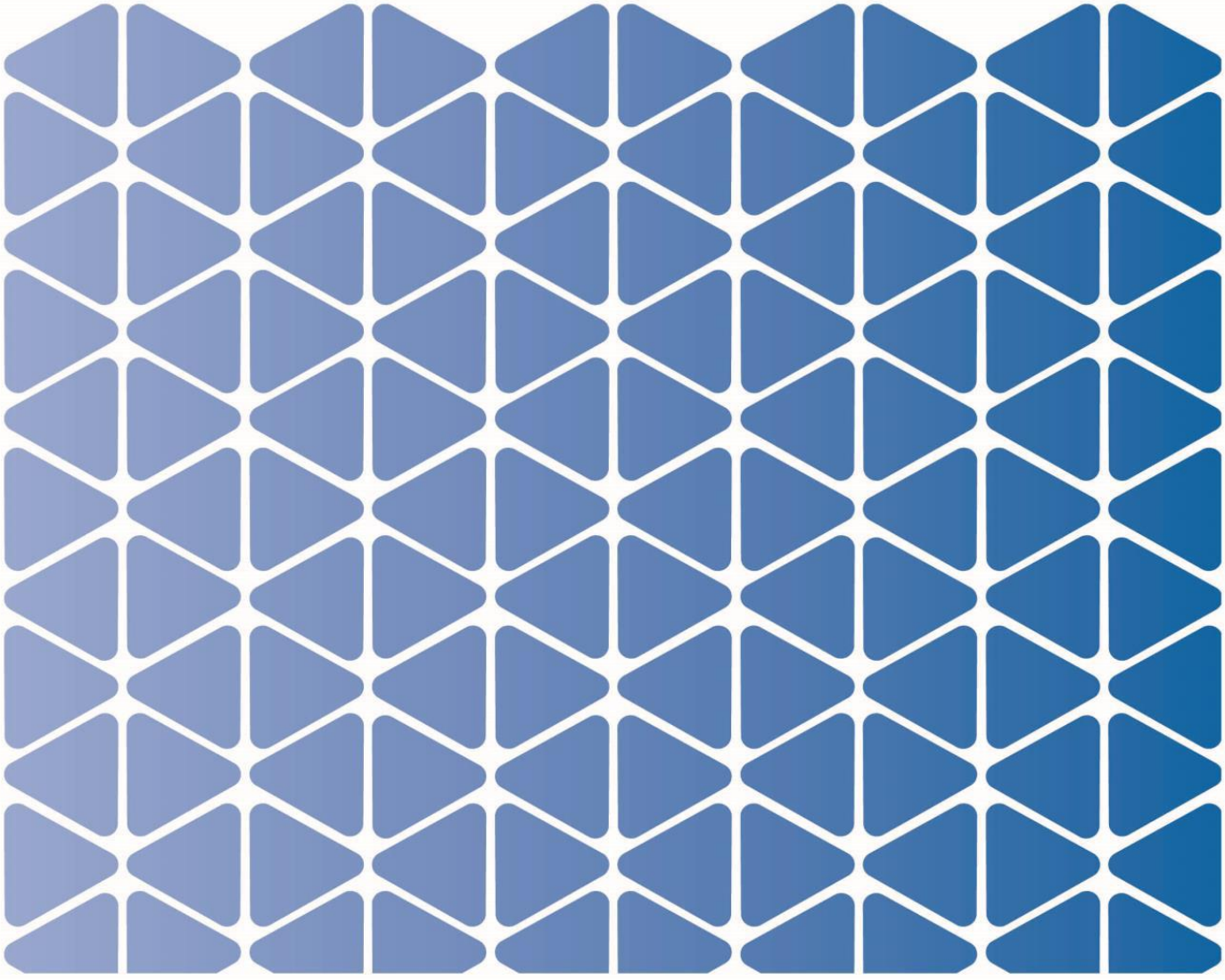
PATIENT INFORMATION

OPTICAL URETHROTOMY



Department of Urology

An Optical Urethrotomy is a procedure for opening up a stricture (narrowing) in the urethra (water pipe). A urethral stricture is the medical name for a ring of scar tissue surrounding the urinary passage from the bladder. Although urethral strictures can occur anywhere from the bladder to the external opening of the water pipe**,** the most common places are at the base of the penis and also just inside the water pipe.

