What to expect after holmium laser enucleation of the prostate (HoLEP)

Information for patients
You are being given this document as you have undergone a holmium laser enucleation of prostate (HoLEP) procedure.

You are being discharged home today. This leaflet provides you with some further information to support you through your recovery and will supplement the British Association of Urological Surgeons (BAUS) information leaflet that you were given during your out-patient appointment.

**How was the surgery performed?**

When you were under general anaesthetic a telescope was inserted through the urethra (water pipe) into the prostate. The enlarged tissue, which was blocking the flow of urine, was removed using a holmium laser and was pushed into the bladder. This tissue was then removed from your bladder. At the end of the procedure a 3-way catheter was inserted. This has been used to ‘irrigate’ the bladder while you were on the recovery unit and upon your return to the day surgery unit.

This irrigation has now been stopped and the team are happy for you to go home. The third channel in the catheter has been ‘spiggoted’, meaning a stopper/cap has been placed over it. The catheter will drain the urine from your bladder into the drainage bag. The nursing staff will show you how to empty the bag before you leave the department. Please make sure you are comfortable doing this and do not be afraid to ask for more help if required.
Once you’re home
During the first 24 hours after your procedure you may feel more sleepy than usual and your judgement may be impaired. Please refrain from driving, making important decisions or signing any legal documents during this time.

You will be encouraged to drink and eat as soon as possible after your operation. Eating early after surgery is safe and you are less likely to feel sick. Keeping hydrated (drinking two to three litres every 24 hours) is important and may help to reduce the chance of developing complications.

It is safe to shower or bathe with the catheter in.

You may find the catheter a little uncomfortable, especially at the tip of the penis. Most patients can tolerate this without too much trouble. It is unusual to have significant pain at the site of the prostate or the bladder. Please use over-the-counter pain relief such as paracetamol or ibuprofen if required. Ibuprofen should not be taken on an empty stomach.

Remember that although HoLEP is a minimally invasive treatment for prostate enlargement, you have undergone a significant operation. You should plan to rest for a week or two after surgery, but you must remain active; regular walking is fine. Do not attempt to do any strenuous exercise or heavy lifting for at least a month. Doing so before your body has fully recovered may cause complications and limit the benefit you will receive from your operation.
Catheter removal
Before leaving the hospital you will be given an appointment for a ‘trial without a catheter’ (TWOC). This is an appointment with one of our specialist nurses who will remove the catheter for you. It is a very quick procedure and should not be painful.

You will then be asked to pass urine into a disposable container so that we can measure the output and keep an eye on the colour. Once you have passed urine three times we will scan your bladder with an ultrasound machine to confirm that it is emptying satisfactorily. This appointment will usually last between two and six hours, so bring a book or newspaper to read. Please be prepared to stay until the nursing staff are happy to discharge you. You can speed up the process by making sure you drink plenty of water from the time you wake up on the day of your TWOC appointment.

Your recovery
It is common for there to be some further bleeding in the urine 10-14 days after your operation. This usually resolves without any intervention being required. Increasing your fluid intake may help this.

Some men experience burning and stinging when they pass urine in the weeks after surgery. This is known as ‘dysuria’ and should settle down over time.

If you also need to urinate more than usual or pass cloudy or foul-smelling urine you may have a urinary tract infection. Please see your GP for a urine test (dipstick and MC&S); they may choose to give you antibiotics.

Many patients who have had a large prostate will experience leakage of urine when they strain (for example when they cough, laugh, sneeze, lift or bend). This is called ‘stress urinary
incontinence’ and in almost all cases this will improve over time. Persevering with pelvic floor exercises, as discussed in clinic, will help you to regain control over this. If you need further information please do not hesitate to contact us using the details below.

Many of the symptoms you may have experienced (urinary frequency, urgency, getting up to pass urine at night) may have been caused by an overactive bladder (a sudden need to pass urine). These symptoms will not improve straight away; in most patients they will settle down within three months. If these symptoms are still troubling you at three months post-surgery we may offer you further investigations or treatments at the time of your follow-up appointment

**What happens to the tissue removed during surgery?**

All tissue removed is sent to the laboratory for review by our histopathology team (a specialist team who review tissue samples) to make sure there is no significant abnormality. We will contact you and your GP within 28 days of your surgery to inform you of these results.

**When will I next see a member of the urology team?**

You will be sent an appointment to see your surgical team around three months after your operation. We will repeat some of the tests you had at your last visit, including an IPSS questionnaire, urine flow tests and post-void bladder scan, to help us to assess the benefits you have received from your operation.
When should I seek medical advice after HoLEP?

If you experience any of the following symptoms you should seek urgent medical advice from your GP or visit the emergency department:

- Significant bleeding (haematuria) – if the urine colour changes to a dark red or if there are large pieces of clot in the catheter tube/bag this may be a sign of significant bleeding from the procedure. Increase the amount of fluid you are consuming. If this doesn’t settle down within a few hours, or if the catheter becomes blocked at any time please return to the emergency department at the Royal Free Hospital in Hampstead.

- Fever – this may be a sign of urinary sepsis and requires urgent attention. Please visit your GP or your nearest emergency department without delay.

- A painful, red, swollen, hot leg or difficulty weight bearing may be caused by a blood clot in the leg.

- Shortness of breath, chest pain or a cough could be a sign of a blood clot in the lungs. If you experience any of these symptoms you need to seek medical advice immediately.

Do you have any further questions?

If you have any further questions or would like additional information, please do not hesitate to ask your nurse or doctor.
Useful contacts
Urology nurse specialists
Tel: 020 7794 0500 extension 32583

Surgeons
Mr Gidon Ellis, consultant urological surgeon
Mr Daniel Cohen, consultant urological surgeon

More information
For more information about the urology service at the Royal Free London visit our website: www.royalfree.nhs.uk/services/services-a-z/urology/

Your feedback
If you have any feedback on this leaflet or for a list of references for it, please email: rf.communications@nhs.net.

Alternative formats
This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please speak to a member of staff.

© Royal Free London NHS Foundation Trust
Service: Urology
Version number: 1
Approval date: July 2019
Review date: July 2021
www.royalfree.nhs.uk