

When there is a delayed healing – after surgery there may occur a sudden need to urinate and possibly painful micturition for up to 4–6 months.

The removed prostate tissue after your surgery is examined at pathology. It will take approximately two weeks of examination and testing after which results are forwarded to the patients urologist

The annual cancer screening examination is still necessary, as the prostate capsule has not been removed.

If you have any questions concerning the operation or your indication, please make an online or telephone appointment for a personal discussion.

Your laser team of the Vivantes Humboldt Hospital



Dr. Tobias Bothmann



Dr. Franziska Herrmann



Online scheduling:
termin.vivantes.de



Prof. Dr. Steffen Weikert
Chief Physician



Dr. Christian Klopff
Chief Physician

Registration for consultancy

Online: www.vivantes.de/huk/urologie

Tel. +49 30 130 12 1290 and 1291



How do I get to the Vivantes Humboldt Hospital?

U8 Rathaus Reinickendorf (15 minutes' walk away) | **Bus 220** from the Rathaus Reinickendorf (Reinickendorf Inland Revenue Office exit) to the Humboldt Hospital | **Bus 124** from Alt-Tegel to Gorkistr./Am Nordgraben. 5 minutes walk away | Parking spaces are available at a charge in front of the hospital.

Vivantes Humboldt-Klinikum

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– Berlin University Medicine
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www.vivantes.de/huk/urologie

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ONLINE
SCHEDULING:
termin.
[vivantes.de](https://www.vivantes.de)

Department of Urology

Patients information

Holmium-Laser-Enukleation
of the Prostate (HoLEP)

Dear patient,

Laser therapy for the treatment of benign prostate enlargement has been a proven modern surgical method for more than 20 years.

We offer the Holmium-Laser-Enucleation of the Prostate (HoLEP). At Vivantes Humboldt Hospital, we have extensive experience with more than 1.000 operations.

The principle of HoLEP

Prostate tissue (adenoma tissue) is separated from within the prostate capsule. This means that constricting prostate tissue (adenoma tissue) is peeled out from inside the prostate capsule. The instrument is inserted through the urethra and enucleation is performed with the holmium laser. (Fig. 1).

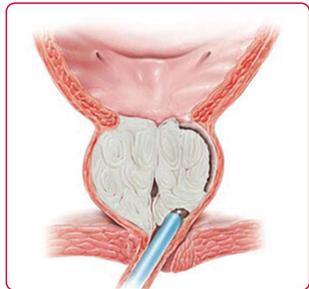


Fig. 1

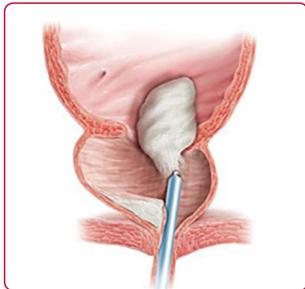


Fig. 2

Once the adenoma tissue is dissolved, it is morcellated in the bladder. That means by use of a special surgical instrument discarded prostate tissue is inhaled and completely removed in minimal pieces. These pieces are finally sent to histological examination. (Fig. 2).

The advantage of this surgical method is the complete removal of the obstructing adenoma tissue. This is possible because the surgery is done along the given anatomical layers. Similar to an orange that it is peeled with your finger. As a result, this operation is also significantly less bleeding than, for example, the transurethral resection of the prostate.

There are now various tools and methods to perform this operation. The advantage of the holmium laser lies in its physical property. It is a pulsed laser. The laser energy forms water bubbles that push the tissue in front of the lasertip. Like the finger that dulls the orange peel from the pulp. Of course, the laser can also run sharp cuts – if necessary.

In the course of the planning, two appointments are agreed. An outpatients' appointment for the preparation and an appointment for admission for the operation.

Pre-stationary examination

Starting the admission it is necessary that you first introduce yourself to the administrative admission. (normally one week before the operation). Your master data, your insurance status and your briefing are registered here. The administrative reception offices are located on the ground floor immediately to the left at the main entrance. Patients with statutory health insurance need a hospital transfer slip from their urologist. Furthermore a confirmation of cost-assumption is required from the health insurance company. Finishing admission, our Urologists will do an examination and take some blood and urine. To prepare the operation, you also consult the anaesthetist. The entire sequence described for admission including medical screening will take approximately 3 hours.

Operation

Please call the hospital the day before your operation using the following telephone number 030 130 12 2364. This is necessary to tell you the time of arrival in the hospital.

The day before the operation, you are allowed to eat until midnight. You can drink water until 6 a.m. at the operation's day itself. The operation lasts for 1.5 hours as a rule. During the anaesthetic, you will be given an permanent bladder-catheter, which is left for two days.

After the operation, you will spend about one hour in the recovery room before transferring to your room. The urinary bladder will continuously be rinsed with liquid in order to keep you free of blood clots; those can be formed easily after the operation. The bladder rinsing is painless and can normally be ended one day after the operation. The day after the operation you are allowed to get up and walk around.

On the second day after the operation, the catheter is removed as a rule. This is done if the urine is nearly clear. We then make an ultrasound examination in order to see whether you can pass water without residual urine. In addition, we measure the urinary stream. If this sequence is fine, you will be discharged from hospital the same day.

Information for the time after discharge

In order to ensure rapid healing, certain rules of behavior must be observed within the following 4–6 weeks after discharge:

- Drinking volume 2–3 liters per day, provided there are no contraindications (heart or kidney failure).
- No hot full baths, no sauna sessions.
- A balanced diet to avoid solid stool.
- No sexual intercourse.
- No cycling, no riding, no heavy lifting, no heavy physical work
- Loosening scabs can lead to bleeding, if this persists, please contact your urologist or us
- The annual cancer screening is still required because part of the prostate (the capsule) has not been removed
- If you have any complaints, please contact your urologist or us