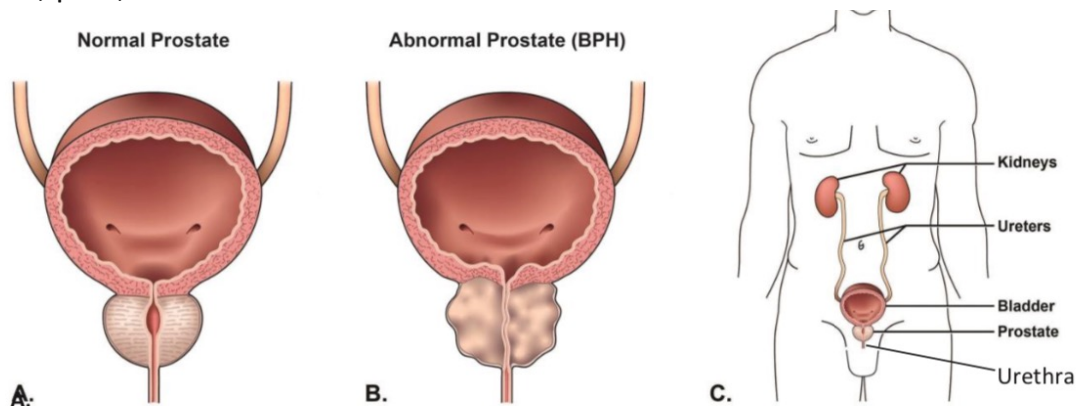


Laser Enucleation of the Prostate

Patient Guide

Benign Prostatic Hyperplasia (BPH)

Your prostate is a walnut-sized gland. It surrounds the urethra just below the bladder (Figures 1A, 1C). When you have BPH, your prostate is larger than usual (Figure 1B), which can block the flow of urine. This can cause a constellation of symptoms such as (1) a slow stream, (2) difficulty starting a stream, (3) straining, and (4) urinary retention, among others. For many men, such symptoms can significantly impact their quality of life, causing discomfort, pain, and even embarrassment.



Before Surgery

- At your clinic visit, your surgeon will review with you (1) your anatomy, (2) prostate size, (3) surgical options, and (4) risks and benefits of the procedure.
- Up to 6 weeks before your procedure, your surgeon will collect a urine culture to ensure there is no UTI. If so, he/she will prescribe an antibiotic to start within the week prior to surgery.
- If you take any blood thinners (ie: Xarelto, Eliquis, Aspirin), please discuss with your surgeon prior.
- The hospital will call you 1-2 days prior to surgery to confirm arrival time and location.
- No eating or drinking after midnight prior to your procedure unless otherwise instructed.
- Your surgeon will meet you in the pre-operative area before surgery and review consent.

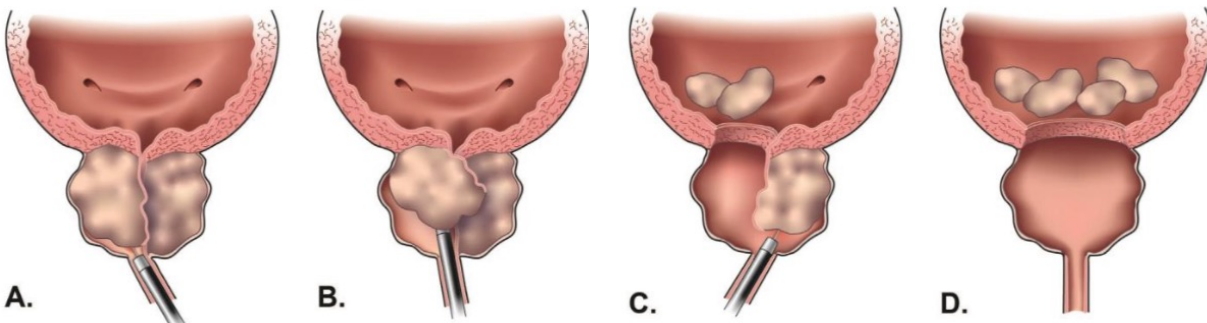


Laser Enucleation of the Prostate (2)

Patient Guide

Procedure

- A **laser enucleation of the prostate (HoLEP or ThuLEP)** is the removal of prostatic tissue through a thin, tube-like instrument inserted through your penis. A laser is used to core out the prostate, leaving the outer shell intact.



During Surgery

- Your procedure requires 2-4 hours of general anesthesia depending on the size of your prostate. There will be no incisions.
- You will have a catheter draining your bladder that can be removed generally 1-3 days after surgery. If you had a catheter prior to surgery, it may stay in longer.
- The prostate tissue removed will be sent to pathology for review.

After Surgery

- You may experience (1) pain with urination, (2) blood in the urine, (3) bladder spasms, (4) urine leakage (incontinence) for 1-2 weeks. **This is all normal!**
- Your doctor may prescribe:
 - ✓ **Phenazopyridine:** to help with pain with urination. Turns urine orange.
 - ✓ **Pain medication (ie: Tramadol):** to help with generalized pain
 - ✓ **Antibiotics:** to prevent a urinary tract infection



Laser Enucleation of the Prostate (3)

Patient Guide

Pain	You may experience some pain postoperatively. You can take Tylenol 650mg every 6 hours and alternate with ibuprofen 200mg with food (depending on your kidney function). You will also be given pain meds.
Activity	Week 1: Rest and do little activity to allow for healing. No lifting >10 pounds Week 2: Limit activity to half of what you normally do Week 3: You may return to your regular activities as able No biking, horseback riding, motorcycle riding for 1 month
Retrograde Ejaculation	This means that ejaculate (semen) does not come out of the penis during orgasm. You will have retrograde ejaculation after your surgery. Your erections and orgasms will feel the same. Unfortunately, this is an irreversible effect of this surgery.
Pelvic floor exercises	Due to BPH, your pelvic floor muscles can be weak, causing incontinence or overactive bladder after surgery. Kegel exercises are simple squeeze-and-relax exercises that can strengthen your pelvic floor muscles. Many men find that routinely doing their pelvic floor exercises helps with incontinence. Try to perform 30 Kegels/day.
Diet	Resume diet upon discharge. No restrictions.
Driving	May resume driving day after surgery once catheter is removed if not taking pain medications.
School/Work	May return to work/school one week after surgery.
Intercourse	Please refrain from intercourse for two weeks.
Expectations	Pain with urination & blood in urine should improve up to two weeks after surgery. Incontinence should improve within one month.
When to call	If you develop fever >101F, inability to urinate, foul-smelling urine please call your urologist.