

- Put on a new dressing after cleaning the incision.
- You will have stitches or small strips of tape to help hold the incision closed. The stitches will disappear within 2 weeks. The small pieces of tape should be left in place until they fall off.
- You can shower the day after your surgery. Do not let the water pour directly on your incision or soak in the bathtub until 7 days after surgery.
- A small gauze dressing over your incision will stop your clothes from rubbing against the incision.

Discomfort and/or pain

- You will feel soreness or pain but this is alright. Pain medication should be taken as needed.
- Take pain medication regularly for the first 24 hours and before doing any activity that may cause discomfort (such as walking, heavy exercise)
- Passing urine may be painful at first and the urine you pass may be slightly blood-stained; this should settle within a few days.

Activity

- If you are admitted to hospital, your nurse will help you to sit at your bedside the first evening after the surgery.
- The day after your surgery, your nurse will help you walk in the hall/ ward. Moving early after surgery helps you heal faster.
- You are usually able to go home approximately 3 days after your surgery.

At home

- Plan to get plenty of rest during the first few weeks after you leave the hospital. Slowly go back to doing your usual daily activities (such as household chores and exercises).
- Walking is the best exercise.
- Ask your doctor when it would be alright to return to work or sexual activity.

Healthy food

- Keep following your usual diet
- You should drink twice as much fluid as you would normally for the first 24 to 48 hours, to flush your system through and reduce the risk of infection
- Foods high in fibre (such as fruits, vegetables, bran, and prunes) and fluids help prevent constipation

A follow-up appointment will normally be made to see you four to six weeks after the procedure.

IV. Kindly contact us via the following numbers

UMMC general line Surgical Clinic: 03-7949 4422
03-7949 2736 (Office hours only)

UMMC Urology ward (9TD): 03-7949 4328 / 6712



LITHOLAPAXY

I. INTRODUCTION

What is a litholapaxy?

It is a surgical procedure to remove the stone in the bladder.

It can be done via open surgery method or via a cystoscope (a telescopic device that is passed through your urethra).

If it done through a cystoscope, the stone is crushed and disintegrated using an energy device such as laser prior to removal.

What are the benefits of this surgery?

Removal of the bladder stone may help to alleviate your difficulty, pain and frequency of urination. Besides, it also reduces the risk of recurrent urinary tract infection.

What are the risks of this surgery?

There might be a risk of bleeding post operatively and infection of the urinary tract. If it is done via open method, there is a chance of injury to adjacent structures. If it is done via a cystoscope, there is a chance of injury and scarring to the urethra. Also, there is a small risk of bladder injury and urinary leak that might necessitate repeat surgery or catheterisation for a longer period.

What are other options if I do not choose this surgery?

Then it is mainly observation and monitoring of the stone and your renal function as well as looking out for any symptoms.

II. BEFORE THE SURGERY

1. Pre-admission clinic procedures

a. Details on your health

Several weeks before the surgery, you will be seen in the pre-operative anesthesiology assessment clinic. Blood tests, heart pacing (electrocardiogram, ECG), X-rays and other tests which are deemed necessary for your pre-operative investigation will be performed. A discussion will be held regarding the mode of anesthesia. Depending on your other medical conditions, visits to other doctors such as the cardiologist, respiratory physician or endocrinologist may be needed to assess your fitness and optimize you for surgery.

b. Medications

Please tell a member of the anesthetic team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft)
- a regular prescription for a blood thinning agent (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran)
- any allergy especially towards antibiotics as you will be given a single dose of prophylactic antibiotic prior to surgery.

If you are on blood thinners, instructions will be

given on when to withhold or adjust your medication.

2. Preparing for admission

a. Advice prior to admission

Please arrange leave from work before your surgery. You may need help to care for your dependents during your hospital stay.

b. Medications, fasting etc

Please follow your doctor's advice regarding when to withhold your blood thinners before the operation. Failure to do so may result in the operation being postponed to another date. Fasting should commence at least 6 hours before your surgery. You may be advised to withhold other medications such as your diabetes and high blood pressure medicines while you are fasting.

3. Arrival to UMMC

You will need to be admitted one day before the surgery. However, you may be advised to be admitted earlier depending on your medical conditions. The registration counter is located on the 1st floor of Menara Selatan. From there, you will be brought up to the ward.

Pre-operative investigations will be carried out upon admission and this may include blood taking, urine sampling, ECG and X-ray. You will be seen by the urology and anesthesiology teams. You may be asked to purchase equipment necessary for the surgery, eg laser.

III. AFTER THE SURGERY

If you had your surgery under general or spinal anaesthesia:

- You will be taken to a special recovery area and your breathing, pulse, and blood pressure will be checked often.
- Once stable, you may be taken back to the ward.
- The catheter will be removed within 24-48 hours following which you will be able to pass urine normally.
- If open surgery was performed, the urinary catheter may be left for up to 14 days, with a cystogram to be performed before removal of the catheter.
- Sometimes, if a very huge bladder stone was being removed, a suprapubic catheter (SPC) will be inserted for drainage purposes.
- Some burning, frequency of urination and bleeding are common within the first 24-48 hours after catheter removal.

It is not unusual for a plain X-ray of your abdomen to be performed on the day after surgery to confirm that all the stone fragments have been removed.

Intravenous (IV) and/or food

If you are admitted to hospital, you may have an IV in your arm or hand for medication and / or fluids. It is usually taken out within 24 hours when you are able to eat and drink well.

Care of your incision (surgical cut) if open surgery is performed

- There will be a dressing over the incision on your abdomen
- You should gently clean the incision with normal saline (a salt solution) once a day.