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## HOLMIUM LASER ENUCLEATION PROSTATECTOMY (HOLEP)

*Providing Specialist Care in South Australia & Northern Territory*

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### **What is the Prostate?**

The prostate sits below the bladder and forms the beginning of the urethra (water-pipe). It produces part of the seminal fluid which is important for reproduction. As men age the prostate can enlarge and this can lead to restriction of the urinary flow. It may lead to symptoms including poor stream and incomplete emptying. Other symptoms may include frequency, urgency and getting up at night to void.

### **What is a Holmium Laser Enucleation Prostatectomy (HOLEP)?**

A holmium laser prostatectomy is an operation for men who have problems passing urine because of an enlargement of the prostate gland.

The aim of the laser prostatectomy is to remove the prostate tissue which is causing the blockage, so you get relief of your symptoms. A telescope is passed through the urethra (water-pipe) to visualise the prostate and bladder. A laser fibre is used to cut away the enlarged lobes of prostate tissue. The capsule of the prostate is left intact. The effect of this is to remove the obstructing prostate tissue.

The prostate tissue is then broken into small fragments by a morcellator and removed through the telescope. The tissue removed is sent for review by the pathologist (examined under a microscope).

A catheter is then inserted which drains urine from the bladder. It is usually removed the following day.

An anaesthetic is required for this procedure. This may be a general anaesthetic, but could also be a spinal anaesthetic. Your anaesthetist will discuss the benefits and risks of each of these with you prior to your operation.

### **Preparation for your procedure**

We will provide you with instructions regarding all aspects of preparing for your operation.

- Pre-operative blood and urine tests.
- Details of admission to hospital.
- Information regarding fasting and medications.

### **What to expect afterwards**

The stay in hospital is usually 1 or 2 nights. You will have a catheter in the penis draining urine from the bladder. You may have fluid bags attached and fluid irrigating slowly through. The catheter will usually be removed the following day.

You are usually able to eat and drink what you feel like after the surgery. Pain relief is always available; however, it is not usual to have significant pain after this procedure. A combination of the surgery and the catheter can cause bladder irritation and sometimes bladder spasm.

After removal of the catheter there will most likely still be some blood in the urine. Once we can see that you are passing urine satisfactorily then you are able to go home. You will be given pain relief if required and antibiotics if necessary to take home with you.

## **Complications**

It is important to be aware of the potential risks associated with this surgery including;

### **Infection**

The risk of infection is 2-5%.

### **Bleeding**

Some bleeding after surgery is to be expected but significant bleeding is unlikely.  
The chance of a blood transfusion is <5%.

### **Incontinence**

Incontinence related to urgency (bladder irritability), may be as high as 50% initially, but is around 10% in the long-term. The chance of stress incontinence i.e. leakage with coughing and sneezing is <1%. We sometimes recommend pelvic floor exercises if men are experiencing this difficulty.  
Medications are sometimes offered to help improve the symptoms of urgency.

### **Sexual difficulty**

Between 5 and 10% of men may develop increased sexual difficulty after this surgery.  
In most men erectile function is not affected.

### **Retrograde ejaculation**

Because the bladder neck has been opened, seminal fluid passes freely back into the bladder with ejaculation, rather than passing out the end of the penis. This is not dangerous. It is then passed with urination.

### **Need for further surgery**

About 5-10% of men require a further procedure over the following 5-10 years after laser prostatectomy. Scarring or narrowing can occur along the urethra or in the prostate or bladder neck, or there can be regrowth of prostate tissue over the years.

## **After discharge from hospital**

The blood in the urine may take 2 or 3 weeks to clear completely. You should drink extra fluid over the first week or two after surgery. Drinking 1500mL-2000mL per day is usually satisfactory. Do not drink excessively.

If you do notice an increased amount of blood in the urine, then drink extra water to dilute the urine. Occasionally there is more excessive bleeding, and maybe clots in the urine that make it difficult to pass. If this occurs then please contact our office or present to a hospital emergency department for assessment.

The main benefit should be an improvement in urinary flow. In the first few days to weeks there is likely to be irritative symptoms of frequent voiding and a need to get to the toilet quickly (urgency). There can be some discomfort or burning when passing urine for as long as 6 weeks after the operation. It often resolves more quickly than this and usually gradually diminishes.

If you find it is not improving or becomes worse then you could have an infection. Either contact our office or see your GP to organise a urine test.

You should be able to recommence most of your usual activities shortly after surgery. Please avoid heavy lifting or straining for about 4 weeks after surgery. Sexual activity can be recommended once the bleeding settles.

