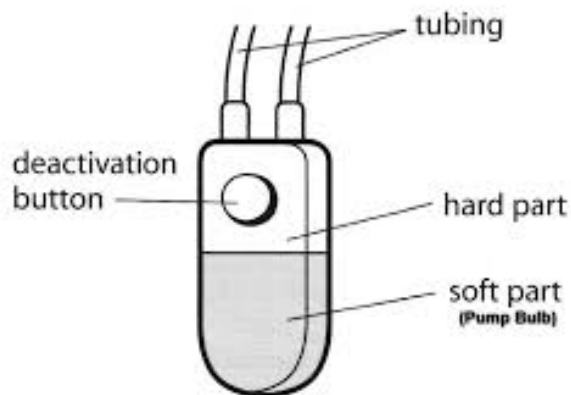


What next?

- Patients will be discharged as soon as they are comfortable.
- Activation of the cuff will be made in 6 weeks.
- Patients may initially suffer with incontinence but this will improve when the cuff is activated the next 6 weeks.
- Initial period of pelvic pain is expected.
- There may be some blood in the urine. This can be remedied by drinking plenty of fluids until it clears.
- On discharge a prescription may be issued for patients to collect.
- Patients are to schedule a follow-up appointment in 6 weeks.
- Please direct all queries to Dr Schoeman's rooms.
- **PLEASE CONTACT THE HOSPITAL DIRECT WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**



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Urologist



Dr Jo Schoeman
Specialist Urologist

**PATIENT
INFORMATION
BROCHURE**

***ARTIFICIAL
URINARY MALE
SPHINCTER***

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Patient well-being is my first priority!

Artificial Urinary Male Sphincter

Why is it done?

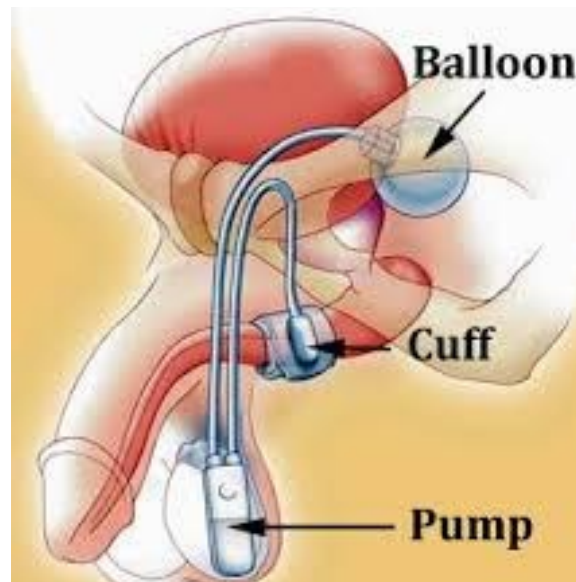
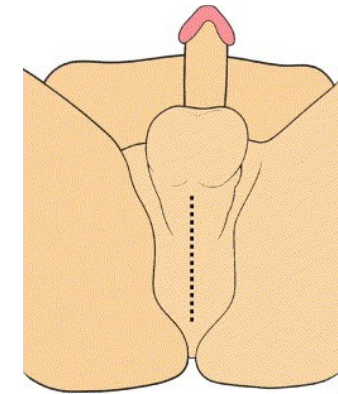
- Male Incontinence
- Usually after a TURP/TUVP, Radical Prostatectomy in 2% of cases as prescribed complication of surgery

Pre-requirements

- An informed consent is required from the patient and a pre-admission clinic will be arranged.
- Patients may not eat or drink from midnight the previous evening.
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this at the pre-admission clinic as well as to theatre staff and Dr Schoeman.**
- Any anti-coagulants such as Warfarin or Aspirin must be stopped 7 days prior to surgery. This may be replaced by once daily Clexane injections.
- Pre-operative blood tests are required 4 days prior to surgery.
- Patients with cardiac illnesses require a cardiologist/ physician report.
- A chest X-ray is required for patients with lung disease.
- Be prepared for an overnight stay.

How is it done?

- This procedure is done under a spinal / general anaesthetic, as decided by the anaesthetist.
- The legs will be elevated into the lithotomy position.
- A 7cm incision is made on the perineum (space between scrotum and anus). Or penoscrotal junction
- The silicone inflatable cuff is placed around the upper end of the corpora cavernosa of the penis.
- The reservoir is placed behind the pubic bone
- The access port is placed in the scrotum
- The cuff will only be activated 6 weeks after the surgery
- The wounds are closed with dissolvable sutures and/or skin glue.
- A local anaesthetic is given for pain relief.
- A urinary catheter is placed for 24hrs.
- The catheter will be removed early the next morning..
- Prophylactic antibiotics will be given to prevent infection.



What to expect after the procedure?

- Any anaesthetic has its risks and the anaesthetist will explain all such risks.
- Complications: hemorrhaging, requiring blood transfusion <1%;
- Patients will wake up with a catheter in the urethra and bladder. This will remain in the bladder for 24 hrs.
- Pelvic pain for 10-14 days may occur, making it difficult to sit.
- You will be incontinent until the cuff is activated
- This may be less effective in irradiated patients
- NB! Each person is unique and for this reason symptoms may vary!