



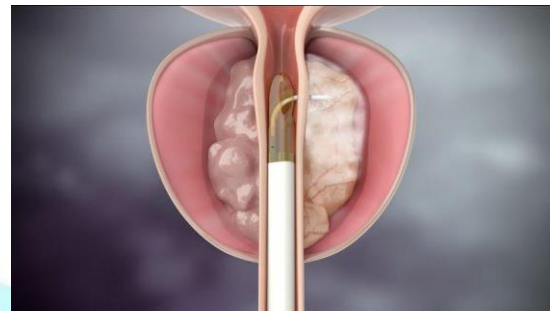
## Operation Information

### **Rezūm Therapy for Benign Prostatic Hyperplasia (BPH)**

#### **Introduction**

The prostate is an organ situated at the outlet of the bladder, surrounding the urethra. Benign Prostatic Hyperplasia (BPH) is a condition in the prostate that enlarges gradually with aging. This may lead to narrowing of the urethra resulting in difficulty in urination, frequency or retention of urine.

Rezūm is an innovative endoscopic surgical treatment of BPH. The procedure involves a small jet of steam injected into the prostate to destroy the enlarged part, causing the prostate to shrink over a period of weeks. Rezūm is significantly less invasive than traditional surgical interventions for the condition.



Source:

<https://read01.com/J0MMN8P.html#.YSTzIYgzbIU>

#### **Outcomes**

Clinical evidence shows that Rezūm relieves symptoms caused by BPH in men who have a moderately enlarged prostate. Using Rezūm to treat BPH is also associated with improved quality of life and a low risk of sexual dysfunction. Moreover, Hospital stays after Rezūm is shorter than those after traditional surgical interventions

#### **Procedures**

1. The operation can be performed under local anaesthesia and sedation, or general anaesthesia.
2. The Rezūm instrument is inserted into the urethra to identify the enlarged prostate.
3. Several small injections of steam are delivered through the urethra into the enlarged tissue. The steam disperses between cells, then releases heat and gently disrupts the prostate cells.
4. The Rezūm instrument is removed.
5. An indwelling urinary catheter may be inserted into the bladder for drainage of urine.

#### **Possible Risks and Complications**

1. Common Risks
  - Infection
  - Dysuria
  - Urinary frequency, urgency, or retention
2. Uncommon Risks (<1%)
  - Bleeding
  - Bladder neck contracture
  - Bladder stone
  - Injury to urethral or prostate

- Retrograde ejaculation

**\*\*** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications from arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

### **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of the operation.
2. You are recommended to be accompanied to and from the hospital if you are planned to be discharged on the same day of the procedure.
3. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
4. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
5. Routine pre-operative investigations such as blood tests, ECG, and X-ray may be performed.
6. Please inform the doctor if there are any symptoms of urinary tract infection, such as pain in urination, turbid urine or fever pre-operatively.
7. No food or drink six hours before the operation if the surgery is planned to be performed under general anaesthesia.
8. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
9. Please empty your bladder before the operation.

### **Post-operative Instructions**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Pain may be experienced which is typically minimal and controllable with prescribed oral analgesics.
3. Because of the initial swelling after the treatment, a urinary catheter may be in place for 3-5 days.
4. A normal diet may be resumed after recovery from anaesthesia.
5. Most patients can be discharged on the same day of the procedure.

### **Advice on Discharge**

1. You are expected to have increased urinary frequency, urgency and burning sensation for few days and will gradually subside.
2. It is normal to have blood-stained urine occasionally for a few weeks. Drinking plenty of fluids if not contraindicated helps to flush blood out of your bladder.
3. Most patients are discharged with a urinary catheter connecting a drainage bag. Do not pull or kink the catheter. Please follow the nurse's instructions on caring for the catheter and emptying the bag.
4. Showering is allowed. Do not bathe until the urinary catheter is removed.
5. Avoid sexual activity for at least 2 weeks. A small amount of blood in semen and burning with ejaculation may occur for a few months which typically resolves over time.
6. Most usual activities can be continued. If the urinary catheter is in place, activities involving climbing up and down, biking and walking extensively may be withheld, as the catheter may interfere with the movement.
7. You are advised to avoid driving before the catheter is removed. Discomfort from the catheter may distract you from driving.
8. Immediately consult your doctor or return to hospital for professional attention in the event of

heavy blood or purulent drainage in urine, voiding difficulty, shivering, high fever over 38°C or 100.4°F, etc.

9. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

