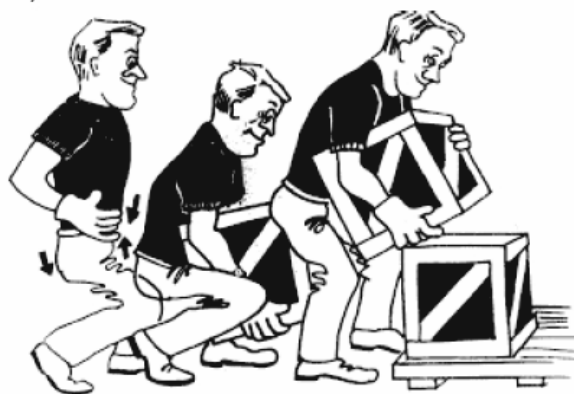


Discharge advice

At home, you should

- ◆ Avoid strenuous physical activity for 4 weeks
- ◆ Avoid becoming constipated
- ◆ Increase the fluid intake (200ml every 2 hours)
- ◆ At times, small amount of blood/clots may be passed in urine for upto 3 weeks, in such cases increase fluid intake
- ◆ Significant improvement in your urine flow is seen after 4-6 weeks of surgery

Avoid lifting heavy object



Dr. Ravish I.R.

MS, MCh. (Urology)
Fellowship in Paediatric Urology (KLEU)
Fellowship in Paediatric Urology (Minnesota, USA)
Consultant Urologist, Laparoscopic,
Endoscopic & Paediatric Urologist
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Complications of surgery

- ◆ Small risk of bleeding / infection - requiring antibiotic treatment or sometimes blood transfusion
- ◆ Retrograde ejaculation-backward flow of semen into bladder on ejaculation. No treatment required as this will not affect your sexual activity
- ◆ Few men may continue to have poor urine flow despite surgery if the bladder is decompensated (poorly functioning bladder)
- ◆ In some men, prostate may regrow in few years requiring further investigation and treatment

Follow-up

- ◆ To visit the urologist 1 week after surgery
- ◆ Biopsy (HPE), report may reveal unexpected prostate cancer resulting in further investigation / treatment

Dr. Ravish I. R. - He did his MBBS & MS (General Surgery) at JSS Medical College Mysore and MCh (Urology) from JNM Medical College Belgaum in the year 2007, followed by Fellowship in Paediatric Urology from KLES, Belgaum and later did his Fellow in Paediatric Urology from University of Minnesota (USA) in the year 2008. He presently has formed a formidable team to deliver the best in Paediatric Urology. He is the Sr. Urologist at Vikram Hospital, Bengaluru which consists a team of Urologist & Nephrologist.

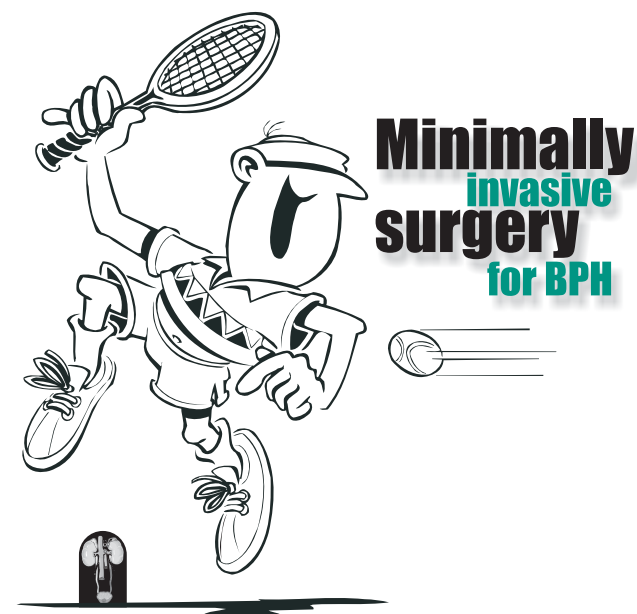
Special Interest in:

- Paediatric Urology
- Laser Urology
- Laparoscopy

not for business solicitation for information only.



BPH



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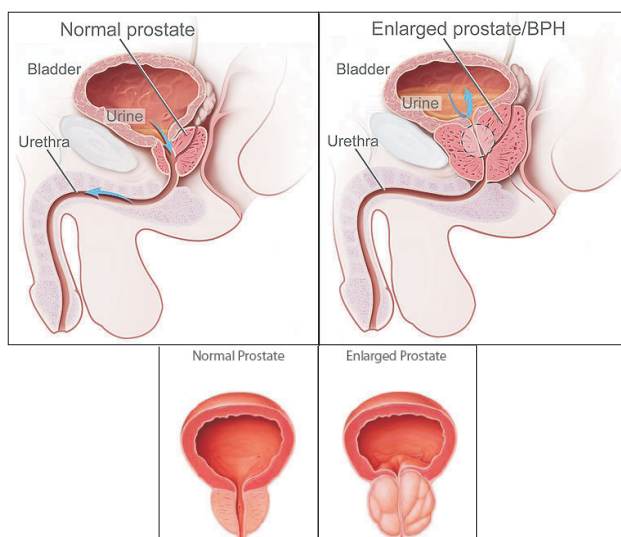
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Minimally invasive surgery for BPH

