

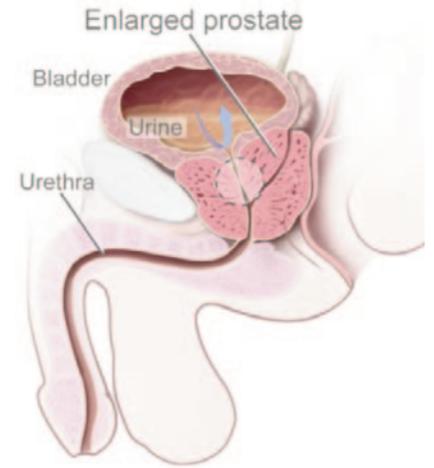
Patient Information to be retained by patient

Holmium laser enucleation of the prostate (HoLEP)

 affix patient label

What does this procedure involve?

Your prostate gland sits around your urethra (waterpipe) as it leaves the bladder and, when it enlarges, it can press on the urethra and block the flow of urine. The procedure involves telescopic 'shelling out' of the central part of the prostate using a laser to create a wide channel which allows urine to flow more easily. We usually insert a temporary bladder catheter at the end of the operation.



Are there any alternatives?

- Conservative treatment – restricting your fluid or caffeine intake to improve your urinary symptoms and help you avoid surgery.
- Drug treatment – using either finasteride (to shrink your prostate) or drugs which relax the muscles in the prostate (eg tamsulosin) to improve urine flow.
- Transurethral resection of the prostate (TURP) – removing the central, obstructing part of your prostate with electric current, using a telescope passed along your urethra or other surgical procedures.
- Catheterisation – either intermittent self-catheterisation or permanent catheterisation.

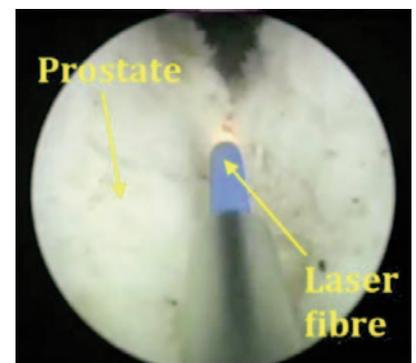
How do I prepare for it?

You will usually be admitted to hospital on the same day as your surgery. You will usually receive an appointment for a 'pre-assessment' to assess your general fitness, to screen you for MRSA and to do some baseline investigations. You must not eat or drink for six hours before surgery.

When you are admitted to hospital, you will be seen by the surgeon performing the operation, and will be asked to complete and sign the consent form. This gives permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Please feel free to discuss any concerns and ask questions prior to signing.

What does it involve?

1. This procedure requires a general anaesthetic so you will be asleep throughout.
2. You will usually be given injectable antibiotics before the procedure, after checking for any allergies.
3. We put a telescope into your bladder through your urethra (waterpipe) and use a laser fibre (pictured) to cut away pieces of prostate tissue which are then flushed into the bladder.
4. We morcellate (chop up) and suck out the pieces of prostate, using a special instrument passed into your bladder. We send the prostate fragments for pathology analysis.
5. Once the prostate tissue has been removed, we carefully laser any bleeding points in the cavity left by the surgery and then we put a catheter into your bladder at the end of the procedure.
6. We normally use bladder irrigation through the catheter to flush through any clots or bleeding.



On average, the procedure takes one to three hours to complete, depending on the size of your prostate. You can expect to be in hospital for one to three nights.

What happens afterwards?

We usually remove your bladder catheter on the first or second day. You may find it painful to pass urine at first and it may come more frequently than normal. Tablets or injections can help with this, and it usually improves within a few days.

The laser technique removes a lot of tissue so you may find your control is not perfect at first. This improves as your pelvic floor muscles recover from the surgery.

Your urine may turn bloody for 24 to 48 hours after removal of your catheter and some patients cannot pass urine at this stage. If this happens, we put in another catheter and allow any swelling and bleeding to settle before removal.

Are there any risks or complications?

As with all procedures, there are risks from having this procedure. You should be reassured that, although these complications are well recognised, the majority of patients do not suffer any significant problems after this procedure. 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 – please ask your surgeon's advice about the risks and their impact on you as an individual.

Common (greater than 1 in 10)

- Temporary burning and stinging, bleeding or frequent urination when you pass urine (which may last for 5 to 7 days) (Almost all patients).
- Retrograde ejaculation – this means no semen is produced because it passes back into your bladder on ejaculation (90%).
- Continuing blood in the urine for several days (up to 50%).

