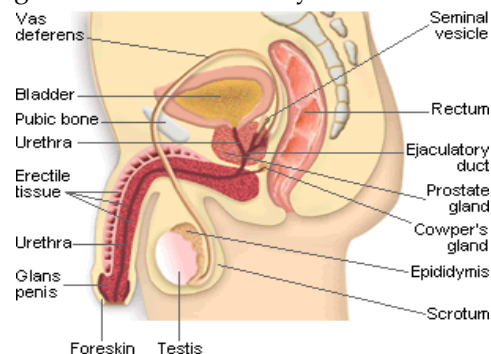


Information and Instructions

What is a B.N.I.?

A Bladder Neck Incision (BNI) is an operation where an incision is made in the neck of the bladder to improve the flow of urine and to relieve urinary pressure in the bladder. The obstruction is removed through a telescope that is inserted up through the urethra to your bladder neck.



Removing the obstruction improves urine flow and associated symptoms and prevents complications such as complete blockage, urine infections, bladder stones and kidney damage.

Figure 1 Male Anatomy

What type of Anaesthetic?

Spinal anaesthesia means the anaesthetist places a needle in the back to cause numbness in the area to be operated on. This is the most common type of anaesthetic used for BNI.

General anaesthetic means you are put to sleep for the whole operation. Sometimes a combination of techniques is used.

The anaesthetist will discuss these techniques with you before surgery.

What does the Surgeon do?

BLADDER NECK INCISION

Written by: Rosemary Neville

Approved/Updated: 25/04/2014

The surgeon passes the telescope through the urethra into the bladder. Blockages can be seen and surgically removed with a small knife instrument.. A catheter tube is inserted into the bladder and fluid washed in and out to help settle any minor bleeding and to irrigate the bladder.

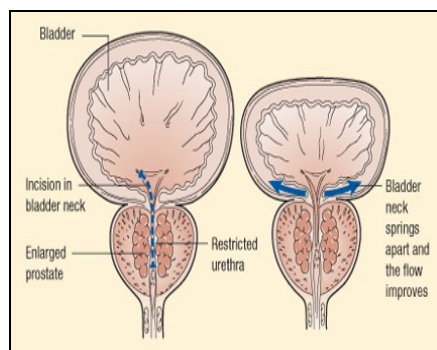


Figure 2 Removal of obstruction improves urine flow

Are there any Complications?

As with any surgical procedure complications may occur, with the major potential problems being post-operative pain, infection and bleeding. Damage to the ureter or bladder rarely occurs.

Intra-operative complications include bleeding and absorption of some of the fluid used to assist vision during the procedure. Other early complications may include breathing difficulties, allergies, cardiac problems, deep vein thrombosis and urine infections.

Long term complications include impotence (2-4%), retrograde ejaculation when ejaculation enters the bladder (5-15%), urinary incontinence (<1%) and strictures of the urethra or bladder neck (1-2%).

What to expect after the Operation

- Hospital stay is generally 2-3 nights.
- Some discomfort immediately post-operatively. You will be given pain relief as needed.
- You will have a catheter in place that will be draining the urine from the bladder, this will be blood stained, but do not be alarmed as this is expected. Fluid will be washed into the bladder to stop it blocking with blood clots. The catheter maybe uncomfortable and you may feel as though you need to pass urine all the time. You may pass blood clots, but this is to be expected.
- An Intravenous drip will be in your arm for 1-2 days. You will need to drink 2-3 litres of fluid per day.

The day after the Operation

- IV drip removed if blood tests are clear
- If urine is clear the bladder washout will be discontinued, but the catheter will stay in
- You need to drink 2-3 litres per day
- You will be encouraged to walk around

Two-three days after the Operation

- Catheter removed, minimal discomfort
- There maybe burning, stinging and some urgency when you next pass urine. This is to be expected and will settle down
- Discharged home
- An appointment will be made to see your surgeon in 4 weeks
- It is common to have urinary urgency and burning for several weeks after surgery

Recovery at Home

Urinary Symptoms

- May experience burning, urgency and frequency, which should subside and may improve with increasing your fluid intake and taking Panadol or Ural as per instructions on packaging.
- Urine may be blood stained and have some small blood clots for 3-4 weeks. This is to be expected but ensure that the flow of urine is not obstructed or there is any heavy bleeding

Diet and Fluids

- Drink 2-3 litres of fluid per day until bleeding has subsided
- Avoid constipation and straining, you may need to increase fibre in diet

Activity

- Avoid lifting and straining for 3 weeks as this may cause bleeding. Do not do activities such as gardening, lawn-mowing, golf and tennis
- You can drive a car 1 week after surgery
- Return to work:
 - Office work-2 weeks post-op (light duties)
 - Manual work-after 3 week post-op review with surgeon

Medication

- Check with doctor before recommencing aspirin/warfarin
- Take other medications as prescribed

Contact doctor if:

- Fever, shivering, shaking
- Excessive blood in urine
- Cloudy/offensive urine
- Difficulty or inability to pass urine
-

Admission Details:

* **Hospital** _____

* **Date** _____

* **Time** _____

FASTING FOR AT LEAST 6 HOURS BEFORE SURGERY

TAKE USUAL MEDICATION ON MORNING OF SURGERY (except aspirin/warfarin)

DO NOT TAKE ASPIRIN/WARFARIN/PERSANTIN ONE WEEK PRIOR TO SURGERY



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Patient Information Leaflet

BLADDER NECK INCISION (BNI)



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