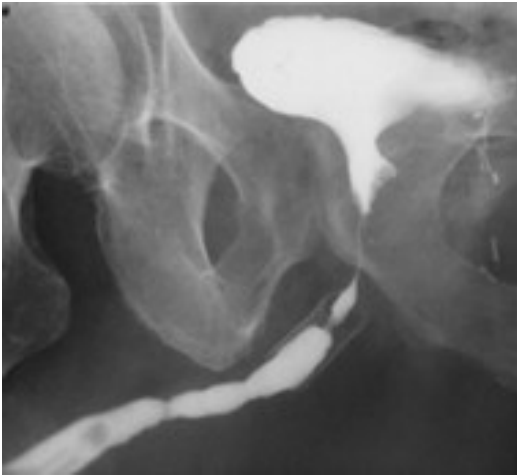
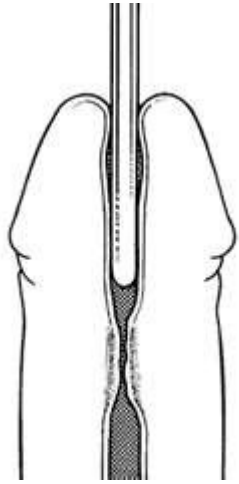




Caveat

- THIS IS NOT A CURATIVE PROCEDURE
- There is a higher than 70% recurrence rate
- Can reoccur as early as 4 weeks following surgery
- This requires immediate attention!

Jo Schoeman
FRACS, FCS (Urol) SA, MBChB

The Wesley Hospital
Suite 46 Level 4
The Wesley Medical Centre
24 Chasely Street
AUCHENFLOWER QLD 4066

Ph: 07)3371-7288
Fax: 07) 3870-5350
E-mail: jo@urojo.com.au
Emerg: 0403 044 072

www.drjoschoeman.com.au

Urologist



Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

LASER URETHROTOMY

See this live on:
vidscrip.com/urojo

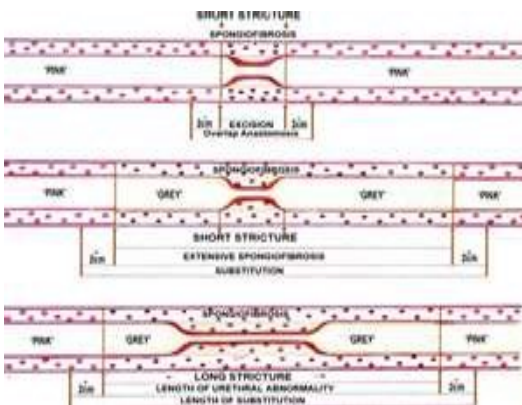
Patient well-being is my first priority!

Optic Urethrotomy



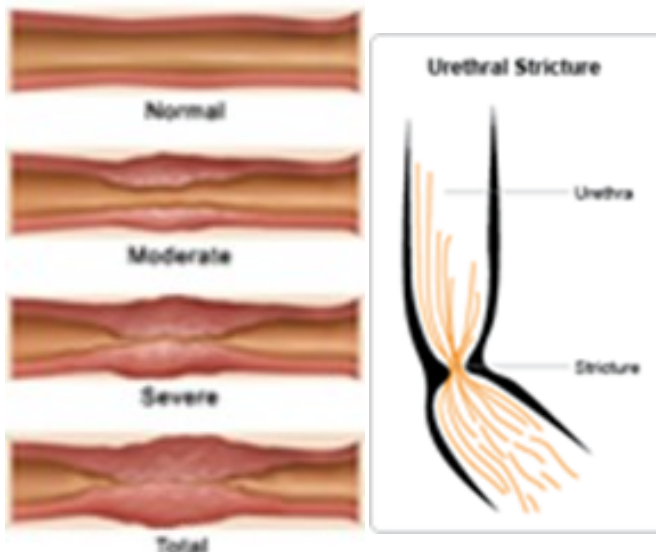
Why is it done?

- To treat a narrowing in the urethra which has formed due to previous damage/injury to the urethra.
- Causes: after bypass surgery where a drop in blood pressure has caused an area of low blood supply to the urethra; trauma to the urethra (pelvic fractures/ urethral instrumentation); and sexually transmitted diseases.
- The procedure entails cutting the stricture with a laser
- It also prevents eventual kidney damage/failure.



Pre-requirements

- An informed consent is required from the patient and a pre-admission clinic appointment 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 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.
- Patients with cardiac illnesses require a cardiologist/physician's report.
- A chest X-ray is required for patients with lung disease.
- Pre-Op blood tests are required 4 days prior to surgery.
- Be prepared for an overnight stay.



How is it done?

- Patients will receive a general anaesthetic.
- A urethroscopy is performed by placing a camera in the urethra, with the help of a lubricant jelly and an irrigant fluid, to identify the stricture.
- A cold knife is then used to cut the stricture open.
- The inside of the bladder is viewed for pathology.
- If any suspicious lesions are seen, a biopsy will be taken.
- Prophylactic antibiotics may be given to prevent infection.

What next?

- Patients will spend the night in hospital.
- Patients will be sent home with a catheter for 3 days after receiving thorough catheter care Instructions.
- Arrangements will be made to remove the catheter on day 3.
- 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 should schedule a follow-up appointment with Dr Schoeman within 4 weeks.
- Should patients have any problems with urination, please contact the rooms for an earlier appointment.
- PLEASE CONTACT THE HOSPITAL WITH ANY POST-OPERATIVE CONCERNS AND RETURN TO THE HOSPITAL IMMEDIATELY SHOULD THERE BE ANY SIGNS OF SEPSIS.**