urology associates

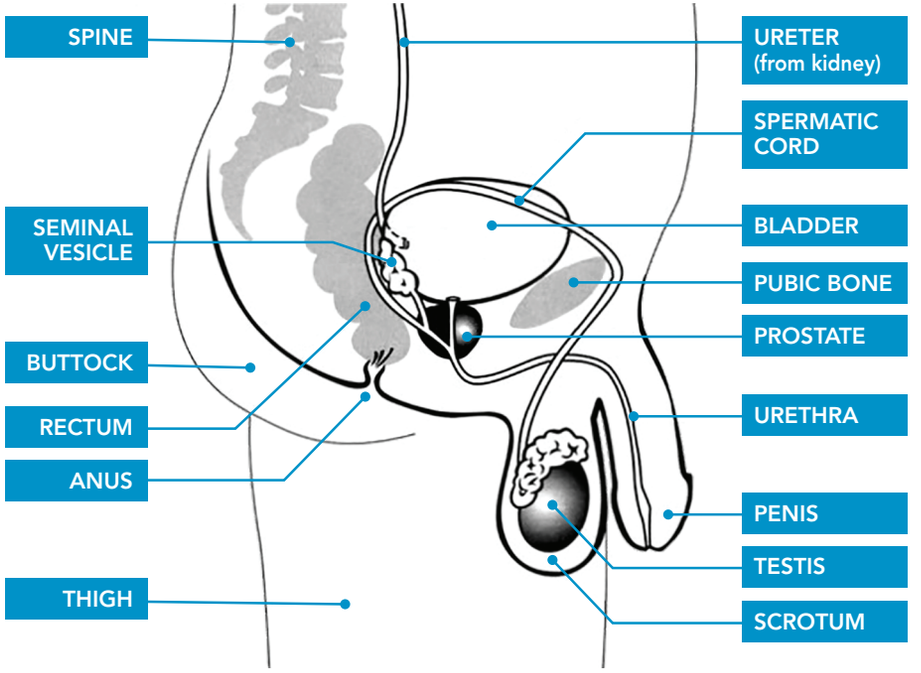
Information for Patients

HoLEP

What is the prostate?

The prostate is a gland about the size of a walnut that is only present in men. It is located just below the bladder and surrounds the urethra, the tube through which urine flows from the bladder and out through the penis.

The prostate gland contributes to the seminal fluid produced during ejaculation and has an important function in fertility.



What is a HoLEP?

A HoLEP (Holmium laser enucleation of prostate) is an operation to treat urinary blockage caused by an enlarged prostate. When the prostate tissue enlarges, it squeezes inward on the urethra causing some or all of the following symptoms:

- The need to urinate often (frequency)
- The need to urinate in a hurry (urgency)
- The need to get up at night to urinate (nocturia)
- Difficulty starting urination (hesitancy)
- Difficulty stopping urination (terminal dribbling)
- Weak stream
- Incomplete emptying of the bladder
- Urinary retention (complete obstruction of the urethra, presents with severe pain and the inability to pass urine). Retention is temporarily managed with the insertion of a catheter to drain the bladder.

Why do I need a HoLEP?

- To improve urine flow and bladder emptying
- To treat acute retention and complete blockages
- To prevent kidney damage caused by pressure forcing urine back towards the kidneys
- To reduce bladder infections and bladder stones caused by poor bladder emptying

In some cases, the operation is necessary to prevent complications. In other situations, it is one of a range of options to improve the symptoms caused by an enlarged prostate.

Deciding to have a HoLEP operation

To assist in the decision making process, your Urologist may:

- Get you to complete a symptom score questionnaire determining how bothersome your condition is
- Perform a digital rectal exam (DRE) to assess the size of your prostate
- Arrange a flow & residual test to record the rate at which you pass urine and to see if you are retaining any urine
- Ask for a urine specimen to check for infection
- Obtain PSA and creatinine blood tests to determine the likelihood of cancer and the health of the kidneys

Other factors including your general health will be taken into consideration when deciding whether to proceed with the operation.

What happens before my operation?

10 days before your operation, blood and urine test need to be done.

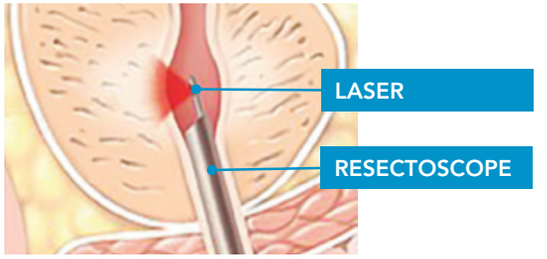
You will be contacted by the hospital regarding your admission time and to confirm fasting instructions.

Complete all your hospital admission forms at least 5 days prior to your operation.

What happens during the operation?

During the operation, a telescopic instrument called a resectoscope is passed up the urethra (water pipe). A thin laser fibre sits within the resectoscope and the laser beam coming from the end of the fibre is used like a knife to cut away the prostate tissue. The tissue fragments are then cut and sucked out of the bladder. The prostate tissue is sent to the laboratory for testing.

A catheter is inserted through the urethra into the bladder to drain your urine into a catheter bag. The operation usually takes from 45-120 minutes depending on the size of the prostate gland.



