

Urologic Surgical Associates of Delaware

Specializing in Robotic Surgery

Laser Prostatectomy (KTP) Perioperative Instructions

Laser prostatectomy accomplishes the same destruction of prostate tissue as the classic surgical way of treating prostate enlargement or BPH, a transurethral resection of the prostate, or TURP. However, where the TURP involves using a special telescopic electric knife to scrape out part of the prostate with KTP Laser Prostatectomy a laser is used to destroy the prostate tissue with heat rather than scrape it out. The entire prostate is NOT removed in this operation, but only that portion which is obstructing the channel. The procedure requires anesthesia and takes approximately 60-90 minutes to complete. For patients who are high risk for anesthesia or who wish to avoid anesthesia, we offer microwave therapy in the office.

Preparation for the Operation

You may need blood tests, cardiograms, and other tests done prior to your surgical date, or on the morning of admission. It is very important that you refrain from eating or drinking anything for at least eight hours prior to your scheduled operation time. In most circumstances this means nothing should pass your lips after midnight the night before your surgical procedure. Aspirin, ibuprofen, coumadin, and other blood thinners need NOT be stopped for Laser Prostatectomy but it may be preferable to do so if possible.

Foley Catheter

After Laser Prostatectomy this tube or 'catheter' will be placed through your penis, through the prostate channel and into your bladder. It is held in position by a small balloon at the end of the tube which is inflated after it is placed. This tube or 'catheter' that is in the bladder is very important for your early post-operative recovery. It essentially puts the bladder and prostate at rest, and if there is any bleeding it allows the blood to come out immediately rather than staying in the bladder and prostate to form clots. Occasionally clots may form and the tube may stop draining. A special syringe with water can be used to hand irrigate the catheter to free it of clots.

Post-operative Care

In most instances you will be able to eat a regular meal on the evening of surgery. KTP laser prostatectomy is outpatient surgery. You will go home the same day as surgery with a catheter in your bladder. The catheter will come out in our office 2 days after surgery. You should refrain from any unnecessary activity while the catheter is in place. Your usual medications may be restarted immediately after the surgery (Aspirin, ibuprofen, coumadin, and other blood thinners should be held if possible until after the catheter is out). Call the office to schedule your catheter removal (usually 2 days after surgery).

Post Operative Expectations

You may continue to have voiding symptoms for a variable amount of time, and this includes getting up at night, frequency, some hesitancy and blood in the urine. You may also have irritation and burning with urination for a limited amount of time after the surgery as the urethral lining heals. It may take as long as six to eight weeks to get a

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better idea of how successful the operation might be, depending on how much damage was done to the bladder wall by the obstruction of the prostate before the operation.

Overactive Bladder Symptoms

Symptoms of overactive bladder (OAB) are common after KTP Laser prostatectomy. These symptoms include frequency, urgency, and urge incontinence. OAB symptoms may occur briefly, for a few days or weeks after the catheter removal for many men due to the irritation of the procedure and the catheter on the bladder and prostate. More prolonged OAB symptoms, up to eight months, can occur in some men due to chronic obstructive prostate causing significant changes to the bladder wall. In response to a long-term blockage by the enlarged prostate the bladder wall gets thickened and muscular. This helps the bladder create a more forceful contraction to try and push the urine out through the blockage. However, after the laser surgery removes the blockage this thick bladder creates the OAB symptoms until it can slowly change.

After Discharge to Home from the Hospital

The laser generally creates less post-op irritation than classic TURP. But some patients, after Laser Prostatectomy, have a brief period of irritative voiding symptoms. Because of the raw surface around your prostate and the irritating effects of urine, you may have frequency of urination and/or urgency (a stronger desire to urinate) and perhaps even more getting up at night. This will resolve or improve quickly over the healing period. You may experience clear urine for a few weeks then a sudden surge of blood in the urine, especially at about the third to fourth week post-op. This is often part of normal urethral healing after KTP laser. Refrain from strenuous activity and push fluids until clearing occurs.

Risks

Laser Prostatectomy provides long-term improvement of male voiding dysfunction in 85% of cases. Most men see decreased ejaculate volume or a complete lack of ejaculation. Orgasm is not affected! Most patients have irritation and discomfort with voiding for 1-2 weeks following Laser Prostatectomy.

	TURP	KTP Laser TURP	Microwave
Efficacy (How often it works)	85%	85%	65%
Return to O.R.	10%	1%	0%
Transfusion	<1%	0%	0%
Ejaculatory Dysfunction	40-75%	80-100%	1%
Erectile Dysfunction	<2%	<2%	<1%
Setting	Operating Room, possible admission	Operating room, outpatient	Office

Diet

You may return to your normal diet immediately. Because of the raw surface of the

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prostate alcohol, spicy foods and drinks with caffeine may cause some irritation or frequency and should be used in moderation. To keep your urine flowing freely and to avoid constipation, drink plenty of fluids during the day (8 - 10 glasses).

Activity

Your physical activity is to be restricted, especially during the first two weeks. During this time you should not lift heavy objects (anything greater than 20 lbs), take long car rides, perform strenuous exercise, or engage in sexual intercourse. Minimize severe straining during bowel movements by using a laxative such as milk of magnesia.

Sexual Activity

If you were sexually active prior to your surgery, you can resume normal sexual activity after 2 weeks. Resection of the prostate usually has little effect on a man's potency, orgasm, or ability to sense orgasm. There may initially be some burning with ejaculation.

Because the junction of the bladder and prostate is involved in the operation, a decreased amount of seminal fluid can be expected to be ejaculated with sexual intercourse. In roughly 80% of cases there will be no ejaculate fluid with orgasm. With retrograde ejaculation the orgasm occurs as usual but with ejaculation the sperm will enter the bladder but not exit through the urethra.

Bowels

It is important to keep your bowels regular during the post-operative period. The rectum and the prostate are next to each other and any very large and hard stools that require straining to pass can cause bleeding. We suggest using an over the counter laxative such as milk of magnesia.

Foley Catheter and Anticholinergic Medications

The Foley catheter will drain into a bag on your leg. This bag can be simply drained by opening a valve at the bottom of the bag. Your catheter can be removed in the office 2-5 days after surgery. The work on your prostate as well as the indwelling catheter will cause the bladder to have sudden contractions, even with an empty bladder. These contractions are called bladder spasms and can be effectively managed by a medication to quiet bladder spasms. Medications that quiet bladder spasms are anticholinergic medications such as Ditropan. Anticholinergic medications can also slow down intestinal and salivary gland activity; therefore, side effects include constipation and dry mouth.

Antibiotics

You should resume your pre-surgery medications unless told otherwise. In addition you will often be given an antibiotic to prevent infection. These should be taken as prescribed until the bottles are finished unless you are having an unusual reaction to the antibiotic.

Problems You should Report To Us

1. Fevers over 101.5 Fahrenheit
2. Heavy bleeding, or clots that block the catheter
3. Inability to urinate
4. Drug reactions, hives, rash, nausea, vomiting, diarrhea

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5. Severe burning or pain with urination that is not improving

Follow up

You will need a follow-up appointment to remove your Foley catheter.

Call 302-836-5500 to make this appointment at our Glasgow office or 302-571-8958 to schedule at our Wilmington office. You should call promptly after surgery to make an appointment for 2 days after surgery.