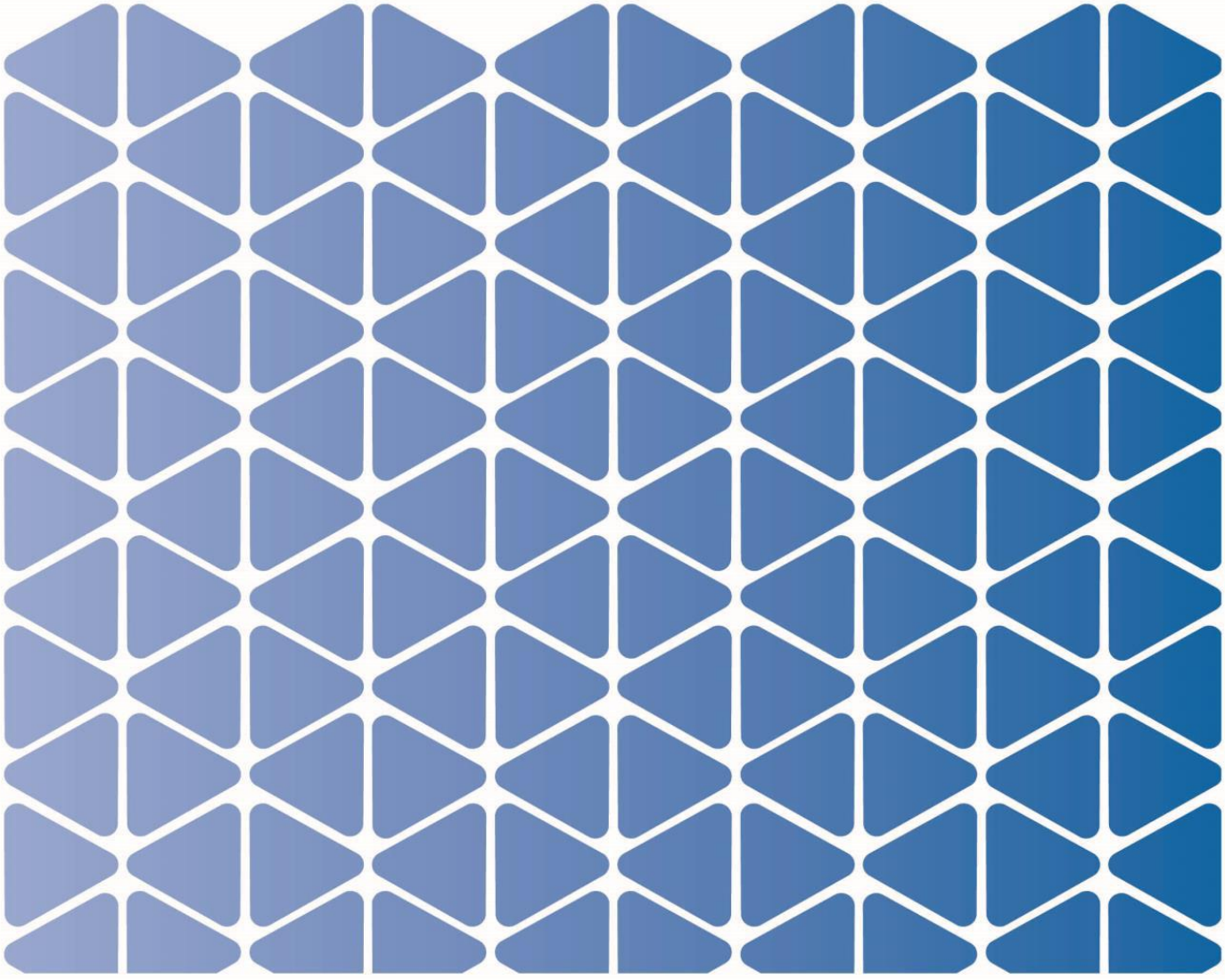
PATIENT INFORMATION

BLADDER NECK INCISION (BNI)



It has been recommended that you have a BNI, which is the name given to the operation when a cut is made in the neck of the bladder to help improve your flow and relieve your symptoms, using an electric “spike”.

A bladder neck incision is usually performed if you have symptoms of urinary obstruction and the prostate is relatively small. It is also used if scar tissue has developed around the prostate area and the bladder neck, which is causing obstruction to the urine flow, following previous surgery or treatment to the prostate or bladder.