The stricture consists of scar tissue. This is cut internally, using a blade or laser, with the use of a special telescope which is passed down the penis. The operation is usually performed under a general anaesthetic and takes 15 – 20 minutes.

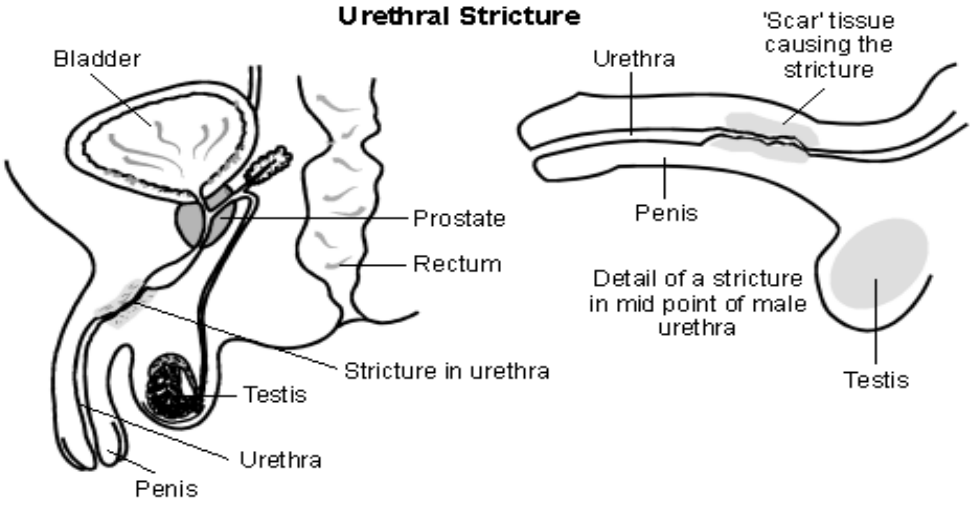
What causes a urethral stricture?

In years gone by, urethral strictures were usually caused by infection but today, most are caused by injury, sometimes because of side effects of an examination or treatment that involves the urinary tract. Any damage can lead to the build-up of scar tissue which can cause problems passing urine. They can occur at any age and it is possible to have more than one stricture.

What are the Symptoms?

The symptoms may be varied but can include the following:

- Reduced urine flow, straining to pass urine
- Spraying of urine or a ‘double stream’ may occur
- Dribbling of urine after the main flow has finished
- Needing to pass urine more often than usual
- Pain on passing urine can sometimes occur
- Urinary tract infection



This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have all the information you need to 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, which your health professional will give you.

Benefits of the procedure

The main purpose of the operation is to relieve urinary obstruction and improve the urinary flow. For most patients this will provide a cure or a significant improvement in urinary symptoms.

What are the alternatives?

The alternatives include observation, urethral dilatation, urethroplasty, perineal urostomy, long-term catheter/suprapubic catheter.

Risks of Leaving a Stricture Untreated

Everything we do in life has risks. More pressure is needed from the bladder muscle to pass urine out through a stricture (it acts like a bottleneck). Not all urine in the bladder may be passed when you go to the toilet. Some urine may pool in the bladder. This 'residual' pool of urine is more likely to become infected. This makes you more prone to bladder, prostate and kidney infections. An abscess (ball of infection) above the stricture may also develop. This can cause further damage to the urethra and tissues below the bladder. Cancer of the urethra is a rare complication of a longstanding stricture.

