

You will be given regular pain medication as there may be pain around the incision site. You may notice some blood in your urine, however, this will clear up with time. You will be informed when your regular medications can be restarted.

b. Unique advice related to the particular surgery

The urinary catheter will be removed 1 to 2 days after the surgery. A uroflow metric study and post-voiding residual urine volume will be measured after CBD removal.

You may be instructed on how to catheterize yourself to dilate the scar periodically for a period after the procedure.

c. Home advice

i. Supervision

You should be able to return to normal daily activities of living soon after the procedure.

ii. Activity

Avoid heavy lifting or straining for 1 week after the surgery. This may precipitate blood in the urine. Do not drive if you are taking narcotic pain medications eg tramadol.

iii. Diet

Fluid intake is encouraged to reduce the risk of infection and bleeding. A diet high in fibre is encouraged to avoid constipation and straining which may precipitate bleeding.

iv. Complications to watch out for at home

If there is fever or large amount of bleeding from the urethra, please seek medical attention at the emergency department.

E. COMMONLY ASKED QUESTION

a. Can urethral stricture recur after optical urethrotomy?

Yes. Recurrence may occur within weeks, months or years after this procedure. The risk of recurrence increases with the initial length of the stricture.

b. What other urinary problems can I experience after this procedure?

Some patients experience urinary incontinence or retention after this procedure. This may be due to prolonged obstruction by the urethral stricture and resultant changes in the urinary bladder muscles.

F. USEFUL CONTACT NUMBERS

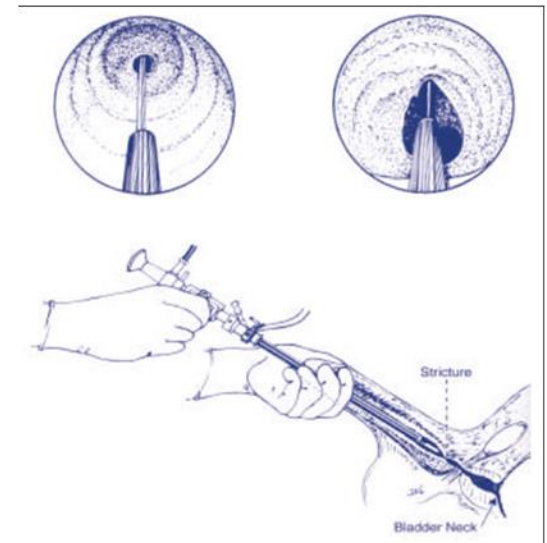
Urology ward (9TD) - 0379494328

Urology daycare - 0379492981

Minor OT (for removal of stent) - 0379492765



URETHROTOMY



A. INFORMATION ON THE SURGERY

1. Introduction to the surgery:

a. What is Optical Urethrotomy?

This is a minimally invasive procedure to open up areas of urethral (urinary outlet channel) narrowing caused by scar tissue.

b. Why need it ?

Urethral stricture (scar tissue which narrows the urethra) which causes difficulty in passing urine.

c. How is the procedure performed?

Under anesthesia, a camera (cystoscope) is passed into the urethra. The point of narrowing is identified, and the scar-like tissue is cut with a knife or laser. A catheter is placed into the urinary bladder at the end of the operation (continuous bladder drainage, CBD).

2. Benefits of the surgery

This procedure is minimally invasive thus resulting in little pain and short duration of hospital stay and recovery time.

3. Risks of surgery

All procedures have a risk of side effects. The risk of infection is reduced with the administration of antibiotics before the surgery.

After the procedure, there will be blood in the urine which usually clears up. However, delayed bleeding with large amounts of blood clots may result in difficulty passing urine or further surgery.

Urethral perforation with subsequent post-operative penile swelling and urine leak if the cutting is too deep. This may need longer catheterization (about 2 weeks) and antibiotic cover. Some men experience erectile dysfunction after instrumentation of the urethra (1-2%).

4. Other options available?

Other options include:

- Regular urethral dilatation (less chance of success and high chance of recurrence).
- Open surgery (more extensive option, needing longer operation time and hospital stay, mainly for extensive and long segment stricture).

B. BEFORE THE SURGERY

1. Pre-admission clinic procedures

a. Details on your health

2 Weeks before the surgery, you will be seen in the pre-operative anesthesiology assessment clinic. Routine Blood tests and investigations like ECG, Chest X ray and other necessary tests and referrals to other teams (like cardiology, endocrine) based on patient's background medical problems to optimize you for surgery.

b. Medications

If you are on blood thinners, instructions will be given on when to withhold or adjust your medication.

2. Preparing for admission

a. Advices 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. Please let us know of any known allergies towards medications.

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.

C. OPERATION

Anesthesia: refer anesthesia leaflet

D. AFTER THE OPERATION

a. Template for post-op care after anesthesia

You will be observed in the recovery area of the operating theater after the surgery. Following this, you will be transferred back to the ward. Once the effects of anesthesia have worn off and you are alert, you may start taking fluids followed by your usual diet.