The prostate is a gland found only in men that sits just below the bladder. It surrounds the tube (urethra) which passes urine out through the penis. Fluid produced by the prostate forms part of the semen and helps nourish sperm.

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have an informed choice so you can make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form.

Benefits of the procedure

The aim of the surgery is to relieve urinary symptoms by making a cut in the neck of the bladder.

Serious or frequent risks

BNI is generally a very safe surgical procedure. For most men the benefits, in terms of improved symptoms, are greater than the disadvantages. However, in order to give informed consent, anyone deciding whether or not to have a BNI needs to be aware of the possible side-effects and the risk of complications.

The general risks of surgery related to BNI include:

- Breathing (for example, a chest infection)
- The heart (for example, abnormal rhythm or, occasionally, a heart attack)
- Blood clots (for example, in the legs or occasionally in the lung).
- Stroke
- Death

Those specifically related to BNI include:

- Common risks (Greater than 1 in 10)
  - Bleeding – Mild bleeding after BNI is common. Occasionally the bleeding is severe enough to require a blood transfusion. Rarely, there is excessive bleeding which may require a further operation to stop it.
  - Mild burning during urination.
  - Residual bladder over activity – Urgency of urination is a common problem with urinary obstruction. This can take up to 6 months (and occasionally longer) to settle down. There is a 25% risk that it will not resolve completely. However, there are tablets that may help.
  - Treatment may not relieve all your symptoms.
  - Impaired erection – in a small number of cases some men may develop erection problems. You should discuss the likelihood of impotence and infertility with your Urologist before the operation. Many patients are not concerned about sexual side effects. However, if your sexual life is important, you must consider this when deciding on any surgical treatment.
  - Retrograde ejaculation – around a third of men find that a lasting side effect of a BNI is dry orgasm (retrograde ejaculation). This happens because the surgery makes it possible for semen to travel back up into the bladder rather than out through the penis at the time of orgasm. However, this should not interfere with sex and, after recovery from the operation, most men return to the same level of sexual activity as before.
  - Reduced fertility – because of the potential of 'dry orgasm' you may not be able to father children after this operation. It is important to let your GP and Urologist know if you are planning to have children. On the other hand, it is not 100% certain that you will be sterile either so you cannot rely on this as an effective method of contraception.
  - Infection – an infection of the bladder, testicles or kidneys can sometimes occur following the operation. This is usually easily treated with antibiotics.
  - Need for re-operation – about 1 in 10 men who have a BNI or similar operation will require another in a 10 year period. This can be due to scarring, which can cause a narrowing (stricture) at the bladder neck or within the water pipe, or to the prostate growing.
  - Injury to the urethra causing delayed scar formation.

- Occasional risks (Between 1 in 10 and 1 in 50)
  - Incomplete bladder emptying – some men continue to have problems emptying their bladder completely. Occasionally this requires either learning how to pass a catheter yourself 2-3 times a day, or, having a catheter inserted that stays in. This is normally due to a weak bladder muscle and is more likely

to happen if you already have problems emptying your bladder, or if you already need a catheter.
- Failure to pass urine after surgery requiring a new catheter.
- Persistent urinary leakage – urine leakage after BNI is usually only a temporary side effect which improves in time. However, persistent leakage can occur. This happens to about 1 in 100 men who have a BNI.

➢ Rare risks (Less than 1 in 50)
- TUR syndrome – it is possible for too much of the fluid used to flush the bladder during and after the operation to be absorbed into the body. This can temporarily upset the balance of salts in the blood. This can be harmful, especially for people who already have heart or kidney problems.
- Perforation of the bladder requiring a temporary urinary catheter or open surgical repair.
- Bleeding requiring return to theatre and/or blood transfusion.

➢ Hospital-acquired infection
- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).

The rates for hospital-acquired infection may be greater in high-risk patients, for example those patients
- with long-term drainage tubes;
- who have had their bladder removed due to cancer;
- who have had a long stay in hospital; or
- who have been admitted to hospital many times.

Most people will not experience any serious complications from their surgery. The risks increase for the elderly, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure.

A skilled team of doctors, nurses and other healthcare workers who are involved in this type of surgery every day will care for you. If problems arise, we will be able to assess them and deal with them appropriately.

If you need to be discharged with a catheter then arrangements may be made for you to be seen at your local hospital to have the catheter removed a few weeks after the operation to see if you can pass urine successfully.

