

# HoLEP Surgery

A simple guide for enlarged prostate surgery

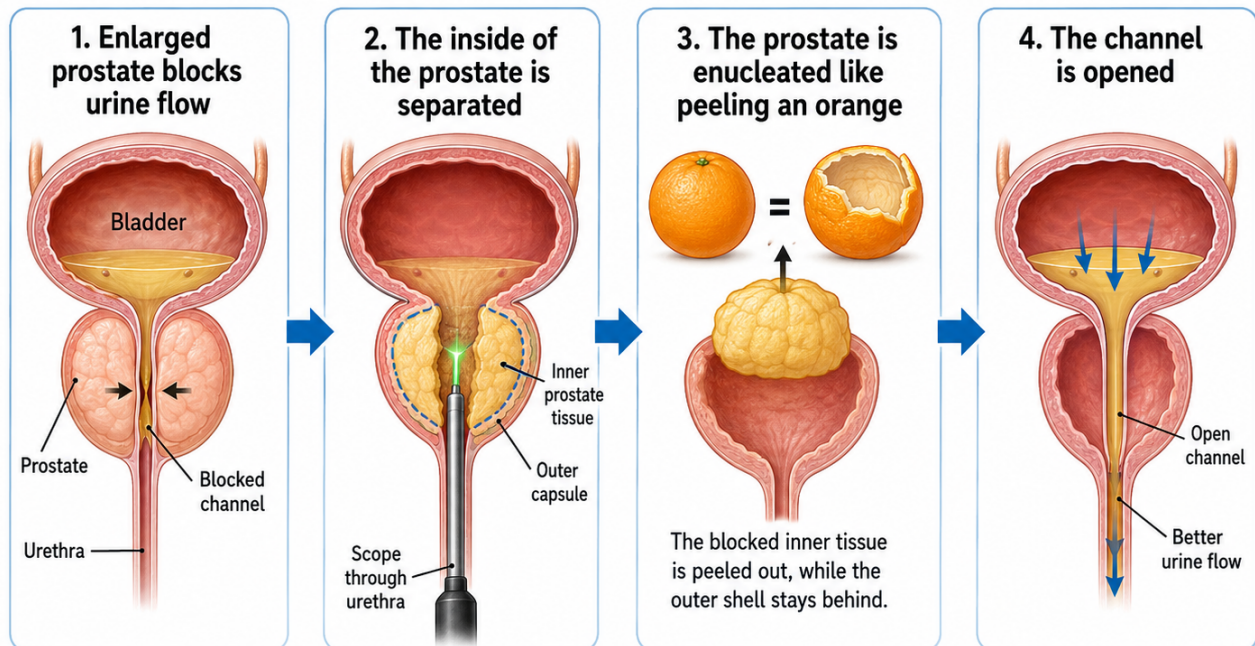
## What is an enlarged prostate?

The prostate is a gland below the bladder. The urine tube passes through the middle of it. As men get older, the prostate can grow and squeeze the urine tube.

- Weak urine stream
- Pushing or straining to urinate
- Starting and stopping
- Getting up often at night
- Feeling like the bladder does not empty
- Urinary retention, catheter need, bladder stones, infections, or kidney problems in some men

## HoLEP: True Enucleation

*Like peeling an orange—remove the fruit, leave the peel.*



**HoLEP removes the inside blocking tissue, opening the urine channel.**



*Removed tissue is broken up in the bladder and taken out.*

Education only. Follow the instructions from your urology team.

## What does HoLEP do?

HoLEP uses a laser to remove the inner prostate tissue that is blocking urine flow. There are no skin cuts. The instruments go through the penis and urine tube while you are asleep under anesthesia.

The outside shell of the prostate stays in place. The tissue that is removed goes into the bladder, is broken into small pieces, and is removed through the scope. The tissue is sent to pathology for testing.

A simple way to think about it: the surgeon hollows out the inside part that is blocking the tube and leaves a wider channel for urine.

