



Bladder Neck Incision

This operation is carried out on a man's bladder neck which has narrowed with minimal Prostate enlargement or after a prostate operation to relieve his symptoms when scarring has caused the narrowing e.g TURP.

These can be:

- Slowness in starting,
- poor stream,
- dribbling at the end of passing urine,
- getting up at night to pass urine,
- blood in urine,
- urinary leakage when coughing or sneezing,
- difficulty in getting to the toilet in time when the desire to go occurs
- complete stoppage of urine.

The procedure is usually carried out under general anaesthesia. That is, the patient is completely asleep. Sometimes the procedure may be carried out under regional anaesthesia.

For regional anaesthetic the patient is usually given an injection into a vein to make him feel drowsy. Another injection is then placed in the patient's back so that he has no feeling of pain below the waist. The patient may be awake but should not feel any pain.

Bladder neck incision is carried out with an endoscopic instrument passed up through the opening of the penis and the bladder neck cut (incised), allowing it to spring open.☒

Side Effects

Most patients undergoing this procedure will find that nothing comes out at the time of ejaculation with intercourse. They are likely to get the same feeling but the sperm may leak backwards into the bladder (Retrograde ejaculation). This reduces the man's chance of becoming a father by natural means but by no means should it be relied upon for contraception. If a man wishes to become a father after undergoing this procedure, he may need to consider storage of sperm or alternative methods e.g. In Vitro Fertilisation. This situation arises in all medical and surgical procedures in this region.

Generally speaking approximately 5-10% of patients will have an alteration in their erectile capacity after the procedure. Usually, that occurs in men who are having difficulties prior to the procedure. There are many treatments available and the situation should be discussed with the Surgeon.

Admission

THE PATIENT MUST BRING ALL HIS MEDICATIONS TO HOSPITAL WITH HIM.

It is advised to wear long trousers in the event the patient may have to be sent home with a catheter which is more easily concealed with long trousers.

Before Theatre

The admitting nurse will take down the patient's history and prepare him for theatre.

This may include:

- Blood tests if ordered.
- MSU (mid stream urine sample) is collected as needed.
- A bladder scan may be taken after he has passed urine.
- A shower with careful attention to the genital area.
- N.B soap only, no powder or deodorant.

It is usual to include:

- Dressed in theatre attire.
- Consultation by Anaesthetist and premed given if ordered.
- Nursing Staff will escort the patient to theatre.
- He will continue to remain fasting until after the operation which means nothing to eat or drink, including lollies & chewing gum.
- The patient should not smoke prior to the anaesthetic.

NOTE: 2 days prior to surgery it may be helpful to take Normacol Plus®, 2 heaped tablespoons or 1 dessert-spoon to keep bowels regular. This can be continued for a week post operatively as well to ensure continuation of regular bowel movements.

After The Operation

When the operation is over, the patient will spend a short time in the recovery room where the Nurses will monitor him closely. If he has had a spinal anaesthetic it will be until he has regained feeling in his legs. The staff will take his pulse, blood pressure and temperature regularly for the first couple of hours.

This is routine.

There will be an I.V. (drip). The patient will also have an irrigation system going through a catheter into his bladder, washing it out and then draining back into the catheter bag. The Bladder Neck area is very vascular, so don't be alarmed by the blood stained urine. This will clear in a few days.

After a suitable time he may eat and drink normally. Two-three (2-3) litres of fluid is encouraged each day to help clear blood stained urine. Once the patient is drinking well enough and able to stand up, the nursing staff will remove the irrigation system and catheter, if all is well. From then on he should use a bottle (urinal) for each time he passes urine. A clean bottle should be used each time. This is so the urine can be measured accurately. The IV will be taken out once the patient is drinking well enough. If the patient is passing urine well without any problems, he will be allowed to go home after review.

Discharge From Hospital

- Drink two - three (2-3) litres of fluid daily.
- Drink most of this during the day and taper off to-wards the evening, so that sleep is less interrupted. It is normal to get up two-three (2-3) times per night to pass water for four-six (4-6) weeks after the operation.
- No more than 3 caffeine containing drinks such as tea, coffee and cola per day.
- Avoid constipation. Keep bowels regular.
- Avoid alcohol for the first two (2) weeks. Alcohol dilates the blood vessels and could result in further bleeding.
- Do not drive for 3-4 weeks or 2 weeks after the last sign of blood.
- Do not travel long distances for the first couple of weeks. On discharge if there is a long distance to travel (> approx. 100km), stop each forty-five (45) minutes to pass urine and have another drink.
- Gentle exercise but no heavy lifting or straining, no bowls, golf or lawn mowing.
- Some urgency to pass urine may persist. This will settle.
- Some bleeding in the urine may occur after bowel actions. This is normal. Drinking and lying down helps the bleeding settle.

- Full benefits from the operation are not usually experienced until eight-twelve (8-12) weeks following the operation.
- It takes approximately six-twelve (6-12) weeks for the incision to heal.
- If the patient is unable to pass urine, or experiences difficulty, seek medical advice.
- No intercourse for four weeks following the operation.
- Recovery will be aided by following the above instructions.

Medications & Pain Relief

- The patient should take Panadeine 1 to 2 tablets every 4 hours, as needed.
- He should take 1 sachet of Ural or Citravescent every hour for the first four hours and then as needed to take the sting out of urination. No more than 6 per day.
- Trimethoprim (an antibiotic), if commenced in Hospital needs to be taken one (1) each night until finished. Other antibiotics may be prescribed and the whole course should be finished.
- The patient should continue to take Aspirin if it has been previously ordered for other medical conditions. You may notice that the bleeding takes a little longer to settle. It is unlikely to be severe. In the last 15 years there have been no adverse results encountered when the Aspirin has been prescribed to reduce the risk of Myocardial Infarction (Heart Attack) or Cerebro-Vascular Accident (Stroke) and it has been continued. Please discuss medication with the Surgeon.

PLEASE BE PREPARED TO GIVE A SAMPLE OF URINE AT YOUR REVIEW VISIT FOLLOWING OPERATION.

