients require before resuming driving.

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.

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How to contact us

The Darshane Unit

Telephone 01709 424582

Sitwell Urology Ward

Telephone 01709 424462

Switchboard

Telephone 01709 820000

Useful contact numbers

NHS Direct

Telephone 0845 4647

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

Patient Services

Telephone 01709 424461

A&E

Telephone 01709 424455

**For GP out of hours,
contact your surgery**

Useful websites

www.nhs.uk

www.direct.gov.uk

www.therotherhamft.nhs.uk

We value your comments

If you have any comments or concerns about the care we have provided please let us know, or alternatively you can write to:

Patient Services

The Rotherham NHS

Foundation Trust

Rotherham Hospital

Moorgate Road

Oakwood

Rotherham

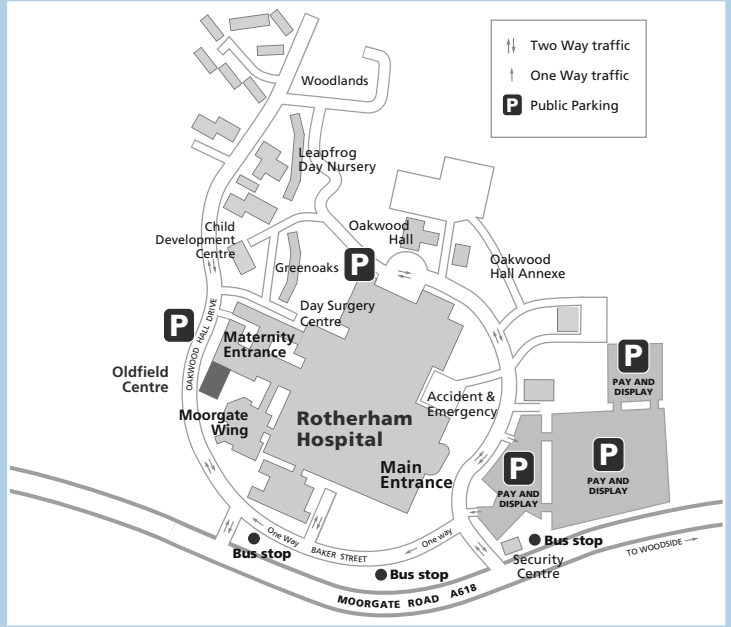
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Telephone 01709 424461

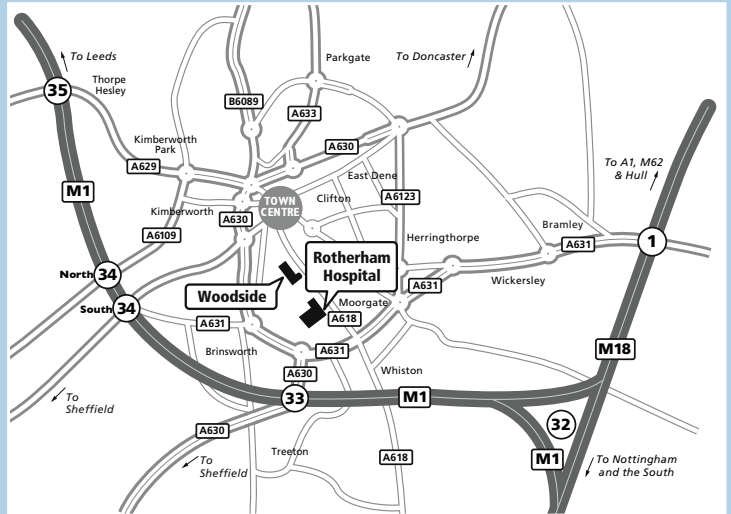
Email complaints@rothgen.nhs.uk

How to find us

Hospital site plan



Rotherham main routes





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