

## What next?

- You will spend 1 –2 nights in hospital.
- You will have a trial without catheter the next day
- You will be discharged as soon as you can completely empty your bladder.
- You may initially suffer from urge incontinence and dysuria (irritable voiding) and will improve within the next 6 weeks.
- Allow for 6 weeks for stabilization of symptoms.
- There may be some blood in your urine. You can remedy this by drinking plenty of fluids until it clears.
- A ward prescription will be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 6 weeks. Remember there is no pathology due to vaporization.
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**

## Side-effects

- Retrograde ejaculation in more than 90% of patients. Therefore if you have not completed your family, this procedure is not for you unless absolutely necessary.
- Infertility as a result of the retrograde ejaculation.
- Stress incontinence especially in the elderly and the diabetic patients
- Patients with Multiple Sclerosis, Strokes and Parkinsons have a higher risk of incontinence and risks should be discussed and accepted prior to surgery.
- Urethral stricturing in 2-3% of patients, requiring intermittent self dilatation.
- Regrowth of prostate lobes within 3-5 years requiring a second procedure.
- NB! Each person is unique and for this reason symptoms vary!

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# Urologist



**Dr Jo Schoeman**  
Specialist Urologist

## PATIENT INFORMATION BROCHURE

## *TRANS URETHRAL PLASMA VAPORISATION OF PROSTATE*

TURIS/  
BUTTON

See this live on:  
[vidscrip.com/urojo](http://vidscrip.com/urojo)

Patient well-being is my first priority!

## **Laser Trans Urethral Plasma Vaporization of Prostate TURIS**

### **Why is it done?**

Endoscopic vaporization of a benign enlarged prostate, using laser.

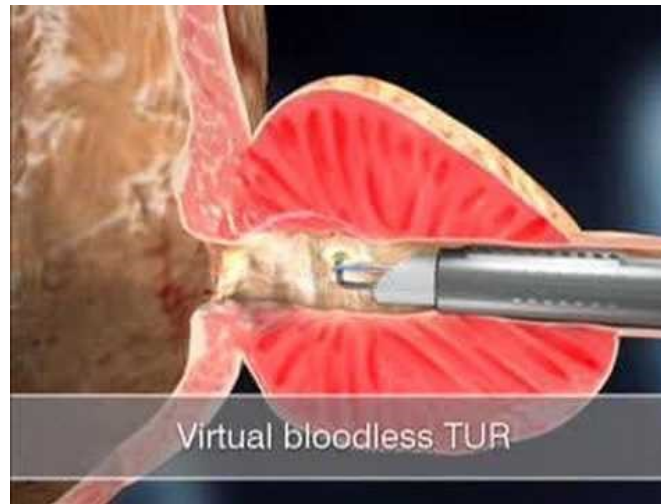
### **Indications:**

- Patients on anticoagulation Warfarin needs to be placed on Clexane 5 days prior, Clopidogrel should be down scaled down to Aspirin
- Smaller prostate
- Where conservative management has failed.
- Patient choice

This allows patients on anti-coagulation therapy to continue their medication with minimal risk of hemorrhage. It also allows a shorter hospital stay

### **Why is it done?**

- This procedure is performed when the prostate gland is enlarged to such an extent that medication cannot relieve the urinary symptoms.
- Symptoms include: a weak stream, nightly urination, frequent urination, inability to urinate, (LUTS) kidney failure due to the weak urination (obstruction), bladder stones, recurrent bladder infections.
- Medication such as Flomaxtra, Urorec, Minipress etc. should always be given as a first resort.
- Step-up therapy should have been used for prostates larger than 35-50cc with either Duodart, Avodart or Proscar
- Prostate cancer first needs to be ruled out by doing a PSA, and when indicated, with a 3T MRI scan of the prostate with an abnormal PSA with a possible prostate biopsy of any suspicious lesions.
- A TUVF can also be performed to dis-obstruct a severe prostate cancer, to allow a normal urination process

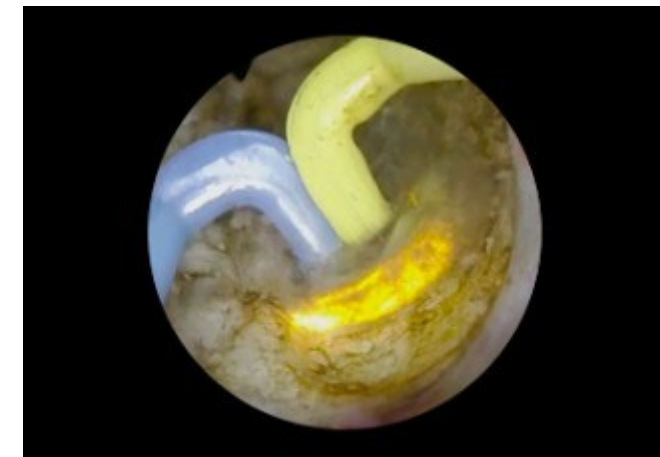


### **How is it done?**

- You will receive a general anaesthesia, unless contra-indicated.
- A cystoscopy is performed by placing a camera in the urethra with the help of lignocaine gel
- The inside of the bladder is viewed for pathology. If any suspicious lesions are seen, a biopsy will be taken.
- A vaporization of the prostate is then started and should take 60-120 minutes depending on the size of the prostate.
- Prophylactic antibiotics will be given to prevent any infections.
- Post-operative antibiotics will be continued for 10 days.
- No specimen will be obtained due to vaporization, unless PSA was suspicious and a MRI with view to prostate biopsy has excluded a prostate cancer.

### **What can go wrong?**

- Any anaesthesia has its risks and the anaesthetist will explain this to you.
- No blood loss is expected.
- In **rare** circumstances you may develop fluid overload requiring a High Care Facility admission.
- You will wake up with a catheter in your urethra and bladder. This will remain in the bladder overnight.
- Lower abdominal discomfort for a few days
- Bladder Perforation
- NB! Each person is unique and for this reason symptoms vary!



### **Remember**

You still have a peripheral zone of your prostate and regular PSA reviews are required up to the age of 75.

(This could be seen as controversial)