

Treating narrowing of the urethra

Urology Department

Patient Information Leaflet

Introduction

This leaflet is for people who have been recommended to have a procedure to treat narrowing of the urethra. This is known medically as optical urethrotomy. It gives information on what this is, what it involves and what the benefits and risks of it are.

What does the procedure involve?

This procedure involves using a thin camera called a cystoscope. The cystoscope is inserted into the urethra (the tube that carries urine out of the body) and passed into the bladder to allow a doctor or nurse to see inside.

Small surgical instruments can also be passed down the cystoscope to treat some problems at the same time. In your case, the procedure will include cutting away the stricture (narrowing caused by scar tissue) using a visual knife or laser fibre.

In addition, if the doctor finds a bladder stone or abnormality, they can either remove this or take a biopsy of it during the same procedure. We will ask for your permission to do this before the procedure takes place.

What are the benefits of the procedure?

This procedure is performed because the urethra has become narrow, usually as a result of previous surgery causing scar tissue, or an infection. Symptoms can include pain and difficulty passing urine. Treating the stricture can relieve these symptoms.

What are the risks?

Most procedures have some risks. You should be reassured that, although all these risks are well-recognised, the majority of people do not suffer any problems after a urological procedure. The risks are:

Common risks

- Mild burning or bleeding on passing urine for short period after the operation
- Temporary insertion of a catheter
- You may need to learn how to pass a catheter into your urethra to keep the narrowing from happening again
- The narrowing may happen again and need further procedures or another urethrotomy

Occasional risks

- Infection of bladder requiring antibiotics

Rare risks

- Decrease in quality of erections requiring treatment

What are the alternatives?

Possible alternatives include open surgery to repair the section of narrowing, urethral dilatation which involves gently stretching the urethral tube or you can decide not to have treatment.

What happens before the procedure?

You will need to come to hospital the day of your surgery. Your admission letter will contain the date and any instructions you must follow before your operation.

If you are taking warfarin, aspirin or clopidogrel (Plavix®) on a regular basis, you must discuss this with your consultant because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding, but this can result in increased clotting which may also carry a risk to your health. Therefore, the risks and benefits of this will be discussed with you before your operation. We will tell you when you can safely start taking these medications again before you leave hospital.

If you smoke, try to cut down or preferably stop, as this reduces the risks of heart and lung complications during and after the operation. If you would like help with stopping smoking, please contact a member of the Hospital Stop Smoking Team on

01384 456111 ext. 2783.

Your admission letter will contain guidance about when you can eat and drink before your operation. You will be asked not to eat for six hours before surgery. You will be able to drink clear fluids until two hours before your operation. Clear fluids include water, black tea and coffee and squash. The ward staff will give you more specific guidance on when you can eat and drink when you come to hospital on the day of your operation.

Pre-assessment

Before you have your operation, we will send you an appointment for pre-assessment. This is to assess your general fitness and to determine whether there are any reasons why you should not have the operation.

At this assessment, a range of investigations will be carried out such as:

- A blood test, if you take certain medications.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.
- A finger prick test to check your blood glucose levels.

You will have the opportunity to ask any questions or discuss any problems you may have.

At this assessment, please tell us if:

- You are diabetic
- You have a cold, cough or any type of infection
- You take any medications and what these are. You may need to stop taking some of these for a short period of time before you have the procedure.

Please be sure to tell your consultant before the procedure 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 brain shunt
- Anything else that has been implanted such as metal pins
- A previous or current MRSA infection
- You have received a cornea transplant, a dural transplant in the brain or previous injections of human-derived growth hormone, as these can be associated with Creutzfeldt-Jakob Disease (CJD)

Giving consent

We will explain the procedure to you and check that you understand what is to be done. If you are happy to go ahead, we will ask you to sign a consent form giving permission for the procedure to take place. Please ensure that you have discussed any concerns and asked any questions you may have, before signing the form.

We may also ask you for your permission to remove an abnormality or stone if found, or to take a biopsy of it.

What happens during the procedure?

Normally, we use a full general anaesthetic where you will be asleep throughout the procedure, or a spinal anaesthetic where you will be awake but not able to feel anything from the waist down. Your anaesthetist will explain the anaesthetic options to you before your surgery. We may give you antibiotics by injection before the procedure. Therefore, please remember to tell your hospital doctor if you are allergic to any antibiotics.

The doctor will insert a telescope (cystoscope) into your urethra through the penis. The doctor can then cut the scar tissue causing any narrowing using a special internal knife or a laser probe. All the cutting takes place internally and there are no external wounds or stitches. Most people will need to have a catheter inserted into the bladder for 24 to 48 hours after the procedure.

What happens after the operation?

After your operation, you will normally go back to the urology ward. We will tell you how the procedure went and what you can and cannot do. You should:

- Let the staff know if you are in any discomfort.
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team.
- Ensure that you are clear about what has been done and what should happen next.

There is often some bleeding around the catheter because the cut has been made in the urethra that surrounds the catheter. This usually lasts only for a short period, unless there has been a need for multiple or deep cuts. A pad may be secured around the end of the penis to collect any blood which seeps out around the catheter. This pad is removed the day after surgery.

Once the catheter is removed, you should be able to pass urine with an improved flow but, in the early stages, this can often be painful and bloodstained. Provided you drink plenty of fluid, this will gradually settle over a few days.

Once the initial discomfort has settled, we will ask you to perform a voiding flow rate test to measure how fast you pass urine. This measurement will be used as a baseline figure to compare with future measurements.

After the operation, we may give you instructions on how to pass a catheter into your urethra yourself, known as self-catheterisation. This uses a 'slippery' catheter and it is used to stop your urethra from narrowing again. We usually give you these instructions five to 14 days after your operation.

Your surgeon will inform you when you are likely to be able to go home after your operation. The average hospital stay is one to three days. **Please make sure you have a lift home available.**

What should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately.

If you experience any problems with self-catheterisation, contact the clinical nurse specialists immediately.

What happens next?

You will normally receive a follow-up appointment six to 12 weeks after the procedure. You may need to do another flow rate test at this appointment.

After a first time operation, 40 per cent of men will not require any further treatment. However, if the stricture does come back, you may need a further procedure carried out in the longer term.

If you have been asked to insert your own catheters, it is important you continue to do this until your consultant tells you to stop. Your consultant will give you more details about this at your outpatient follow-up appointment.

Driving after surgery

It is your responsibility to ensure that you are fit to drive after your surgery. You do not normally need to notify the DVLA, unless you have a medical condition that will last for longer than three months after your surgery that may affect your ability to drive. However, you should check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Medication

Please make sure before you come into hospital that you have enough of your regular medication to take when you get home as it is unlikely that your regular medication will be changed. Also, please make sure you have a supply of painkillers to take when you get home. We recommend paracetamol, if you can take it or your usual painkillers (always read the label; do not exceed the recommended dose).

Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy and this will delay you leaving hospital.

Can I find out more?

You can find out more from the following weblink:

NHS Choices

<http://www.nhs.uk/conditions/cystoscopy/pages/introduction.aspx>

Contact information for urology clinical nurse specialists

If you have any questions, you would like more information, or if there is anything you do not understand about this leaflet, please contact:

Urology clinical nurse specialists on 01384 456111 ext. 2873 or
mobile 07787 512834 (8am to 4pm, Monday to Friday)

Ward C6 on 01384 244282

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/urology/>

If you have any feedback on this patient information leaflet, please email
dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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