## What HoLEP is not

HoLEP is for blockage from an enlarged prostate. It is not a prostate cancer removal surgery. The whole prostate is not removed. PSA usually drops after HoLEP, but it usually does not go to zero because some prostate tissue remains.

## Why HoLEP may be recommended

### Common reasons

- Medicines are not helping enough or are causing side effects.
- The prostate is large or causing a lot of blockage.
- You have urinary retention or need a catheter.
- You have bladder stones, repeated infections, blood in the urine from the prostate, or kidney/bladder problems from blockage.
- You need a durable surgery with a low chance of needing another prostate procedure later.

### Other choices exist

HoLEP is one option. Depending on your prostate size, health, symptoms, and goals, choices may include observation, medicines, smaller BPH procedures, other surgeries, or a catheter plan if surgery is not safe or not wanted.

Your urologist will explain why HoLEP may or may not be the best choice for you.

### What to expect right after surgery

- A urinary catheter is usually placed at the end of surgery to drain urine.
- Some men go home without a catheter; some go home with a catheter for a short time. This depends on urine color, bleeding, swelling, and your surgeon's plan.
- It is common to see blood in the urine during healing. It may clear up, then turn pink again after more activity.
- Burning, urgency, frequency, bladder spasms, and urine leakage can happen while the area heals. These usually improve with time.

### Dry ejaculation

This is one of the most important things to understand before HoLEP.

- After HoLEP, semen usually does not come out during orgasm, or much less comes out.
- This is very common and usually permanent.
- Erections and orgasm usually feel similar, but ejaculation is "dry."
- This can affect fertility. Tell your doctor if future fertility is important to you.

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## Healing at home

### Activity

- Walk around the house. Do not sit still all day.
- Avoid heavy lifting, straining, pushing, pulling, running, and hard exercise until cleared by your doctor.
- Avoid biking, motorcycle riding, horseback riding, and riding lawn mowers until cleared. These put pressure on the healing prostate area.
- If you do heavy labor for work, ask your surgeon when you can return and whether you need light duty first.

### Help prevent bleeding and irritation

- Drink water unless another doctor told you to limit fluids.
- Prevent constipation. Straining can make bleeding worse.
- Take medicines exactly as prescribed.
- Do not stop or restart blood thinners, aspirin, or anti-inflammatory medicines unless your doctor tells you what to do.

### Kegel exercises for leakage

Kegel exercises strengthen the muscles that control urine. They can help with leakage after surgery.

- Tighten the muscles you would use to stop urine or stop passing gas.
- Do not squeeze your belly, buttocks, or thighs.
- Do not hold your breath.
- Hold for 5 seconds, then relax for 5 seconds.
- Try 5 squeezes, 5 times per day. Quality matters more than quantity.

### Urine color: what can be normal?

Light pink urine, tea-colored urine, small flakes, or tiny clots can happen during healing. Urine may look worse after more activity or if you are dehydrated.

## When to call or go to the ER

### Call your urologist or go to the ER now for:

- You cannot urinate.
- Your catheter stops draining or the tubing is blocked.
- Urine is thick bright red, like tomato soup, or you pass large clots.
- Fever higher than 101°F, chills, or feeling very sick.
- Nausea and vomiting that will not stop.
- Severe pain that is not controlled with your medicines.

### Important risks

- Bleeding or blood clots. A blood transfusion or another procedure is uncommon but possible.
- Urinary tract infection or fever.
- Temporary trouble urinating after catheter removal. Some men need the catheter replaced for a few days.
- Temporary urgency or leakage. Rarely, leakage lasts longer.
- Scar tissue in the urine tube or bladder opening, which may need another procedure.
- Pain, burning, bladder spasms, or catheter discomfort.
- Injury to the urethra, bladder, prostate area, or nearby structures. This is uncommon.
- Anesthesia risks, heart/lung problems, blood clots, or other medical complications.
- Need for another prostate procedure later. This is less common after HoLEP than many smaller BPH procedures, but it can still happen.

This handout gives general information. Your surgeon may give different instructions based on your prostate size, bleeding risk, catheter plan, medicines, and other health problems.

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