HoLEP PROCEDURE INFORMATION

What is BPH and why is HoLEP recommended?
Benign prostatic hyperplasia, BPH, is a common urological condition among men that causes irritative urinary symptoms. It is a normal process in men caused by changes in hormone balance and cell growth. BPH occurs in almost all men as they age. BPH is not cancer and does not predispose one to cancer. About half of all men over the age of 50 have some symptoms, but younger men may also have symptoms too. The prostate is a gland that surrounds the urethra (the tube that carries urine from the bladder out of the body). It is responsible for producing seminal fluid. As the prostate gets bigger, it may squeeze or partly block the urethra. This is referred to as an "obstructing prostate." An obstructing prostate can be large or small, the size of the prostate is not indicative of obstruction. BPH can cause problems with urinating such as:
-Trouble getting a urine stream started
-Dribbling at the end of urination
-Frequency
-Urgency
-Weak or slow stream
-Stopping or starting during urination
-A sense that your bladder is not completely empty
-Voiding very small amounts frequently
-Getting up many times at night to urinate

These symptoms are not only bothersome to one's lifestyle, but can also make one more susceptible to urinary tract infections, prostate infections and can deteriorate the function of the bladder if left untreated for a long period of time. In a small number of cases, BPH may cause the bladder to be blocked, making it impossible or extremely hard to urinate (urinary retention). This can be a medical emergency and is treated acutely with a catheter. BPH is typically managed with medications, some of which help relax the muscles around the prostate in in order to provide a bigger space for urine to flow from the bladder through the prostatic urethra and out of the body. Other medications can be used in conjunction to help shrink the prostate which creates more space for the bladder to empty through the prostatic urethra better. The effectiveness of medications and the combination of medications are individualized to each patient and their medical history. For some men, over time, medications are no longer effective in managing BPH symptoms and surgery is necessary.

Why do I need treatments other than medications?
HoLEP is indicated if medical management is no longer successful or a patient is not tolerating medications. It is not only helpful in treating BPH symptoms that are disruptive to one's lifestyle, but also in preserving bladder function and preventing urinary retention. Often a urodynamics

study is usually indicated before surgery. Additionally, a cystoscopy (a scope used to look into the bladder and at the anatomy of the prostate) is required to determine if you are a candidate for this procedure.

What are other surgical treatments available for my urinary symptoms?
Other common surgical options to treat urinary symptoms include a TURP, TEVAP or vaporization of the prostate tissue. Results of your urodynamics test, cystoscopy, size of the prostate, Uroflow, Urocuff and other factors determine which procedure or surgical treatment is best for each patient.

HoLEP is Holmium Laser Enucleation of the Prostate
HoLEP uses a light beam to peel tissue and hollow out the prostate.
HoLEP can remove more prostate tissue than other procedures for BPH and can help address obstruction of the bladder.
The surgery takes about three hours and patients may stay in the hospital overnight, depending on prostate size and patient health. Many HoLEP procedures can be performed in an outpatient setting.
A catheter may remain in your bladder for one night.
Temporary urinary incontinence may occur during recovery.
Retrograde ejaculation is a likely side effect.

What are the risks of HoLEP?
Every surgical procedure includes risk. Because HoLEP is minimally invasive, it may involve less risk of serious complications than open surgery procedures. The risks of the HoLEP procedure include blood in the urine, post treatment urinary retention which could require catheterization for a period of time, bleeding from the urethra/penis, urinary tract infection, increased urgency or urge incontinence, pain when urinating or pelvic ache.
Short term side effects may include difficulty urinating, urinary tract infections, temporary urinary urgency, frequency or discomfort. These usually resolve over time.
Retrograde ejaculation is a common side effect of HoLEP. “Retrograde” means backward. In retrograde ejaculation, semen travels up the urethra into the bladder instead of down the urethra out of the penis, and comes out in your urine. Retrograde ejaculation will not harm you.
Long-term urine leakage can affect up to 1% to 2% of patients who have had HoLEP.
Older patients and those who have had removal of large volumes of prostate tissue are more at risk.
More serious complications include urinary incontinence, erectile dysfunction, and injury to the urethra or rectum.