Occasional (between 1 in 10 and 1 in 50)

- Loss of urinary control – this may be temporary or permanent.

Rare (less than 1 in 50)

- Treatment may not relieve all of your symptoms.
- Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death) (up to 2%, (your anaesthetist can estimate your individual risk).
- Bleeding requiring blood transfusion or re-operation.
- Injury to the urethra which may cause narrowing, this could require further surgery.

Hospital-acquired infection

Your risk of getting an infection in hospital is approximately 8 in 100 (8%); this includes getting MRSA or a Clostridium difficile bowel infection. This figure is higher if you are in a 'high-risk' group of patients, for example if you have had:

- long-term drainage tubes (eg catheters)
- bladder removal
- long hospital stays, or
- multiple hospital admissions.

What happens when I am discharged?

When you are discharged from hospital:

- 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 and dispensed from the hospital pharmacy.

What can I expect when I get home?

When you get home, you should drink twice as much fluid as you would normally for the first 24 to 48 hours, to flush your system through and reduce the risk of infection. When you first pass urine, you may find that it burns and is lightly bloodstained.

Other symptoms you may experience include:

- one patient in five (20%) gets some bleeding 10 to 14 days after getting home, due to scabs separating from the cavity of the prostate. If this happens, you should increase your drinking. If it does not settle, contact your GP who will prescribe antibiotics for you
- if you have severe bleeding, pass blood clots or have sudden difficulty passing urine, contact your GP immediately – you may need readmission as an emergency
- you will usually get some pelvic discomfort for a few days, which can be relieved by simple painkillers such as paracetamol.

Some loss of control is common in the early days, so it is helpful to start pelvic floor exercises as soon as possible; these can improve your control when you get home. Further information on these exercises is available on the website listed at the end of this leaflet, or contact your urology Specialist Nurse. The symptoms of an overactive bladder (frequent and urgent urination) can take up to three months to settle, whereas the flow of urine is usually improved immediately.

What should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, contact your GP immediately.

When will I get my results?

It will be 14 to 21 days before the final biopsy results on the tissue removed are available. You and your GP will be informed of the results once they have been reviewed.

When can I resume normal activities?

You will usually need two to three weeks at home before you feel ready for work. We recommend three to four weeks' rest before you go back to work, especially if your job is physically demanding. Avoid any heavy lifting during the recovery period. You may return to work when you are comfortable enough and when your GP is satisfied with your progress.

Will I need any follow up?

Your follow up plan will be outlined before your discharge from hospital and may or may not involve an outpatient clinic appointment.

Any questions?

Further information and a video of HoLEP are available on the BAUS website, or follow this link:

https://www.baus.org.uk/patients/information_leaflets/177/holmium_laser_enucleation_of_prostate_holep

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS number:

Name of patient:

Address: *AFFIX PATIENT LABEL*

Date of birth:

CR number:

Holmium laser enucleation of the prostate (HoLEP)

A procedure to remove the central part of the prostate using a laser

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To shell out the prostate and send samples for diagnostic tests.*

Significant, unavoidable or frequently occurring risks:

- *Cystitis symptoms, retrograde ejaculation, loss of urinary control, blood in the urine, urine infection, catheterisation, bleeding.*

Uncommon but more serious risks:

- *Anaesthetic risks.*

Rare but serious risks:

- *Blood loss requiring transfusion*
- *Damage to bladder during morcellation.*

Any extra procedures which may become necessary during the procedure:

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Holmium laser enucleation of the prostate (HoLEP) (CHA4298) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Holmium laser enucleation of the prostate (HoLEP) (CHA4298) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Holmium laser enucleation of the prostate (HoLEP)

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

A procedure to remove the central part of the prostate using a laser

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To shell out the prostate and send samples for diagnostic tests.*

Significant, unavoidable or frequently occurring risks:

- *Cystitis symptoms, retrograde ejaculation, loss of urinary control, blood in the urine, urine infection, catheterisation, bleeding.*

Uncommon but more serious risks:

- *Anaesthetic risks.*

Rare but serious risks:

- *Blood loss requiring transfusion*
- *Damage to bladder during morcellation.*

Any extra procedures which may become necessary during the procedure:

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Holmium laser enucleation of the prostate (HoLEP) (CHA4298) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Holmium laser enucleation of the prostate (HoLEP) (CHA4298) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____