

This document is intended for information purposes only and should be used in conjunction with the advice and further details to be discussed by Mr. Ahmed at your consultation meeting.

What is a urethrotomy?

A urethrotomy is an operation to treat a narrowing of the urethra (tube that carries urine from the bladder to the penis). The narrowing (stricture) is usually caused by scar tissue forming after inflammation, an infection or injury. The operation involves cutting the scar tissue to make the urethra wider.

Your surgeon has recommended a urethrotomy. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

What are the symptoms of a narrowing of the urethra?

The urethra is about 18 centimetres long (about 7 inches). A narrowing can happen anywhere along the length of the urethra. This results in the following symptoms.

- The need to pass urine more frequently.
- Slow flow of urine, often with dribbling.
- Having to wait longer than usual before starting to pass urine.
- The feeling of not having fully emptied your bladder.
- Sudden urges to pass urine.

A narrowing can also make you prone to infections, which can keep coming back.

What are the benefits of surgery?

The benefits of surgery are a better flow of urine, improved bladder emptying and less need to get up at night. You should also be less prone to infections.

Are there any alternatives to a urethrotomy?

There is no medication available to treat a narrowing of the urethra and it will not go away on its own.

It is possible to try to treat a narrowing using the following techniques.

- Balloon dilatation – This involves inflating a balloon in the urethra to make it wider.
- Dilators – This involves placing small metal rods, called sounds, into the urethra to stretch the narrowing.
- Inserting a stent (hollow tube) – It is sometimes possible to place a stent into the urethra across the narrowing.

However, these options have poor long-term results.

For most men the aim of a urethrotomy is to improve their lifestyle by relieving the symptoms. However, for a few men a urethrotomy is vital and your surgeon will let you know if this is the case.

More complicated narrowings sometimes need open surgery, where the narrowing is repaired using plastic-surgery techniques. This involves using tissue from other parts of your body such as the lining of your mouth.

What will happen if I decide not to have the operation?

Symptoms can come and go. However, often the symptoms get worse.

If your narrowing is severe, you will find it difficult to pass urine at all. You may get bladder stones and even develop kidney failure.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

A urethrotomy is performed under a general or spinal anaesthetic. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes less than half an hour.

Your surgeon will pass a special rigid fibre-optic telescope (cystoscope) into your urethra to examine the narrowing (see figure 1).

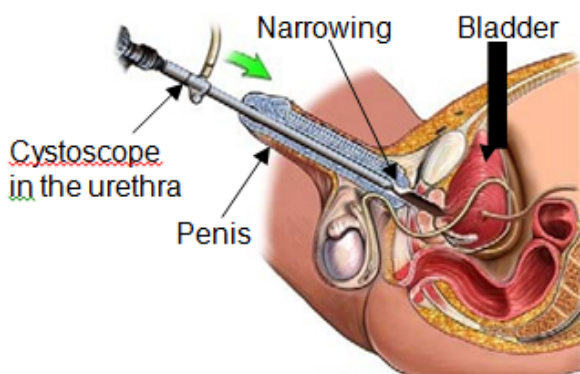


Figure 1

Cross-section of the male pelvic region showing a urethrotomy

Your surgeon will usually pass another instrument called a urethrotome down through the cystoscope. The urethrotome has a small blade, which your surgeon will use to make a cut in the scar tissue to make the urethra wider (see figure 2). Sometimes your surgeon will use a special laser to cut the tissue open.

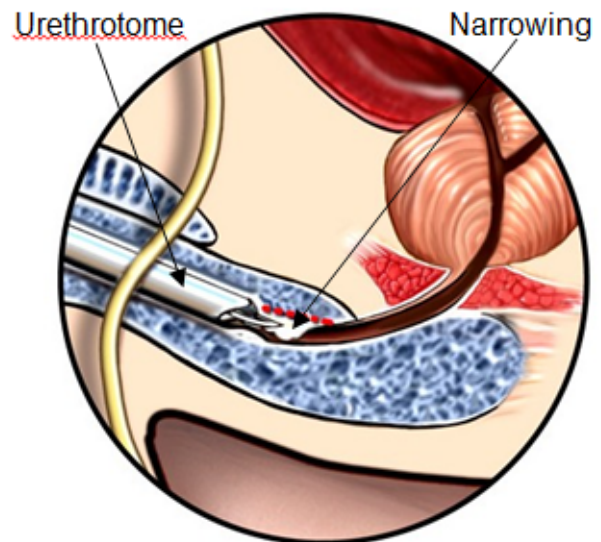


Figure 2

A urethrotome cutting through the narrowing

Your surgeon may then pass the cystoscope into your bladder to check for any problems. At the end of the operation, your surgeon may place a catheter (tube) in your bladder. This will allow you to pass urine easily, and your bladder to be washed out with fluid to prevent blood clots.

What should I do about my medication?

You should make sure your surgeon knows the medication you are on and follow their advice. You may need to stop taking warfarin or clopidogrel before your operation. If you are a diabetic, it is important that your diabetes is controlled around the time of your operation. Follow your surgeon's advice about when to take your medication. If you are on beta-blockers to control your blood pressure, you should continue to take your medication as normal.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.

Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of men who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. There is usually little pain after a urethrotomy. Pain after the operation can normally be successfully treated with a mild painkiller such as paracetamol.

- **Bleeding** during or after surgery. Any bleeding is usually very little. If you continue to pass blood clots and blood in your urine, you should let your GP know.

- **Infection**. If you need to pass urine often and only pass small amounts with a great deal of discomfort, you may have an infection. If your symptoms continue to get worse, let your GP know. You may need treatment with antibiotics.

3 Specific complications of this operation

- **Retention of urine**, where you cannot empty your bladder in the normal way. This can happen if blood clots have moved up into the bladder, or if any pain is preventing you from emptying your bladder. You will need to have a catheter for a few days.

- **A swollen penis**, if the stricture was in the part of the urethra in your penis. This should settle quickly on its own.

- **Narrowing of another part of the urethra**, caused by scar tissue forming. This is unusual.

- **Making a hole in the bladder**. If this happens, you may need a catheter for a few days while the hole heals. If the hole does not heal, you may need surgery.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day or the day after. However, your doctor may recommend that you stay a little longer. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency.

The area where the tissue was cut will be raw for the first few days, so the first few times you pass urine you will feel a stinging pain. Drink plenty of water, as this will keep the wound clean and reduce the risk of developing blood clots.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours

and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

If you continue to pass blood or find it difficult to pass urine, let your GP know. You may need to come back to hospital to have a blood clot removed using a catheter.

Even though there is no cut on the outside of your penis, you will have had an operation and it is normal to be tired for a few days. During this time do not do any strenuous activities. You should be able to return to work after a few days.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future

Sometimes a narrowing can happen again and symptoms will come back (risk: 3 to 5 in 10). Your surgeon will usually ask you to come back to the clinic for a check-up. They may need to show you how to use a catheter to help reduce the risk of a narrowing happening again.

Most men make a good recovery, with a big improvement in their symptoms. Progress is most rapid in the first six weeks but improvement can continue for many months, particularly if your bladder has become overactive.

Summary

A narrowing of the urethra can cause a slow flow of urine, often with dribbling, pain, bleeding and infection. A urethrotomy should relieve your symptoms.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

FURTHER TREATMENT IN FORM OF INTERMITTENT SELF DILATATION (ISD) MAY BE REQUIRED. This will be discussed with you by Mr. Ahmed at the consultation.

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