Surgery to open up the stricture is usually a very safe operation. Occasionally complications can arise because of the invasive nature of the procedure. The general risks of surgery include problems with:

- breathing (for example, a chest infection);
- the heart (for example, abnormal rhythm or, occasionally, a heart attack); and
- blood clots (for example, in the legs or occasionally in the lung).
- Stroke
- Death

Those specifically related to Optical Urethrotomy include:

- Common risks (Greater than 1 in 10):
  - Mild burning or bleeding on passing urine for a short period after the operation.
  - Recurrence of the stricture. For this reason you may be taught to self-dilate the stricture with a catheter. If the doctor feels this is a suitable treatment you may be taught before leaving hospital.
  - No guarantee of stricture cured by this operation alone.

- Occasional risks (Between 1 in 10 and 1 in 50):
  - Infection or abscess of the bladder or urethra requiring antibiotics
  - Damage to urethra or false passage requiring further surgery or suprapubic catheter insertion
  - Permission for telescopic removal or biopsy of any bladder abnormality or stone, if found

- Rare risks (Less than 1 in 50):
  - Delayed bleeding requiring removal of clots or further surgery.
  - Damage to the drainage tubes from the kidneys (ureters) requiring additional therapy.
  - Injury to the urethra causing delayed scar formation
  - Perforation of the bladder requiring a temporary catheter or open surgery repair.
  - Decrease in the quality of erections
  - Penile bending on erection due to formation of scar tissue

- 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 elderly people, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a risk that you may die.

You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

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 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.

Leaving hospital

❖ Length of stay

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 be in hospital for 0-1 day or an overnight stay. You may go home with a catheter and will be brought back to removal in 2-4 weeks.

❖ Afterwards

After an Optical Urethrotomy you may be required to be taught Intermittent Self Dilatation. This involves passing a lubricated catheter in and out of your urethra to stretch the area concerned and help prevent it narrowing again.
If you require this, arrangements will be made for you to be taught it after your dilatation or urethrotomy.

You will be asked to follow a regimen which will be similar to this:-

- Dilate as instructed **ONCE** a day for two weeks *then*

- Dilate as instructed on **ALTERNATE** days for two weeks *then*

- Dilate as instructed ONCE a week carry on with this.

You will be given a clinic appointment to review your symptoms.

❖ 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.

❖ Convalescence

How long it takes for you to fully recover from your surgery varies from person to person. After you return home, you will need to take it easy and should expect to get tired to begin with.
During your convalescence please remember the following:

- You may notice that your urine looks slightly pink. This should clear in 1-2 weeks.
- Try and drink 2-3 litres of fluid a day until the bleeding has cleared. This will help clear the urine and keep it dilute.

- You may find that you pass urine more frequently for the first week and it may sting when you pass urine. If this does not settle after 1 week please contact you GP.
- If you have difficulty passing urine, the bleeding returns, or you cannot pass urine please contact your GP.

❖ Personal hygiene

You will normally bathe or shower while you are in hospital, and this can continue as normal after you leave hospital.

❖ Diet

You don't usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

❖ Exercise

We recommend that you avoid strenuous exercise and heavy lifting for up to 2 weeks. You should do lighter exercise, such as walking and light housework, as soon as you feel well enough.

❖ Sex

You can resume your usual sexual activity after 2 weeks.

❖ Driving

You should not drive until you feel confident that you could perform an emergency stop without discomfort. This will probably be at least 2 weeks after your operation. It is your responsibility to check with your insurance company.

❖ Work

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

- how serious the surgery is;
- how quickly you recover;
- whether or not your work is physical; and
- whether you need any extra treatment after surgery.

Most people will not be fully back to work for 3-4 weeks. Please ask us if you need a medical sick note for the time you are in hospital and for the first three to four weeks after you leave.

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

- www.rcoa.ac.uk
  Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'

- www.nhsdirect.nhs.uk
  On-line health encyclopaedia

- 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.