

BLADDER NECK INCISION

Patient information Sheet

Reason for doing Bladder Neck Incision

Bladder Neck Incision is performed on individuals, who are having difficulty passing urine due to obstruction from a tight bladder neck or enlargement of the prostate. After the operation the urinary flow is stronger, the bladder's capacity will be greater.

What occurs during the operation

Bladder neck incision is performed under general or spinal anesthetic and takes 20 – 30 minutes. A telescope is introduced through the penis; no cut is made on the skin. An electrical knife incises the bladder neck and the prostate. Usually no tissue is removed.

What to expect post operatively

- After the operation a catheter is left in place, to drain away the urine. Irrigating fluid will be run through the catheter to clear away the blood and the clots from the site of the operation. The irrigation will continue until the bleeding settles, usually within 24 hrs.
- The catheter is removed after 1 day and most men are able to pass urine.
- It is important to drink plenty of fluids to help flush the blood and or clots from the bladder.
- The time in hospital is usually 24 hours after surgery.

Potential complications of Bladder Neck Incision

- Retrograde ejaculation - This means that with orgasm no seminal fluid comes out. Although a normal ejaculation is taking place the semen enters the bladder instead. Usually the bladder neck directs the seminal fluid down the urethra during ejaculation. After a bladder neck incision the ejaculate (semen) goes into the bladder and is washed out with the urine. This occurs in most people with this operation and is to be expected.
- Bleeding – Occurs to some extent in all patients, less than 1% have bleeding requiring a blood transfusion.
- Infection – Is uncommon 1-3 % however can occur after leaving hospital with, cloudy smelly urine and pain passing urine.
- Impotence – Rarely occurs as a result of this operation.
- Scarring of the urethra - Any telescopic examination can be associated with urethral trauma. The risk of this is very low.
- Incontinence - Uncommon at less than 0.5% although after relief of obstruction sometimes urgency may be increased. If this occurs it almost always settles.

After Going home

- Complete healing will take up to 4-6 weeks. It is important to keep up a good fluid intake.
- It is important not to over- exert during the recovery phase, as bleeding may reoccur. This includes heavy lifting, gardening, golf and other strenuous activities, including driving in heavy traffic.
- Avoid constipation, as straining may cause bleeding from the healing incision. A mild laxative may be necessary.
- Sexual activity may be resumed once full healing has occurred in 4-6 weeks.

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