When do I need to call the office?
We ask you contact our office if you have: temperature over 102 degrees, excessive urinary bleeding or bleeding from the penis, continuous bladder spasms, symptoms of infection, painful/swollen/inflamed testicle(s) or scrotum, inability to urinate, uncontrolled pain or, if you have a catheter that is not draining.

Below are pre and post HoLEP procedure instructions and expectations. Please read through them carefully and call with any questions.

PRIOR TO THE HoLEP PROCEDURE

You will be scheduled in office two weeks before your procedure date for a pre-operative appointment to answer any questions. You will have prescriptions needed for the procedure sent to your pharmacy at this time.

Know the arrival time and date of your procedure.

If your procedure is canceled or must be rescheduled we will notify you as soon as possible and discuss potential dates for rescheduling surgery.

Please fill all prescriptions that we give you and read the instructions on the bottle. These prescriptions will have been given to you at your preoperative appointment or when we call prior to your procedure.

Please note: Any narcotic medication (Tylenol with Codeine, Hydrocodone, Vicodin, Norco, Oxycodone, and Percocet) can cause constipation. It is recommended to get over the counter Miralax and a stool softener to help prevent constipation if you choose to use these Medications.

You must notify your provider if you are taking any **SGLT2 inhibitors** such as

- Brenzavvy (bexaglifloxin)
- Inovokana (canaglifozin)
- Farziga (dapagliflozin)
- Jardiance (empagliflozin)
- Steglatro (ertugliflozin)

OR any **GLP-1 receptor agonists** such as

-Ozempic (semaglutide subcutaneous)
-Trulicity (dulaglutide)
-Bytetta (exenatide)
-Bydureon Bcise
-Victoza (liraglutide)
-Adlyxin (lixisenatide)

If you take any **blood thinners** on the following list, this will need to be discussed with your provider. Do not stop these medications on your own. According to the schedule below, unless otherwise noted by your cardiologist or Dr. Trotter/Dr. McClintock.

o Plavix (Clopidrogel)
o Pradaxa (Dabigatran)
o Xarelto (Rivaroxaban)
o Elquis (Aphixaban)
o Effient (Prasugel)
o Brillinta (Ticagrelor)
o Aspirin or Baby Aspirin

o Fish Oil
o Meloxicam

THE NIGHT BEFORE THE HoLEP PROCEDURE

Avoid alcohol, coffee and other caffeinated beverages 48 hours prior to the procedure.
Ensure that you have all of your prescriptions.
You will need to clear the rectal vault of stool with a Fleets Enema prior to this procedure, the morning of procedure.

POST HoLEP

Continue and complete your antibiotic as prescribed.
Use any of the other prescribed medications if needed. Directions on when, how and why to take will be on the bottle.
If you go home with a catheter, ensure it is draining well. Empty the bag as needed.
Continue your prescribed medications for your prostate.
Stay off any blood thinners as instructed by Dr. Trotter/Dr. McClintock or your cardiologist.
If you have a catheter in place it is normal to have bladder spasms/discomfort, burning with urination, blood in your urine, penile irritation when in place and for a few days after it is removed. It will be normal to see blood and clots in your catheter bag after the procedure.

THE DAYS AFTER THE HoLEP PROCEDURE

Come in for your scheduled appointment to have the catheter removed.
It is recommended after the catheter is removed to use the prescribed Phenazopyridine (AZO) or Uribel for a day or two. You are to continue your antibiotic.
Once the catheter is removed, it is normal to have bladder spasms/discomfort, burning with urination, blood in your urine, penile irritation when for a few days after removal. It will be normal to see blood and clots in your urine.
If you do not have a catheter placed we still recommend you to follow-up to ensure that you are emptying your bladder appropriately.
You will be given instructions regarding appropriate level of activity, medications and expectations during this visit.
Continue to drink at least 2 liters of water a day, abstain from dietary irritants, and continue taking your antibiotics and prostate medications. Stay off any blood thinners or as directed
You may eat and drink normally, but restrict your activity level.