Alternatives to BNI

- Observation
  Mild symptoms do not necessarily need surgery. Occasionally symptoms improve over time.

- Medication
  Tablets may help. Some people can manage their symptoms on medication alone.

Your pre-operative assessment

Before you are admitted for your operation, you may be required to attend for a pre-operative assessment, to ensure that you are fit for surgery. It is important that you attend for this appointment to avoid delaying your surgery.

Not all patients require a detailed pre-operative assessment and a health questionnaire is used to determine which patients require a full assessment. You may therefore be asked to complete a health questionnaire immediately after you have been listed for your surgery. The health questionnaire may be on paper or on a tablet/computer. The information required includes all medical conditions, regular medications, allergies to medications and your previous anaesthetic history. The information you give us will be reviewed by the pre-operative assessment team. If you do not require further assessment you will then be given a date for surgery. If you require further assessment you will be given an appointment to attend the pre-operative assessment clinic.

At the clinic, the nursing staff will confirm the medical information you have previously given. You will likely have an examination of your heart and lungs and some further tests may be required, such as a blood test, X-ray, heart test or lung test. If a more detailed assessment or discussion is required you may see an anaesthetist prior to your admission for surgery. This may require an additional appointment.

If you are taking prescribed medicines please bring a copy of your repeat prescription to your appointment and a copy of the operation consent form (if you were provided with a copy at your out-patient appointment).

Following your assessment, the staff will provide you with written information regarding preparation for your surgery and a point of contact. It is important that you follow the fasting instructions given on your admission letter.

Being admitted to the ward

You will usually be admitted on the day of your surgery. You will be welcomed on to the ward and your details checked. We will fasten an armband containing your hospital information to your wrist.

You will usually be asked to continue with your normal medication during your stay in hospital, so please bring it with you, in the green bag provided for you at pre-operative assessment.

Your anaesthetic

Your surgery will usually be carried out under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

Before you come into hospital

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put an airway in your mouth to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.
- If you become unwell or develop a cough or cold the week before your surgery please contact the pre-operative assessment team on the number provided. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

Your pre-surgery visit by the anaesthetist

- After you come into hospital, the anaesthetist will come to see you and ask you questions about:
  - your general health and fitness;
  - any serious illnesses you have had;
  - any problems with previous anaesthetics;
  - medicines you are taking;
  - allergies you have;
  - chest pain;
  - shortness of breath;
  - heartburn;
  - problems with moving your neck or opening your mouth; and
  - any loose teeth, caps, crowns or bridges.

- Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.

On the day of your operation

Nothing to eat and drink (nil by mouth)

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

Your normal medicines

Continue to take your normal medicines up to and including the day of your surgery. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know if you are taking anticoagulant drugs (for example, warfarin, aspirin, clopidogrel, persantin, apixaban or dabigatran).

Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will get you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

General anaesthetic

General anaesthesia usually starts with an injection of medicine into a vein. A thin plastic tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

Pain relief after surgery

Pain relief is important to aid your recovery from surgery. This may be in the form of tablets, suppositories or injections. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief. They will ask you to describe any pain you have using the following scale.

0 = No pain
1 = Mild pain
2 = Moderate pain
3 = Severe pain

It is important that you report any pain you have as soon as you experience it.

What are the risks?

The risk to you as an individual will depend on whether you have any other illness, personal factors, such as smoking or being overweight and surgery that is complicated or prolonged.

General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. The side effects of having a general anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. There is also a small risk of dental damage

Your anaesthetist will discuss the risks with you and will be happy to answer any questions you may have.

After your surgery

- You will be taken to the recovery room to the general or day care ward. You will need to rest until the effects of the anaesthetic have worn off. You will have a drip in your arm to keep you well-hydrated.
- Your anaesthetist will arrange for you to have painkillers for the first few days after the operation.
- You will be encouraged to get out of bed and move around as soon as possible, as this helps prevent chest infections and blood clots.
- Your surgical team will assess your progress and answer any questions you have about the operation.

Catheter care

It is important to prevent an infection by keeping your catheter clean. Wash your penis under the foreskin and around the catheter, where it enters the penis, with soap and water every day. You can have a bath or shower with the catheter and bag attached.

You should walk around the ward with your catheter on a stand or on a leg bag as soon as you are able the day after your operation. When the urine is clear or only lightly blood stained, usually the day after the operation, the catheter is removed. The balloon at the end of the catheter inside the bladder is deflated and the catheter slides out. Although not painful this may cause some discomfort.

