

Specializing in Robotic Surgery

Cystoscopy and Optical Internal Urethrotomy Peri-Op Instructions

Urethral stricture disease is a scarring of the urethra (the tube that carries urine from the bladder out of your body, through the penis in men). Scarring of the urethra is unusual in females but it is a relatively common problem in men. Urethral stricture disease in men can cause a relative blockage to the bladder resulting in difficulties emptying the bladder. There may be significant urinary symptoms associated with this problem but sometimes it is surprisingly lacking in symptoms. If untreated the scarring can cause obstruction to the point of urinary retention (complete inability to empty the bladder).

Cystoscopy and optical internal urethrotomy is the simplest way of treating urethral stricture. Using a special telescopic electric knife which allows an excellent view of the stricture channel, we are able to remove the part of the stricture which is blocking the channel. The entire stricture is NOT removed in this operation, but only that portion which is obstructing the channel. The procedure requires spinal or general anesthesia and takes approximately 30 minutes to complete.

It is very important that you refrain from eating or drinking anything for at least eight hours prior to your scheduled operation time. In most circumstances this means nothing should pass your lips after midnight the night before your surgical procedure. Aspirin, ibuprofen, coumadin, and other blood thinners are to be avoided for ten days prior and for several days after surgery as well (until your urine clears of any bleeding).

Foley Catheter

After cystoscopy and optical internal urethrotomy this tube or foley will be placed through your penis, through the stricture channel and into your bladder. It is held in position by a small balloon at the end of the tube which is inflated after it is placed. This tube or 'catheter' that is in the bladder is very important for your early post-operative recovery. It essentially puts the bladder and stricture at rest, and if there is any bleeding it allows the blood to come out immediately rather than staying in the bladder to form clots. Occasionally clots may form and the tube may stop draining. A special syringe with water can be used to hand irrigate the catheter to free it of clots. Hand irrigation might be somewhat uncomfortable, but necessary to clear any plugging of the channel and allow the urine to flow.

Post-operative Care

In most instances you will be able to eat a regular meal on the evening of surgery. You will go home the evening of surgery with a foley catheter draining to a bag on your leg. You should refrain from any unnecessary activity while the catheter is in place. Your usual medications may be restarted immediately after the surgery (except aspirin, ibuprofen, coumadin, and other blood thinners).

For informational purposes only. Please consult your physician with any questions. USA Delaware 302-571-8958.

, bleeding, and recurrence of the stricture. Cystoscopy and optical internal urethrotomy provides temporary improvement. Urethral strictures almost always recur after incision. That is because the stricture is a scar and when you cut a scar it heals with more scars and so the stricture recurs. To attempt and keep the stricture open you should self catheterize (see below). To permanently eradicate the stricture you need to consider a major operation, open urethroplasty.

Diet

You may return to your normal diet immediately. Because of the raw surface of the stricture alcohol, spicy foods and drinks with caffeine may cause some irritation or frequency and should be used in moderation. To keep your urine flowing freely and to avoid constipation, drink plenty of fluids during the day (8 - 10 glasses).

Activity

Your physical activity is to be restricted, especially during the first two weeks. During this time you should not lift heavy objects (anything greater than 20 lbs), take long car rides, perform strenuous exercise, or engage in sexual intercourse. Minimize severe straining during bowel movements by using a laxative if necessary.

Sexual Activity

If you were sexually active prior to your surgery, you can resume normal sexual activity after 2 weeks after the catheter is out. Incision of the stricture usually has little effect on a man's potency, orgasm, or ability to sense orgasm. There is a <1% risk of erectile dysfunction from Optical Internal Urethrotomy. There may initially be some burning with ejaculation.

Bowels

It is important to keep your bowels regular during the post-operative period. The rectum and the stricture are next to each other and any very large and hard stools that require straining to pass can cause bleeding. Use a mild laxative if needed and call if you are having problems (Milk of Magnesia 2-3 Tablespoons, or 2 Dulcolax tablets for example).

Foley Catheter Care

The Foley catheter will drain into a bag on your leg. This bag can be simply drained by opening a valve at the bottom of the bag. Your catheter can be removed in the office 2-3 days after surgery. The work on your stricture as well as the indwelling catheter will cause the bladder to have sudden contractions, even with an empty bladder. These contractions are called bladder spasms and can be effectively managed by a medication to quiet bladder spasms. Medications that quiet bladder spasms are anticholinergic medications such as Ditropan. Anticholinergic medications can also slow down intestinal and salivary gland activity; therefore, side effects include constipation and dry mouth.

Self Catheterization

Because optical internal urethrotomy is a temporary measure for treating urethral stricture disease, we will teach you how to catheterize your bladder (self catheterize or clean intermittent

on Foley catheters, suprapubic tubes, and self
be open. We recommend CIC daily for one month,
followed by CIC every other day for a month, then one week for a month. You will then need
indefinite monitoring for stricture recurrence. You need a follow-up appointment 7-14 days after
the procedure to remove the catheter and learn CIC.

Medication

You should resume your pre-surgery medication unless told not to. In addition you will often be
given an antibiotic to prevent infection and an anticholinergic medication for bladder spasms.
Your antibiotics should be taken as prescribed until the bottle is finished unless you are having
an unusual reaction to one of the medications.

Problems You Should Report To Us

1. Fevers over 101.5 Fahrenheit
2. Heavy bleeding, or clots that block the catheter (See notes above about blood in urine)
3. Inability to urinate
4. Drug reactions, hives, rash, nausea, vomiting, diarrhea
5. Severe burning or pain with urination that is not improving.