

Optical Urethrotomy

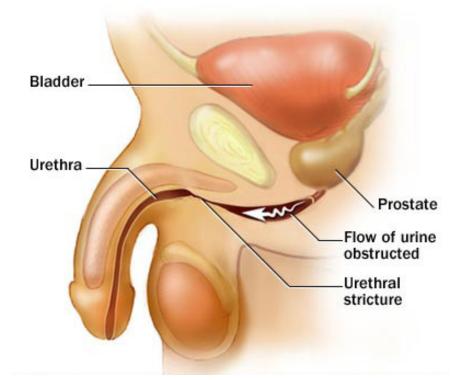
Urology

Who is this information for?

The tests that you have undergone have shown that you may benefit from an operation to help your urinary symptoms. This leaflet has been written to help you understand the treatment options available to you.

What does Optical Urethrotomy involve?

Telescopic inspection of the urethra and bladder with incision (cutting) of a stricture (narrowing caused by scar tissue) using a knife.



What are the main benefits of this procedure?

The main benefit of Optical urethrotomy is to improve the flow of urine by making small cuts in the scar tissue to open it up.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Are there any risks or long term effects involved in having this operation?

There are risks to nearly all treatments. It is important to consider the possible side effects of this operation and how they may impact on your quality of life when making the decision to have this surgery performed.

Common

- Mild burning or bleeding on passing urine for short period after operation
- Temporary insertion of a catheter
- Need for self-catheterisation to keep the narrowing from closing down again.

Occasional

- Infection of bladder requiring antibiotics
- Permission for telescopic removal / biopsy of bladder abnormality / stone if found
- Recurrence of stricture necessitating further procedures or repeat incision.

Rare

• Decrease in quality of erections requiring treatment.

What are the alternatives to this procedure?

Alternatives to this procedure include observation, urethral dilatation, and open (non-telescopic) repair of stricture.

- Observation by doing nothing the stricture is at risk of becoming worse
- Urethral dilatation Passing of a catheter to stretch and widen the stricture which can be carried out under a local or general anaesthetic.

What should I expect before the procedure?

You will be invited to come to the hospital for a pre-operative assessment prior to your surgery. Your operation will be explained and you will have the opportunity to ask any questions. Blood tests, heart checks, and MRSA screening will be carried out to check you are fit enough for surgery.

You will be informed about all the possible risks and complications from having this surgery and you will be asked to give your written consent for your operation.

You will be told if you need to stop any medication prior to your surgery. If you regularly take medication to thin the blood such as Aspirin, Warfarin or Clopidogrel, you must inform your urologist because these drugs can cause increased bleeding after surgery.

Please be sure to inform your surgeon 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 previous or current MRSA infection.

What will happen when I come into hospital?

- You will normally be asked to come into hospital on the day of your operation
- You will have been informed when to stop eating and drinking prior to your operation
- You will be given anti embolism stockings to wear to help reduce the risk of blood clots in your legs
- You may be visited by the anaesthetist who will be looking after you during the operation
- When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and ask any questions you may still have before signing the form.

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (when an anaesthetic is injected into your lower back making the lower part on the body numb). Your anaesthetist will explain the benefits and risks of each type of anaesthetic to you.

The operation is performed using a telescope passed into the penis through the urethra (water pipe). Any narrowing due to stricture can then be cut using an internal knife. All the cutting takes place internally and there are no external wounds or stitches. Most patients require insertion of a catheter (plastic tube) into the bladder after the procedure. Your catheter may be removed prior to discharge or at home by the Hospital at Home team.

What happens after the procedure?

You will go straight to the ward from the operating theatre. Your blood pressure, pulse and urine output will be monitored. There is often some bleeding as an incision has been made in the urethra.

As soon as you are able you will be encouraged to drink 1.5 to 2 litres of fluid each day.

It is important for you to let the nursing staff know if you are experiencing any pain and pain relief can be given.

If your catheter is removed prior to discharge you will need to have passed urine prior to leaving the ward. A bladder scan may be carried out to see if you are emptying your bladder properly.

How long will I be in hospital for?

This is usually a day case procedure.

What should I expect when I get home?

If your catheter has been removed prior to discharge you may find that when you first pass urine, it stings or burns and it may be blood stained. If you continue to drink plenty of fluids this discomfort and bleeding will improve.

If you are discharged home with your catheter the ward nurses will show you how to empty your catheter bag. They will advise you on how to take care of the catheter and what to do if any problems occur. They will give you a small supply of spare catheter bags and supplies will be ordered and delivery to your home if necessary.

A member of the Hospital at Home team will telephone you to arrange a date to have your catheter removed.

You may contact Ward A9 (SEU) on 01902 694003 / 694004 within 7 days of your operation if you have any problems such as fever or severe bleeding. This number is available to phone 24 hours a day/ 7 days a week.

What follow up will I receive?

Following a first time operation you may not require any further treatments. However if the stricture does recur you may need a repeat procedure carried out and maybe taught how to perform intermittent self-dilatation (passing a lubricated catheter) to help prevent your urethral stricture from recurring.

Further information and support

Ward A9 (SEU)	01902 694004 / 694003
24 hours a day/ 7 days a week	
Urology Hospital at Home Team	01902 694048
24 hours a day / 7 days a week answer phone	
Urology Nurse Practitioners	01902 694467
24 hours a day / 7 days a week answer phone	
Office hours Monday to Friday 08:00 to 17:00	

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息,如易读或其他语种,请告诉我们。 如果您需要口译人员或帮助,请告诉我们。

> Designed & Produced by the Department of Clinical Illustration, New Cross Hospital, Wolverhampton, WV10 0QP Tel: 01902 695377.