Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Holmium Laser Enucleation of the Prostate (HOLEP)

1. Introduction

1.1. HOLEP is an effective minimally invasive option for treating moderate-to-severe lower urinary tract symptoms secondary to benign prostatic obstruction in patients with large prostates. HOLEP achieves similar short- and mid-term efficacy to open prostatectomy but it has a more favorable peri-operative safety profile compared with open prostatectomy.

1.2. It makes use of the holium laser that is a pulsed solid-state laser that can be absorbed by water and water-containing tissues. Tissue coagulation and necrosis are limited to 3-4 mm that is enough to obtain adequate hemostasis.

2. The Procedure

2.1. A procedure under general anesthesia or spinal anesthesia.

2.2. No incision is made for this operation. It is performed through the urethra with a resectoscope.

2.3. During the operation, continuous irrigation of the prostatic bed and bladder is required in order to provide a good view for enucleation of the prostate. Using normal saline irrigation, it eliminates the risk of transurethral resection syndromes.

2.4. A urinary catheter will be inserted to drain and irrigate the bladder.

3. Possible Risk and Complications

3.1. Complication of general anesthesia

3.2. Injury adjacent organs including perforation of bladder or injury of urethra or rectum (< 1%)

3.3. Retrograde ejaculation (68%)

3.4. Urinary infection (0-22 %)

3.5. Prostatic bleeding requiring transfusion (0-14 %)

3.6. Clot retention (0-39 %)

3.7. Fail to void (0-13 %)

3.8. Urethral stricture (5-19%)

3.9. Erectile dysfunction (15.7%)

4. Preparation before the procedure

4.1. Patient will be asked not to eat or drink for 6-8 hours (or instructed by Doctor) before operation.

4.2. Inform your doctor of any medical condition (for example diabetes, heart diseases, high blood pressure, etc.) and any medications you are currently taking.

4.3. Some drugs including anticoagulant may need to stop before operation as prescribed by doctor.

5. After the procedure

5.1. Patient should bed rest on the first day after operation.

5.2. The catheter in the bladder for irrigation will be removed 2 to 3 days after the operation if hematuria improves.

5.3. There will be mild pain or red urine during the first week after operation. The pain and hematuria will be controlled with medicine and drink 8 glasses of water if no contraindication.

5.4. Frequency, urgency and mild incontinence are common after transurethral surgery.

5.5. Eat foods high in fiber and roughage to prevent constipation.

5.6. Do not do vigorous exercise for at least 6 weeks.

5.7. Avoid sexual intercourse for at least 4 - 6 weeks.

5.8. Continue to take all prescribed medications but check with your doctor before taking anticoagulant like blood thinners or aspirin.

5.9. Can usually go back to work 2-6 weeks after your surgery depending on your job nature.

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6. Follow up

6.1. Follow up as scheduled

6.2. If serious events develop after discharge, patient should contact your doctor in-charge or go to nearest Accident and Emergency Department.

7. Remarks

7.1. 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.

8. References

8.1. Hospital Authority. Smart Patient Website.

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: _____