

Urology_{West}

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INFORMATION LEAFLET: GREEN LIGHT PVP PROCEDURE

This section describes the procedure involved in having a prostate operation. This procedure has in my practice replaced the previous “gold standard” of TURP and is usually carried out in the day surgery unit.

You will have discussed the reasons behind having the surgery, which are to relieve the obstruction to the flow of urine through the prostate by removing the central part of the prostate.

This operation is done usually for benign swelling of the prostate although it may be used to relieve the obstruction of a prostate cancer. However it does not remove the whole prostate and is not a cancer operation.

How is the operation carried out?

No special preparation for the surgery (i.e. shaving or diet) is required. You will usually come in on the day of the operation and should starve for at least six hours prior to the scheduled operating time.

You need not stop aspirin prior to the operation but if you are taking warfarin or heparin then it is imperative that the dosage of this is monitored or modified.

The operation is carried out under spinal (awake but numb from the waist down) or a light general (asleep) anaesthetic. Most men prefer a very light general anaesthetic with a local anaesthetic block to the prostate region given while asleep.

Under anaesthetic a telescope is passed into the bladder, which is examined. The obstructing prostate tissue is vaporised using the high powered laser. A small catheter (soft plastic drainage tube) may be placed in the bladder to drain the urine if there is any concern about bladder contractility, but it is not usually required for bleeding even in the largest prostates.

Following the operation it is usual to have mild discomfort only. The majority of men will need only simple painkillers, although some may need tablets to calm bladder spasm. You will be given regular Voltarol painkillers and also a few days of an antibiotic.

After passing water you can usually leave hospital; if a catheter is left in place this is removed the following morning.

What are the side effects?

Despite the absence of a cut in the skin, this is still classified as a major operation. There may be bleeding at the time of surgery or later: so far no patients have had bleeding of any significance. Advances in anaesthetic techniques reduce the risk of serious chest infection.

Some men may fail to pass water after the operation: this is much more common if the surgery is being done where the bladder has been stretched or is emptying poorly and this would be discussed with you in detail. In men with good bladder emptying there is still a possibility of around 5% of some difficulty passing urine after the catheter is removed: this may require a short period with a small soft catheter to rest the bladder but has no long term ill effects and does not require prolonged hospitalisation.

The major side effect is of retrograde ejaculation, which is when the semen falls back into the bladder instead of coming out through the penis. This seems to affect about 25% of men after PVP (with TURP the figure was 80%) Some men may feel the orgasm to be somewhat less intense if this happens, but usually learn to appreciate the sensations again. Retrograde ejaculation may cause sterility but cannot be relied upon as a form of contraception since some sperms may still be expelled.

So far there are no reports of erectile impotence after the operation, but there remains a theoretical risk that this could occur if the laser were to be used too close to the penile nerves.

Since not the entire prostate is removed, regrowth can occur. The figures suggest that one man in seven will need revision surgery over a ten-year period due to prostate regrowth.

Incontinence may occur in 1 % of patients which would result in requiring a further surgical procedure such as an artificial sphincter.

How long does recovery take?

We have observed most patients to have a halving or more of their symptoms within six weeks of surgery. However, the bladder may be overactive for a few weeks after the operation, giving a sense of things getting worse before getting better. It is thus sensible to avoid any long journeys after the procedure for a few weeks. Bladder function can keep improving for up to four months after the procedure.

If urgency and getting up at night are major problems prior to the operation, or if there is any history of incontinence, I will usually have recommended a urodynamic examination to confirm that obstruction is present. Despite this about one man in six with these symptoms may find they persist post operatively, due we presume to a primary overactivity of the bladder. If this does happen there are medical treatments which will usually help.

Bleeding is uncommon after PVP, but may occur in the first few weeks. If bleeding is a major problem then it is important to drink well and to have a urine sample checked to rule out urinary infection.

It is sensible to avoid very heavy lifting for three weeks after the operation since any sudden increase in abdominal pressure can cause bleeding to occur. Driving presents no problem. You can return to work when you feel fit and depending on your job: usually no more than a week off is needed but some men have gone back to work within 48 hours.

Sport or sexual activity can be resumed as soon as you feel fit. On resumption of intercourse, if you do ejaculate normally, it is likely there will be blood or discolouration of the semen. This is nothing to worry about and will not harm your partner in any way.

FOLLOW UP

After any surgery you may feel tired and a bit emotional for a number of weeks. This is quite normal, but if you feel depressed it is important to let someone know.

What follow up is required?

If all goes smoothly a check in ten days or so will make sure there are no major problems (this can be carried out by telephone.) I like to have a final check up at the six week point to make sure the symptoms and urine flow have improved as expected.