What to expect after my operation

When the operation is completed, you will go to the recovery room for a short while where you will be cared for until you are ready to be transferred to your room. When you wake up it is common to feel an urgent desire to pass urine. This is due to the catheter in your bladder.

Your nurse will monitor your catheter drainage. You will have continuous bladder irrigation (instillation of sterile fluid into the bladder, flushing blood and debris out through the catheter).

Your catheter usually is left in overnight and removed the day after surgery. Once the catheter comes out you may at first have a burning sensation when passing urine.

After surgery, you may or may not experience some of the following symptoms:

- A burning sensation and a strong desire to go to the toilet. These symptoms are due to the passage of urine over the healing area of the urethra following the removal of the prostate tissue. This can be easily treated with mild pain relievers and medication which changes the acidity of the urine. These symptoms should resolve after a 4-6 week period.
- A stinging or burning sensation at the tip of the penis, where the catheter enters. This is generally due to irritation and may be relieved by increasing fluid intake or ensuring the catheter is well supported.
- Bladder spasms (short, sharp, grabbing pains). This is due to the bladder trying to expel the catheter because of irritation. These are easily treated with medication.

After discharge

You will receive a follow-up appointment with the Continence Nurse at 4 weeks after your operation.

You will be asked to drink extra fluids after your surgery and for a few weeks after you are discharged. This helps flush the bladder, clears up bleeding and washes away debris.

It takes time for the surface inside the prostate cavity to heal. Until it does you may have some discomfort passing urine, and experience some urgency, frequency and nocturia. These symptoms will subside as healing progresses and can be relieved with the help of mild pain relievers and other medication that you will be informed about. You may notice that you pass blood when going to the toilet, this is usually at the beginning of the urine stream. This is normal after this surgery and may last for up to 6 weeks.

If you have fresh heavy bleeding that does not stop or if you are unable to pass your urine at all it may be due to a blood clot blocking the urethra. If either of these unlikely events should occur, you should contact Urology Associates or your GP immediately, or go to your nearest Emergency Department.

You can do most activities after your operation except any heavy lifting, straining, intercourse or strenuous activity – which should be avoided for 2-3 weeks after surgery. You will be able to continue with your normal daily routines as you feel able.

Results of your operation

Most patients can expect a significant improvement in flow and a permanent reduction in frequency. The symptom of getting up at night to pass urine may remain. This symptom may have become habit. Also, as you get older you tend to make more urine at night.

The frequent passing of urine usually gets less as the bladder wall returns to normal and the swelling from the surgery disappears. ***This can take up to 6 months to stabilise after surgery.***

The delay in starting your urinary stream normally disappears early after the operation. The return of good size and force of the stream is variable. It is usually noticeably improved but sometimes not for several weeks after the operation.

Possible complications

Bleeding

Bleeding severe enough to bring you back to the hospital is rare. This risk disappears when healing is complete, 6-8 weeks after surgery. If you notice an increase in bleeding or are unable to pass urine, contact your GP. If bleeding causes a blockage, contact Urology Associates or visit the nearest Emergency Department.

Incontinence

When you have an enlarged prostate, the bulk of extra tissue in the prostate gland can help retain urine in the bladder. As a result, the urinary sphincter, a ring of muscle around the urinary opening, can weaken over time because the excess prostate tissue is holding urine in the body rather than the sphincter.

After a prostate treatment, the sphincter muscles must regain their strength, and in the meantime, urinary incontinence is a potential side effect.

When the extra prostate tissue is removed, the sphincter will need time to re-strengthen to the point where it can hold back urine flow. While this is happening, you might experience leaks or urine spurts requiring a pad. Both stress incontinence (involuntary urination when lifting, coughing, sneezing or straining) and urge incontinence (inability to hold urine until you can get to the bathroom and are ready to urinate) may be part of the recovery process until your bladder and urinary sphincter regain their strength.

Pelvic Floor Exercises can help strengthen the floor of the pelvic muscles and help resolve urinary leaks. If urinary incontinence continues, it may be due to a bladder dysfunction, which can occur in patients with or without an enlarged prostate.

Your Continence Nurse will support you with managing incontinence.

Urethral Stricture

In a small number of cases narrowing may develop in the urethra. This may occur either near the tip of the penis or further up the urethra, several months after the operation. You may notice your urinary stream, which was better after the operation, slows down again. Please mention this problem to your Urologist. If detected early and treated with gentle stretching under local anaesthetic, most strictures resolve.

Sexual Function

If you are sexually active before the operation, this is likely to remain unchanged. 8 out of 10 men notice no change, 1 out of 10 men seem better off and 1 out of 10 men do have a decrease in erection ability. Retrograde ejaculation, the backwards flow of semen into the bladder, is common after this surgery and will mean you cannot father a child. It does not affect the sensation of intercourse and is not harmful in any way.

Return to Theatre

A small number of patients may be required to return to theatre at a later date. This is due to tissue fragments remaining in the bladder that are unable to be removed at the time. These fragments are intentionally left to "soften" and are then easily removed at the second HoLEP.

There are a number of brands of products available and we suggest you choose a pad that will provide absorbency of 500-600 mL (indicated by 5-6 drops on the packaging).

TENA SUPER PADS
Light absorbency:
515-860 mL Pack 30

TENA FOR MEN – level 2
Light absorbency:
270-450 mL Pack 10

ABRI MAN
Moderate absorbency:
700 mL Pack 14

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Version 2 APRIL 2026