

Procedure Information Sheet – Transurethral Cystolithotripsy

Hosp No. : HKID No.:

Case No. :

Name : M/F

Adm Date : Contact No.:

1. Introduction

- 1.1. Bladder stones are hard lumps of mineral that can form inside the bladder when the urine is not completely emptied.
- 1.2. Bladder stone is mostly affected the patients at age 50 or older especially for men because they have benign prostate hyperplasia, which is causing abnormal urine flow and urinary retention

2. Indication

2.1. Transurethral Cystolithotripsy is used for the treatment for managing bladder stone.

3. Operative Procedures

- 3.1. Transurethral Cystolithtripsy is performed under general anesthesia.
- 3.2. The cystoscope is inserted through the urethra into the bladder.
- 3.3. The bladder stone is fragmented into multiple small pieces by laser, the small pieces of bladder stone irrigated and removed from the bladder.
- 3.4. The urinary catheter is placed in the bladder after the surgery to ensure the proper drainage of urine.

4. Preparation Before the Operation

- 4.1. Patient will keep fasting for 6-8 hours before operation as instructed by doctor.
- 4.2. Your doctor will discuss the operation in details before signing the consent.
- 4.3. Inform your doctor if you are pregnant.
- 4.4. Inform your doctor of any medical condition (for example diabetes, heart diseases, high blood pressure, etc.) and any medications you are currently taking.
- 4.5. Anti-coagulants like Plavix, aspirin may need to stop 5 days before the operation.
- 4.6. Your doctor will prescribe a dose of antibiotic injection before the operation to prevent infection.

5. Risk and Complications

General:

- 5.1. Hematuria
- 5.2. Urinary tract infection
- 5.3. Dysuria

Specific:

- 5.4. Urethral injury
- 5.5. Urethral stricture
- 5.6. Bladder spasm

Rare:

5.7. Bladder perforation

6. Post-Operative Care After Operation

- 6.1. **Foods and Drink**: Patients resume diets after few hours of operation. However, for those patients cannot eat well after surgery, intravenous fluid will be given in order to maintain nutrients and hydration.
- 6.2. **Urinary Catheter**: A urinary catheter, from urethra to urinary bladder, is placed for 2-3 days after surgery. The urinary catheter is removed before the discharge.
- 6.3. **Wound Pain Control**: it is normally to feel uncomfortable or painful in the early days after the operation. Pain can be controlled by oral, intramuscular or intravenous pain killers medications after surgery.
- 6.4. **Medications:** The patients will be discharged with analgesic as prescribed by doctor to relieve of urinary tract discomfort.
- 6.5. **Ambulation**: patients are encouraged to ambulate after the surgery. Vigorous exercise should be avoid.



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7. Follow Up

7.1. Patient will follow up as scheduled after operation. If serious events develop after discharge, patient should contact your doctor in-charge or go to the nearest Accident and Emergency Department.

8. Remark

8.1. This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.

9. References

- 9.1. Cystoscopic Laser Lithotripsy and Stone extraction.
- 9.2. Percutaneous Versus Transurethral Cystolithotripsy, Feb 2009, Journal of Endourology.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature:	
Patient/ Relative Name:	
Date:	

