



Manchester
Urology

Green Light Laser Prostatectomy

An Information Leaflet (*Written May 2008*)



What is a Green Light Laser Prostatectomy?

The prostate gland is situated just below the bladder, surrounding the urethra (the tube you pass urine through). If the prostate becomes bigger, it may press on the urethra and cause urinary symptoms such as:

- Difficulty starting to pass urine.
- Slow or interrupted flow/stream of urine.
- Dribbling towards the end of the stream when passing urine.
- Passing urine more often than usual, both during the day and night.
- Feeling as though the bladder does not completely empty to start with.

Green Light Laser is a minimally invasive operation for the treatment of urinary symptoms caused by an enlargement of the prostate.

The procedure is performed as a day case (which means you have the operation and go home on the same day), under a general anaesthetic (when you are asleep) or spinal anaesthetic (when the bottom half of the body is numbed).

A telescope is passed down the penis and into the bladder. Using the laser, under direct vision, the obstructing part of the prostate is vaporised, therefore reducing its size and creating a wider channel within the urethra.

What are the benefits?

Reduction in the size of the prostate and a wider outlet channel from the bladder, make it easier to pass urine.

Are There Any Risks Involved?

Anaesthetics

- If you have had a general anaesthetic; you may feel normal soon after you wake, but you will be drowsy and your reactions sluggish for twenty four to forty eight hours. It is important that in the first twenty

four hours of having had a general anaesthetic you should avoid:

- Being left in the house alone, or looking after young children
- Driving (it is advisable to check with your insurance company as to how long your insurance is invalid following a general anaesthetic)
- Operating machinery; this includes cookers and other domestic appliances.
- Making any important decisions or sign any legal documents
- Drinking alcohol

Other Complications

- Discomfort passing urine for the first few weeks after the operation. Most patients experience some mild discomfort in the tip of the penis when passing urine for a week or so after the operation. For men who had larger prostates, this can last slightly longer.
- *Urine infection.* If you have pain passing urine, your urine smells offensive or you have a high temperature, please contact your own GP as you may have a urine infection that needs treating with antibiotics.
- *Blood in the urine.* There may be a small amount of blood in the urine which normally settles down within one to two weeks after the procedure. A very tiny amount of blood in the urine is enough for it to look blood stained. Significant bleeding, requiring a blood transfusion is uncommon at less than 1%.
- *Impotence.* If you experience erection problems, please inform your doctor, as there may be treatment available.
- *Incontinence.* Some urgency (rushing to the toilet to pass urine) may be experienced after the procedure. This normally settles quickly after the operation and you may be taught how to perform pelvic floor exercises to help with your urgency symptoms.
- *Prolonged catheterisation.* Some patients with permanent catheters before the operation, may have problems with the bladder emptying after this procedure and may have to have a catheter in for a longer period of time, or very occasionally, permanently.



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- *Retrograde ejaculation.* This means that when you ejaculate, you will have a normal sensation but semen does not come out. Instead the semen goes back into the bladder and will be passed next time you pass urine, turning it a milky colour. Retrograde ejaculation is completely harmless but decreases your chances of fathering children naturally. If this would be a problem for you, please discuss it with your doctor or nurse. Approximately 50% of patients experience retrograde ejaculation after having green light laser therapy, compared to TURP, whereby 80% of patients experience it.

What are the alternatives?

- Medication
- Transurethral resection of the prostate or TURP. This has a greater risk of complications, such as bleeding, longer period of time with a catheter after the operation, longer hospital stay and recovery rate at home.
- Permanent catheter (tube in the urethra, which continually drains the urine from the bladder).
- Do nothing/observe, although this may affect your health if your bladder is not able to completely empty when you pass urine.

On the day of the procedure

The procedure is performed under an anaesthetic, therefore it is necessary for you not to have anything to eat or drink for several hours prior to arriving at the hospital. You will be informed at your pre-operative assessment appointment at what time you should take your last meal and drink. If you would normally take tablets during this time, please ask at the pre-operative assessment clinic which you should continue to take.

What happens after the procedure?

You will have a catheter in your penis to drain the urine from the bladder. This is removed the day after your operation, either by yourself or a District Nurse at your home or in your local urology department (this will be decided at your pre-operative assessment appointment, when the nurse will teach you how to remove a catheter and ensure that you are happy to do so).

You may have an intravenous drip in your arm, to give you fluid, to make sure you do not get dehydrated after the operation. You can usually drink soon after the operation, and the drip will then be removed.

A nurse will monitor you closely when you arrive back to the ward from theatre and may take your blood pressure and pulse regularly.

Discharge arrangements

You will go home the same day as your operation and it will be necessary for a responsible adult to transport you home and for someone to stay with you that evening.

You will go home with the catheter still in place and should be aware of your next appointment (usually for the following day, depending on the day of your operation), to attend your local urology department for monitoring after your catheter has been removed, to ensure your bladder is emptying properly. If you cannot empty your bladder effectively, the catheter may be put in again and another appointment given to you for a further trial without it.

Around ten to fourteen days after the operation, you may have some unexpected extra bleeding. This is the scab coming away from the healing tissue and drinking more fluids will help to wash away the blood and avoid blood clots. If the bleeding is heavy, or you cannot pass urine, you should call your doctor immediately.



Day to day living

You can return to normal activities about two weeks after the operation, which includes work and any strenuous activity.

You should not drive for twenty four to forty eight hours after an anaesthetic and should check with your car insurance before you resume driving.

It is important to drink plenty of fluids, especially in the morning.

If there is a problem?

If you experience any problems after the operation, please contact your own GP or your local urology department for advice.



For further information or to arrange an appointment with a consultant, please call: 0800 656 9616

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