



Urology Department Bladder Neck Incision (BNI)

Surgery to resect a bladder neck

Following your tests and examinations, you have been found to have a tight bladder neck, or an enlarged prostate gland. This may be causing you to have a problem passing urine. It has, therefore, been recommended that you have an operation called a **BNI** (Bladder Neck Incision).

This booklet contains answers to some of the questions that you might have concerning your operation. It will help you to understand the operation and the care that you will receive.

If you need more information regarding the operation and what it involves, please speak to one of the doctors or nurses; they will be more than happy to help.

Getting ready for the operation:

A few weeks before the operation, you will be asked to attend a pre-operative assessment. This will allow us to carry out certain blood tests and blood pressure checks, provide advice on medication, and get a medical history from you. This also helps us identify any potential problems in advance and take steps to sort them out beforehand.

You will also be able to speak to a doctor or nurse about the surgery and aftercare, and discuss any worries you may have.

On the day of the operation:

Most people arrive on the day of their surgery. You will be asked not to eat and drink for at least six hours prior to the procedure. Following your arrival you will be seen by one of the anaesthetists prior to being taken to theatre. If you have not already signed a consent form, then one of the urology team will go through this with you.

What sort of anaesthetic will I have?

You may have a *spinal* or a *general* anaesthetic. A general anaesthetic means you will be fully asleep whilst the operation is carried out. In a spinal anaesthetic, you are given an injection in your back, which completely numbs the lower half of your body and stops you feeling any pain. However, you will still be fully awake and aware of your surroundings. The anaesthetist will discuss both methods with you. However, if you have a preference please let the pre-assessment staff know. If there are no medical reasons to recommend one type of anaesthetic over the other, they will let you decide.

What does the procedure involve?

Once you have received your anaesthetic, a tube with a camera is inserted into the urethra (water pipe) until it reaches the bladder. The surgeon will then remove or cut open the excess tissue from the prostate using *diathermy* (an electric current). Following this a *catheter* (a flexible tube) may be placed into the bladder to clear the area by running water in and out of the bladder.

How long will I have to stay in hospital?

Most people only have an overnight stay; however, individual recovery time can vary.

What happens after the operation?

When the operation is over you will have your blood pressure, pulse and breathing checked regularly by the nursing staff.

You will have a drip running into a vein in your arm, which will give you fluids until you are able to eat and drink on your own again.

You may have a catheter inserted to help drain away the urine and blood. There may also be fluid running through the catheter to flush out blood from the bladder. A drainage bag is attached to the catheter and you may find that it looks very bloodstained. Please note that this is normal and will resolve on its own usually within 2-3 days.

How long will it take to recover?

The day after the operation you can usually get out of bed and walk around. You will be able to eat and drink normally. You may feel tired over the next few days so we advise that you take plenty of rest.

After the catheter has been removed whilst you are in hospital, it is still sometimes not possible for you to pass urine. If the catheter has to be reinserted, it is normal for it to stay in for 2-4 weeks.

When the catheter has been removed, you may experience some difficulties, for example needing to pass urine frequently and urgently. You may also experience some dribbling. This is normal and is nothing to worry about. It occurs because it takes time for the area operated on and the bladder to recover.

What should I do when I get home?

At home you may still see blood in your urine. This is normal and can last for up to 4 weeks. As with any wounds, scabs form and eventually drop off, causing minor bleeding. If this happens, you should drink plenty of fluids to dilute any blood that is present. If the bleeding is heavy, or lasts for more than 48 hours then you should contact your GP.

You may continue to pass urine frequently. This should gradually improve over the next few weeks and months. Continue to practice any pelvic floor exercises you have been taught.

If you experience increasing frequency of needing to pass urine, pain while passing urine, or you develop a temperature, there is a possibility you may have a urine infection. Please contact your GP and you may be asked to provide a urine sample and if necessary take a course of antibiotics.

What exercise can I do?

Strenuous exercise such as gardening, decorating, heavy lifting, golf, and cycling should be avoided for two weeks. You should gradually increase your level of activity after that. The

speed of recovery will vary from patient to patient, but as a general guide between four to six weeks is seen as normal.

Gentle walking and swimming are beneficial and can be undertaken immediately.

When can I go back to Work?

This depends on your type of work. Most light jobs may be resumed after four weeks, and any heavy jobs should be avoided for at least six weeks.

When can I drive again?

Driving is best avoided for two weeks after the operation, but you may travel as a passenger **in** a car immediately. Driving for long distances should best be avoided until you have completely recovered.

When can I have sex?

Sexual activity can be resumed as soon as you feel comfortable.

What follow up can I expect?

You will be seen in the outpatients department or contacted by telephone approximately two to three months after the operation. When the results of any samples taken are back from the laboratory, you may be contacted by telephone.

General things to remember

If you have been given antibiotics after your operation, make sure you complete the whole course.

Try not to strain when you go to the toilet. If you become constipated, contact your family doctor (GP) for advice.

Contact Numbers

We hope that you have found this information useful. If you have any questions or are worried about anything, please speak to your family doctor (GP) or:

Consultant Urological Surgeons:

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| Mr N Afzal | 01305 255468 |
| Mr S Andrews | 01305 255274 |
| Mr A Cornaby | 01305 255470 |

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| Urology Nurse Specialist: | 01305 255415 |
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| Lulworth Ward | 01305 255471 |
| Abbotsbury Ward | 01305 255481 |
| Continence Advisors | 01305 259978 |

Notes

About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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