

Holmium Laser Enucleation of the Prostate (HoLEP)

Holmium Laser Enucleation of the prostate, HoLEP is the telescopic removal of obstructing prostate tissue using a laser and temporary insertion of a catheter.

Reason for doing HoLEP

- Blockage of the prostate can occur with ageing and influence of male hormones, it is often benign (BPH). Occasionally the operation is done to improve urine flow in prostate cancer. Complications of BPH itself include bladder overactivity, recurrent urine infection, bladder stones and blood appearing in the urine.

What occurs during the operation

- HoLEP is performed under a general or spinal anaesthetic and takes 1-2 hours.
- A telescopic instrument is inserted through the urine passage (urethra), a laser is used to gently separate the obstructing prostate tissue from its surrounding capsule and to push it in large chunks into the bladder. An instrument is then used through the telescope to remove the prostate tissue from the bladder. A catheter is normally left to drain the bladder at the end of the procedure.

Potential Complications of HoLEP

- There is a risk of bleeding, mild burning, mild urethral scarring and frequency of urination.
- After HoLEP, potency is not usually affected (the ability to maintain an erection)
- Fertility WILL be affected, because the ejaculate containing the sperm passes back into the bladder at climax rather than being expelled. This is called retrograde ejaculation. The sensation of orgasm should not be altered.
- Loss of urinary control (incontinence) usually resolves within 6 weeks and can usually be improved with pelvic floor exercises, sometimes medications and rarely with corrective surgery.
- Retained tissue fragments floating in the bladder may require a second telescopic procedure for their removal. (rare)

What to expect post operatively

- After the operation, a catheter will be draining the urine away. This may have some blood in it, sometimes, irrigating clear fluid will be running through the catheter to clear away blood and clots from the site of the operation, this normally clears within 12 hours.
- Once the catheter has been removed, (usually the next day) it is important to drink plenty of fluids to help flush the blood and or clots from the bladder.
- Once the catheter has been removed most men are able to pass urine. There may be some initial discomfort due to the healing site and this could be accompanied with the need to urinate more frequently these symptoms will settle in a few days. Also, when the catheter is 1st removed, the urge to urinate can be quite strong but this usually settles in a few days.
Some of your symptoms of frequency, may not improve for several months because this is often due to bladder over activity, which takes time to resolve after prostate surgery. The bladder overactivity is a muscle problem due to the obstructed prostate. If the obstruction is not relieved this secondary bladder problem tends to progress and be more irreversible.

After Discharge

- Occasionally blood may be seen in the urine, it is important to increase the fluid intake until this disappears. If it persists, contact your Doctor immediately.
- **It is important not to over exert or strain for 2 weeks post-operatively as bleeding in your urine may re-occur. This includes heavy lifting, gardening, golf and other strenuous activities, including driving in heavy traffic**
- Avoid constipation. Straining may cause bleeding from the healing prostate. A mild laxative may be necessary, if this is likely to be a problem.
- Sexual activity may be resumed once full healing of the prostate has occurred – after your first post-operative visit at 4 weeks.