Urology Department Patient Information



audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail patient.info@dchft.nhs.uk

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Patient Advice Regarding Optical Urethrotomy

This information leaflet has been developed both to answer frequently asked questions, and to help patients understand about optical urethrotomy prior to and after surgery.

What does the procedure involve?

A telescopic inspection of the urethra (water pipe), and bladder followed by the cutting away of any stricture (narrowing caused by scar tissue), using a visual knife or laser.

What can I expect before the procedure?

You will need to be pre-assessed by the pre-assessment team. You will either be given an appointment to attend at the hospital for assessment, or you may be sent a form to complete and return two weeks before your admission date. On receipt of this form the team may contact you by telephone for further information. Unfortunately if we do not receive this form it can affect your operation date and in extreme cases may even result in the cancellation of your operation.

What happens during the procedure?

Either a general anaesthetic, (where you will be asleep throughout the procedure) or a spinal (when you are awake but unable to feel anything from the waist down) will be used. Your anaesthetist will explain the risks and benefits of each type of anaesthetic to you. You may be given antibiotics during the procedure.

The operation is performed using a telescope passed into the penis through the water pipe (urethra). Any narrowing due to stricture can then be cut using a special internal knife or a laser probe. All the cutting is internal and there will be no visible incisions or stitches. Most patients require the insertion of a catheter (tube) into the bladder.

What happens immediately after the procedure?

You will have a catheter in place. This will need to stay in for up to five days, the exact timings will be confirmed prior to your discharge home.

There is often some bleeding around the catheter, this is quite normal. This usually only lasts for a short period, unless there has been the need for multiple or deep cuts. Your catheter should be removed by your practice or district nurse as you have been advised. When it is removed you should be able to pass urine (wee) more easily. However, sometimes in the early stages, this can often be uncomfortable and blood stained. Provided you drink plenty of fluid, this will gradually settle over a few days.

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. Side effects may include:

- Mild burning or bleeding on passing urine for a short period after the operation.
- Temporary insertion of a catheter
- Need for self-catheterisation to keep the narrowing from closing down again. This would mean you, yourself passing a small catheter into your own urethra once per week
- Recurrence of narrowing necessitating further procedures or repeat incision
- Infection of the bladder requiring antibiotics
- Need for telescopic removal/biopsy of bladder abnormality or stone, if found
- Decrease in quality of erections requiring treatment (rare)

At home

When you get home, you should drink extra fluids. Preferably water or squash. You may find that, when you first pass urine, it stings or burns slightly and it may be lightly blood-stained. If you continue to drink plenty of fluid, this discomfort and bleeding will resolve rapidly. You may be asked to pass a small tube into your bladder on a weekly basis to help keep your water pipe open. This is called Intermittent Self-Dilatation (ISD, information will be given to you about this).

If you experience any of the following problems please contact your GP or out of hours GP immediately.

- Urinary retention (unable to pass urine or urine not flowing into catheter bag).
- Large blood clots in your urine.
- Excessive bleeding.
- Flu-like symptoms such as fever, shivering, general aching or feeling unwell within the first 24hours.
- Excessive burning stinging or an offensive smell when passing urine.

You will normally receive an appointment for outpatient follow-up 12 weeks after the procedure. When you return to outpatients, please come with a full bladder If you have been asked to do another flow test on arrival.

Further Information

If you require further advice or information please contact your GP or out-of-hours GP. Alternatively, you can contact the Urology Nurses on 01305 255145 / 01305 255695.