After the catheter is removed it may take a while to control your urine flow. You may feel a constant urge to urinate, and may even have some leakage. Do not worry, this is normal and will improve. You will still see some blood and small clots in your urine, but again this is normal and can happen until the internal wound has healed. You may experience some stinging and burning the first few times you pass urine after the catheter is removed. Drinking plenty of non-alcoholic fluids can help to ease this.

You well be encouraged to drink 2 -3 litres of fluid a day. Do not restrict your fluid intake because you are worried about leaking. You may be asked to use a bottle to collect your urine so that the volume can be recorded.

Once you have gained sufficient bladder control you will be ready to go home. Your urine may still be slightly pink. If possible try to arrange for someone to drive you home.

Leaving hospital

How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the operation and the anaesthetic. Most patients having this type of surgery will leave hospital in 2 –3 days.

After leaving hospital you should take things easy for a fortnight. It is common to feel tired and low for the first few days, or even the first few weeks. This is natural and will pass.

During your convalescence it is not unusual to experience one or more of the following.

- Blood clots in your urine

This may continue for a number of weeks after the operation and is due to the wound healing. A little extra bleeding is common around the second week after the operation

when the scab on the wound inside falls off and breaks up in the urine. You can find blood in the urine 4 – 5 weeks later, even if you have had several clear days in between. Do not worry and make sure you drink more fluids to flush out and dilute the urine when this happens.

If you notice heavy bleeding or clots that block the urine flow, contact your GP.

- Urine problems

It is not unusual to go to the toilet more frequently and urgently to start with. Getting up at night is also common. This should settle over time.

General advice

❖ **Diet**

You do not need to follow a special diet. Fruit, vegetables and other high fibre foods will help avoid constipation. Try not to strain, as this may cause the internal wound to bleed.

❖ **Sex**

You should not have sex for 2 -3 weeks after the operation as this may cause the internal wound to bleed. After this time you should be able to resume your normal sexual activity.

❖ **Driving**

Do not drive for the first 2 weeks after the operation. It is your responsibility to check with your insurance company when your cover restarts after an operation.

❖ **Work**

How long you will need to be away from work varies depending on:

- How quickly you recover
- Whether or not your work is physical

Most people will be able to return to work 3 – 4 weeks after the operation, or longer in the case of heavy manual labour.

❖ **Medication when you leave hospital**

Before you leave hospital the pharmacy will give you any extra medication that you need to take when you are at home.

❖ **Outpatient appointment**

Your consultant will decide if you need to have a follow up appointment.

❖ **What can go wrong?**

- Retention

If you are suddenly unable to pass any urine at all, this will be very painful. Call your GP or visit your local hospital Accident and Emergency department.

The symptoms below may indicate an infection, in which case consult your GP:

- You have a high temperature
- It continues to be painful to pass urine
- Your urine becomes thick, cloudy or smelly
- Your testicles become swollen or painful

Contact details.

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following:

- Alexandra Hospital:
  - Secretaries: 01527 512155
  - Ward 10 Nursing Staff: 01527 512101 or 01527 503030 ext: 42101 or 44072
  - Ward 18 Nursing Staff: 01527 512106 or 01527 503030 ext: 42106/ 44050
  - Sharon Banyard, Urology Nurse Specialist: 01527 503030 ext: 45746
  - Jackie Askew, Uro-oncology Macmillan Nurse Specialist: 01527 503030 ext: 44150

- Kidderminster Hospital and Treatment Centre:
  - Secretaries: 01562 513097
  - Penny Templey, Urology Nurse Specialist: 01562 512328
  - Sarah Holloway and Kerry Holden, Nurse Specialist – Survivorship Programme: 01562 512328

- Worcestershire Royal Hospital:
  - Secretaries: 01905 760766
  - Helen Worth and Lisa Hammond, Urology Nurse Specialists: 01905 760875

Other information

The following internet websites contain information that you may find useful.

- www.worcestershirehealth.nhs.uk/acute_trust
  Worcestershire Acute Hospitals NHS Trust

- www.patient.co.uk
  Information fact sheets on health and disease.

- www.nhsdirect.nhs.uk
  On-line Health Encyclopaedia and Best Treatments website.

- www.baus.org.uk
  Information from The British Association of Urological Surgeons

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.