

## Department of Urology

### Patient Information Sheet

#### Urethral dilatation or Optical Urethrotomy

The stretching (dilatation) or incision (cutting) of a stricture (narrowing) in the urethra (water pipe)

This procedure involves a telescopic inspection of the bladder and urethra and either stretching the stricture with dilators or cutting the urethral stricture with a telescopic knife.

Occasionally a bladder biopsy or removal of an abnormal area of tissue may be performed at the same time.

#### What are the intended benefits of this procedure?

Relief of obstruction and improvement to the flow of urine.

#### What are the alternatives to this procedure?

Observation or open surgery to replace the section of narrowing

#### What are the most frequently occurring events or serious risks of this procedure?

##### Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period afterwards.
- Temporary insertion of a urinary catheter (tube into the bladder).

##### Occasional (between 1 in 10 and 1 in 50)

- Infection requiring antibiotics
- The need for telescopic biopsies of any abnormalities seen during this procedure
- Recurrence of the narrowing necessitating further procedures or repeat incision of the stricture
- You may need to learn how to pass a catheter into your urethra to keep the narrowing from recurring again.

##### Rare (less than 1 in 50)

- Very rarely, decrease in the quality of erections requiring treatment

**What sort of anaesthetic is used?**

A spinal or general anaesthetic may be used. Your Consultant or Specialist Nurse will be able to give you further information on which anaesthetic you are likely to require.

**What does the procedure involve?**

A telescope is passed into the urethra to see as much as possible of the narrowing. Once the surgeon has determined this, they will either stretch or cut the scar tissue causing the stricture. As this is being performed under a full anaesthetic, you will be assessed for your general health before the procedure at a 'Pre-Assessment' clinic and given all the information required to prepare you for an anaesthetic.

This procedure is performed as a day-case or in-patient (depending on your general health and whether or not you live alone). If you require a stay in hospital, this will only be overnight.

**What happens after the procedure?**

After your operation, you will be taken back to the ward area to recover from the anaesthetic. You may find that a urinary catheter (a small tube that goes into the bladder and drains urine out into a bag) has been inserted into your urethra. If you have a catheter this will stay in place for between 1-7 days (depending how long your stricture was). If you are to have the catheter removed before leaving hospital, this is a painless procedure, you will be allowed home as soon as you have passed water. You will pass some slightly bloodstained urine at first and this may sting slightly. Over the next 24 hours, try to drink plenty of non-alcoholic fluids, to flush your system and reduce these after effects (we suggest 2-3 litres or 3-6 pints).

If you are to go home with a catheter still in place (to keep the urethra open until healing has occurred), you will be taught how to

look after it yourself. A 'tap' (flip-flow valve) will be fitted to the end of the catheter to replace the bag, so that you can tuck it in your normal clothes and empty it when you need to urinate.

You should avoid strenuous activity for 1 week after this procedure. If you go home with your catheter, we will arrange for you to return to our out-patient Urodynamics Department, where the nurses will remove your catheter and monitor your urination volumes for a couple of hours, to ensure that you can pass urine easily. If you need to be taught how to insert a catheter yourself, to help prevent the structure forming again, this may be done at this visit, or a further appointment will be made for you to attend at a later date.

**What else should I look out for?**

If you develop a fever, increased bleeding or pain on urination you should contact your GP. If you become unable to pass urine at all, you should come to the Accident and Emergency Department here at Kingston Hospital.

### **Who should I contact for more information?**

- The Specialist Urology Nurses:

Susan Sill  
Chris Backhouse  
020 8934 3547

Yvonne Haffenden  
Rose Cabredo  
Lin Williams  
Suzy Vallis  
Urodynamics - 020 8934 3038

- **The Urology Ward**

Alexandra Ward - 020 8934 3152

- If you have a known cancer condition and would like further information regarding this, please contact :  
Olga Champ - Clinical Nurse Specialist for Urology Oncology  
020 8934 2729
  - Your GP
  - Your Urology Consultant when you see them next.

If you would like this leaflet in your own language, in large print, in Braille or audiotape, please call 020 8934 2003.

This information sheet was produced by the Urology Team, Kingston Hospital NHS Trust, Galsworthy Road, Kingston upon Thames, Surrey KT2 7QB.