POST HoLEP PROCEDURE EXPECTATIONS FOR DAYS 3-21

Typically, your next appointment after the catheter is removed will be with one of our providers to evaluate improvement approximately **6 weeks** after the procedure.
It is normal to have burning with urination, frequency, urgency and bladder spasming/discomfort after the procedure. Some men may experience soreness in the lower abdomen, discomfort when sitting, and bruising at the base of the penis. This may last up to a

a few weeks and will subside with time. These symptoms do not indicate that the procedure was unsuccessful or that there were complications or infection. Make sure you are hydrating well with water and abstaining from dietary irritants (caffeine, coffee, soda, alcohol, nicotine, spicy foods and drinks, orange juice, high doses of Vitamin C).
It is normal to see blood or clots in your urine after the procedure. A small amount of blood may appear to be a lot of blood in your urine as it is diluted. This may increase with restarting blood thinners, activity, intercourse, heavy lifting, strenuous activity, or consumption of dietary irritants (caffeine, coffee, soda, alcohol, nicotine, spicy foods and drinks, orange juice, high doses of Vitamin C). This will subside with time and good hydration with water. You may experience this sporadically for a few weeks, especially if you've restarted blood thinners. If your urine does not clear or becomes excessively bloody with lots of clots and does not resolve or you are unable to urinate, please contact our office, (512-451-7935) or go to Seton Main ER on 38th and Lamar.
The urinary symptoms that you experienced prior to the procedure (frequency, urgency, getting up at night frequently, feeling as if you don't empty completely, slow stream, dribbling at the end of urination) may seem to worsen immediately after the procedure. This is normal and usually resolves within 2-3 weeks. It may take up to 3 months after the procedure for full results.

POST HoLEP PROCEDURE INSTRUCTIONS FOR DAYS 3-21

1. No strenuous activity for 2-3 weeks after the procedure.
2. Hydrate well with water. Drink at least 2 liters of water a day.
3. Abstain from dietary irritants (caffeine, coffee, soda, alcohol, nicotine, spicy foods and drinks, orange juice, high doses of Vitamin C) for 2 weeks after the procedure. If you consume any of these, it will not harm you, but may cause discomfort with urination.
4. Complete your antibiotics as prescribed.
5. Continue any medications we previously prescribed for your prostate (Flomax, Tamsulosin, Uroxatral, Alfuzosin, Rapaflo, Hytrin, Doxazosin, Finasteride, Avodart).
6. If you take any blood thinners, ask your provider when you may restart them.
7. We recommend you to not travel by plane for the first 1 to 2 weeks afterwards.
8. If you are unable to urinate at all after the surgery please use the in and out catheters if directed to do so. If you are unable to do so, please call our office, (512-451-7935) or go to Seton Main ER on 38th and Lamar.
9. Please call our office if you have fever over 102 degrees, excessively bloody urine, painful, swollen testicle(s) or scrotum or are unable to urinate at all.
10. If we are not in the office, please call our office or go to Seton Main ER on 38th and North Lamar.

Medications Prescribed For Your Procedure: Please read the instructions below and ON THE MEDICATION BOTTLES for when, why and how to take them.

1. Ceftin/Cefuroxime or Cipro/Ciprofloxacin or Levaquin/Levofloxacin. These are antibiotics. You are to start the antibiotic the day before the procedure and complete the course as prescribed. It may cause GI upset.
2. Phenazopyridine (AZO), Uribel/Urogesic blue. These are medications that can be taken as

needed for burning with urination or bladder discomfort after the procedure. They will discolor urine orange or blue/green. These medications are frequently not covered by insurance. You can utilize over the counter AZO instead and the cost is low.
3. Tylenol with Codeine. These are optional narcotic pain medications. They are to be taken if needed for SEVERE pain after the procedure. Please note: Any narcotic medication (Tylenol with Codeine, Hydrocodone, Vicodin, Norco, Oxycodone, and Percocet) can cause constipation and drowsiness. It is recommended to get over the counter Miralax and a stool softener to help prevent constipation if you choose to use these medications.

Important Contact Information
Midtown Urology
911 W. 38th Street, Suite 200
(512) 451-7935 phone
(512) 451-7965 fax

If you need to reach the doctor after hours for an urgent matter, please call our office at 512-451-7935 and follow the prompts to be connected with the on-call provider.

You may also go to Seton Main Emergency Room on 38th and N. Lamar. Please only go to this hospital as our physicians have privileges there.

Hospital for Emergencies
Seton Main Medical Center
1201 W 38th St, Austin, TX 78705