OPEN REMOVAL of a LESION FROM the URETHRA or URETHRAL OPENING

Information about your procedure from The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser.

http://rb.gy/fhph4

KEY POINTS

- This procedure involves open removal or sampling of a lesion within your urethra (waterpipe), when other methods are not considered appropriate or suitable
- We usually need to put a catheter into your bladder during the immediate post-operative period

What does this procedure involve?

Open removal of a lesion (abnormal area) from your urethra (waterpipe) or urethral opening. It is usually done only when an endoscopic (telescopic) procedure is not possible or practical

What are the alternatives?

- **Observation** – without any specific treatment
- Endoscopic (telescopic) removal – especially if it is not appropriate to approach the lesion through your urethral opening or by cutting into the wall of your urethra

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

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An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- we normally carry out the procedure under a general anaesthetic
- we may give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we make a small incision (cut) in your penis to remove the abnormal area (e.g. a venereal wart, pictured)
- if you have a very small lesion close to the external meatus (opening), we may be able to destroy it using either electrical cautery or laser energy
- if the abnormal area is more deep-seated (i.e. further back along your penis), we may need to make an incision further back along your urethra
- we use dissolvable stitches throughout which normally disappear after two to three weeks
- if we need to cut into your urethra, we usually put a catheter into your bladder, through your urethra, for a few days

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not.

We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually.

The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

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After-effect	Risk
Need for a catheter to be put into your bladder though your urethra (waterpipe)	Almost all patients
Mild burning or bleeding on passing urine for a short time or after your catheter is removed	Between 1 in 2 & 1 in 10 patients
Infection in your bladder requiring antibiotics	Between 1 in 10 & 1 in 50 patients
Finding cancer or other abnormalities which require further surgical treatment	Between 1 in 10 & 1 in 50 patients
Injury to your urethra resulting in narrowing and delayed scar formation	Between 1 in 10 & 1 in 50 patients
Delayed bleeding due to infection requiring antibiotic treatment	Between 1 in 50 & 1 in 250 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)	Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 &b 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- bladder removal;
- long hospital stays; or

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- multiple hospital admissions.

What can I expect when I get home?

- you will get some swelling and bruising at the excision site which may last several days
- any discomfort or bleeding on passing urine can be helped by increasing the amount of fluid you drink
- simple painkillers such as paracetamol are usually helpful at relieving any discomfort
- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- if you are discharged with a catheter for a few days, we will arrange for it to be removed
- we will arrange a follow-up appointment to review the pathology results on any biopsies taken

General information about surgical procedures

Before your procedure

Please tell a member of the medical 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 (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

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- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery
Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

Driving after surgery
It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);

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- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.

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