

Information for Patients

Urethrolysis

What is Urethrolisis?

An operation for the treatment of obstruction or blockage of the urethra, usually resulting from surgery to treat incontinence such as a rectus fascia sling, trans vaginal tape (TVT) or bladder suspension procedure.

What are the symptoms of urethral obstruction?

Urethral obstruction inhibits the flow of urine out of the bladder. The bladder may respond by becoming overactive, resulting in symptoms of urinary urgency or urge incontinence. This is a sudden compelling desire to pass urine that is difficult to postpone and may be associated with a fear of leakage or actual leakage. Patients may need to pass urine frequently during the day or night.

Urethral obstruction may also result in poor bladder emptying, a poor urinary stream, straining to pass urine, hesitancy, a feeling of incompletely emptying and needing to double void. The bladder may fail to empty completely.

Symptoms usually occur from the outset, (immediately after the anti-incontinence operation), but can have a delayed onset up to years later.

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 my operation?

The procedure is usually done via a vaginal incision. The urethra is freed up from the surrounding scarred tissues which are trapping it and holding it in an over-elevated position. If a TVT or other synthetic tape has been used, it is divided, or a segment of tape is removed. If a fascial sling was used this is usually just divided.

Sometimes tissue from within the labia is used to support and protect the urethra. This is called a 'Martius labial fat pad graft'.

If there is both stress incontinence and obstruction then another incontinence procedure may be performed at the same time as the urethrolisis.

What to expect after my operation?

Usually the urethrolisis does not result in the return of stress incontinence. But, in about 10% stress incontinence returns requiring a subsequent procedure to treat this.

Urethrolisis will cure the obstruction in about 65 – 75% of patients without the return of incontinence. Even following urethrolisis, the flow of urine may still be slower and take a longer time to empty than originally.

After discharge

A urinary catheter and vaginal pack, placed during surgery are removed the following day.

Some patients may experience difficulty completely emptying their bladder initially. This is managed by learning to pass a small catheter via the urethra to empty the bladder, Intermittent Self Catheterisation. It is not uncommon for this to be required in the early post-operative period due to swelling around the urethra from the surgery.

If a Martius graft is performed there may be a small wound drain in the labia which is removed after 1-2 days.

It takes about 1 week to return to normal activity if only a vaginal incision is required.

It is usual following surgery to have some spotting, bleeding or discharge from the vagina. This usually stops by about 2-3 weeks. When this has stopped and the vaginal wound has healed you can have sexual intercourse, or use tampons, as comfortable (usually by 3 weeks).

It is usual to have some wound pain post-operatively but this mainly resolves by 2-4 weeks. Usually this is controlled with paracetamol. You can take up to 2 paracetamol every 4 hours to 6 hours (maximum 8 per day).

Possible complications?

Urinary retention – inability to pass urine requiring catheterisation.

Urinary fistula – damage to the urethra can result in leakage of urine usually from the vagina.

Urethral stricture – scarring can result in obstruction returning at a later date.

Return of stress incontinence – if this occurs another operation may be required to treat it.

Urinary urgency will usually get better after a urethrolysis. If not medication may be required to control it. There is a small risk of patients developing urgency as a new symptom after urethrolysis.

Other problems that may occur following surgery include; urine infection, wound infection, wound breakdown, haematoma (collection of blood), seroma (collection of fluid), bleeding from the wound, in the pelvis or in the urine.

If a Martius labial fat pad is performed, uncommon problems reported following this include pain with intercourse, intermittent discomfort at the wound, numbness, or altered appearance of the labia.

Post-operative follow-up

You will be given a follow up appointment. If you experience any of the following problems after discharge you should contact Urology Associates

- Severe pain not controlled with pain medication
- Bleeding
- Wound problems – infection or breakdown
- Inability to pass urine or a catheter if required
- Or any other significant trouble

If at any stage in the future your incontinence or obstructive symptoms return you should arrange a review visit.

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