- ◆ **Laser - HOLEP / HOLAP**
- ◆ **TURP - Bipolar/Conventional**

Prostate

- ◆ Prostate is a small gland wrapped around the urethra between bladder and urethral sphincter
- ◆ Enlarged prostate may compress the urethra making it difficult to empty bladder
- ◆ Examination and investigation will reveal that the urinating difficulty is due to obstruction by prostate
- ◆ After discussion, you and your urologist may decided that prostate surgery is the best option for you



Minimally invasive surgery

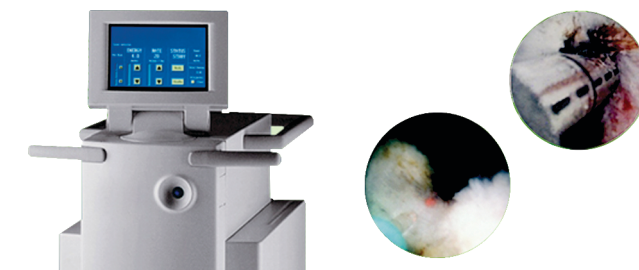
- ◆ Involves endoscopic removal of prostate with a special instrument placed through the penis resulting in improvement in the flow of urine

Options available

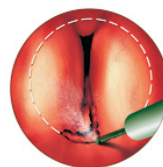
- ◆ **Laser surgery**
 - HOLEP
 - HOLAP
- ◆ **TURP**
 - Bipolar
 - Conventional

1) Holmium laser surgery

- ◆ **HOLAP** (Holmium Laser Ablation of the Prostate)
- Is vapourisation of inner prostate tissue using Holmium laser



- ◆ **HOLEP** (Holmium Laser Enucleation of the Prostate)
- It is enmass removal of the inner prostate tissue using holmium laser with a special instrument placed through the penis

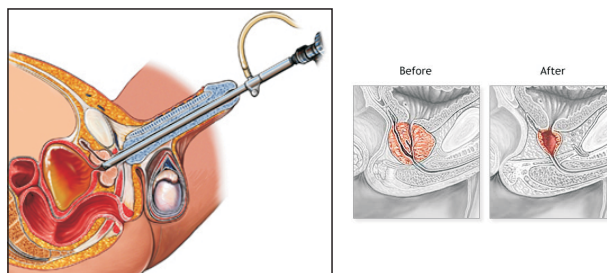


- ◆ **Advantages of laser surgery**
 - Minimal bleeding during surgery
 - Shorter hospital stay (1-2 days)
 - Anti coagulant drugs need not be stopped (asprin / clopidogrel)
- ◆ **Usually recommended in**
 - Elderly patient
 - Cardiac patients with stents
 - Patient on blood thinning agents (asprin/clopidogrel)
 - Renal failure patient

2) TURP (Transurethral Resection of Prostate)

Is coring out the inner prostate with a special instrument placed through the penis

- ◆ **BIPOLAR TURP**
Is a new technology which prevents most of the complications of convention TURP



Before surgery

- ◆ You will be asked to admit in the hospital on the day of surgery and follow the given instructions
- ◆ An anesthesiologist will meet you pre-operatively to discuss the best way to keep you comfortable during surgery
- ◆ You will be asked not to eat or drink anything for a number of hours before surgery
- ◆ Bleeding risk is increased in persons on blood thinning agents like asprin / clopidogrel

Please give these details to the doctor, if any, these drugs are normally stopped prior to surgery

Surgery

Is performed either through

- ◆ Spinal anaesthesia - below waist anaesthesia by inserting a needle in the back
- ◆ General anaesthesia - putting you to sleep
- ◆ Operation is carried out with a special instrument - Laser Cystoscope / resectoscope passing through the penis. no skin incision is required
- ◆ The obstructing part of prostate is removed/vapourised (thus allowing the urine to flow more freely, the bladder to empty more completely)
- ◆ A catheter tube is passed through your penis into bladder at the end of operation
- ◆ A water solution is used to wash out any blood from the bladder
- ◆ The prostate tissue removed is sent for HPE (Biopsy)

After surgery

- ◆ You will be kept in recovery room for couple of hours until it is safe to return to your room
- ◆ You will be allowed to eat/drink 3-4 hours after surgery
- ◆ The catheter is usually removed in 1-2 day, once the drainage is clear
- ◆ Catheter tube in bladder may cause mild discomfort which can be controlled with medication
- ◆ You will be discharged 1-3 days after surgery once you urinate satisfactorily. Some men are sent home with catheter which will be removed on OPD basis in a few days
- ◆ After catheter removal, you may have difficulty in controlling your urination, have urgency, while passing urine. These discomforts improves in few weeks