

Urologic Surgical Associates of Delaware

Specializing in Robotic Surgery

Transurethral Microwave Therapy of the Prostate (TUMT)

TUMT or Microwave Therapy accomplishes a destruction of prostate tissue similar to 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 the TUMT is used to destroy the prostate tissue with microwave heat rather than scrape it out. Also, the TUMT does not usually affect the inside lining of the prostate so it minimizes the irritative voiding symptoms that can be experienced after TURP. The entire prostate is NOT removed in this operation, but only that portion which is obstructing the channel. The procedure requires no anesthesia and takes approximately 60 minutes in the office to complete.

TUMT treatment is accomplished by placing a specialized catheter into the urethra and prostate for about 45 minutes with a special monitoring probe in the rectum.

Preparation for the Operation

You should take an antibiotic usually starting the day before the procedure. Aspirin, ibuprofen, coumadin, and other blood thinners need NOT be stopped for TUMT.

Foley Catheter

After the TUMT this tube or 'catheter' may 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. Hand irrigation is rarely required after TUMT. Most patients do not need a foley catheter after TUMT.

Post-operative Care

In most instances you will be able to eat a regular meal on the evening of the procedure. You should refrain from any unnecessary activity for two weeks. Your usual medications may be restarted immediately after the procedure.

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. Most patients experience an immediate improvement in the stream after TUMT and continued improvement over the next three months. You may also have irritation and burning with urination for a limited amount of time after the surgery. This occurs commonly with TURP but only rarely with TUMT.

For informational purposes only. Please consult your physician with any questions. USA Delaware 302-836-5500.

TUMT generally creates much less post-op irritation than classic TURP. But some patients, after TUMT, have a brief period of irritative voiding symptoms. You may see some blood in your urine over the first six weeks. Do not be alarmed, even if the urine was clear for a while. Refrain from strenuous activity and push fluids until clearing occurs.

Risks

TUMT provides long-term improvement of male voiding dysfunction in 65% of cases. There may be some bleeding into the urine and occasionally patients require temporary replacement of the Foley for clot retention.

Comparison of Three Methods of BPH Treatment:

	TURP	KTP Laser TURP	TUMT
Efficacy (How often it works)	85%	75%	65%
Return to O.R.	10%	0%	0%
Transfusion	<1%	0%	0%
Retrograde Ejaculation	4-75%	20-40%	0%
Erectile Dysfunction	<2%	<2%	<1%
Setting	Operating Room, possible admission	Operating room, outpatient	Office

TUMT results are roughly equivalent to combination medical therapy

KTP Laser and TUMT can be performed without taking a patient off anticoagulant therapy, such as a coumadin.

Diet

You may return to your normal diet immediately. Because of the raw surface of the 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), drive a car or take long car rides, perform strenuous exercise, or engage in sexual intercourse. Minimize severe straining during bowel movements by using a laxative if necessary.

Sexual Activity

If you were sexually active prior to your surgery, you can resume normal sexual activity after 2 weeks. Ablation of the prostate usually has little effect on a man's potency, orgasm, or ability to sense orgasm. There is a <1% risk of erectile dysfunction from TUMT. There may initially be some burning with ejaculation.

For informational purposes only. Please consult your physician with any questions. USA Delaware 302-836-5500.

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. You will be given stool softeners (usually) but these are not laxatives. A bowel movement every other day is reasonable. Use a mild laxative if needed and call if you are having problems. (Milk of Magnesia 2-3 Tablespoons, or 2 Dulcolax tablets for example).

Foley

A foley catheter is usually not needed after TUMT. If you do require a foley catheter, it 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.

Medication

You should resume your pre-surgery medication unless told not to. In addition you will often be given an antibiotic to prevent infection and stool softeners. These should be taken as prescribed until the bottles are finished unless you are having an unusual reaction to one of the medications.

Problems You should Report To Us

1. Fevers over 101.5 Fahrenheit
2. Heavy bleeding, or clots that block the catheter (See notes above about blood in urine)
3. Inability to urinate
4. Drug reactions, hives, rash, nausea, vomiting, diarrhea
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 for about 3-5 days after surgery.