



**Specialist Care for Bladder and Prostate Problems**  
**[www.TheBladderClinic.co.uk](http://www.TheBladderClinic.co.uk)**  
**Tel 0870 850 3865**

## INFORMATION FOR PATIENTS CONSIDERING AN ARTIFICIAL URETHRAL SPHINCTER

### INTRODUCTION

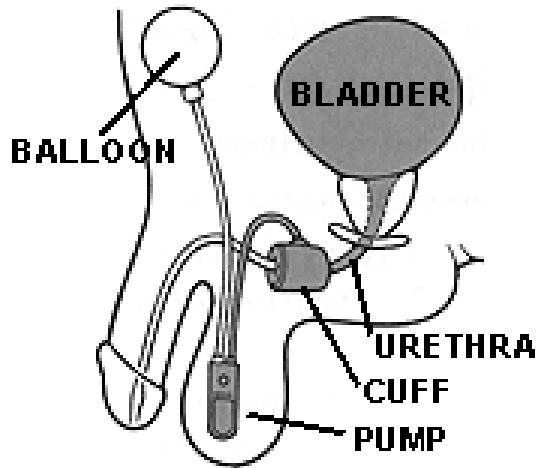
It is essential you read this booklet carefully before the surgery so that you fully understand the operation and the care that is required pre and post operatively.

### WHY DO I NEED AN ARTIFICIAL URETHRAL SHINCTER (AUS)

Urinary incontinence can happen after prostate surgery. For men this is most commonly after a radical prostatectomy to treat prostate cancer. Incontinence is less common after surgery to treat an enlarged prostate (benign prostatic hyperplasia). Factors that can affect incontinence following prostate surgery include age, general health and the amount of prostate and surrounding tissue removed during surgery. Incontinence initially is commonplace, after a radical prostatectomy, but this usually stops within a few months. For those patients where incontinence persists, further investigations will have indicated that your best option is to be offered an AUS because your incontinence is due to reduced outlet resistance following prostate surgery. In a normal sphincter it prevents urine from leaking out but when the sphincter fails urine is not stopped completely and therefore you become incontinent.

### WHAT IS AN AUS

An AUS is a device for men who have urinary incontinence, it takes the place of the damaged sphincter to restore continence. It is a fluid filled device that opens and closes the urethra to offer urinary control.



The device consists of a cuff, a pump and a pressure regulating balloon.

- The cuff is put at either the bladder neck or the bulbous urethra
- The pump is put in the scrotum and is the part the patient squeezes to activate and deactivate the device.
- The pressure- regulating balloon is placed in the lower abdomen and is filled with a sterile saline solution which inflates and deflates the cuff therefore allowing the cuff to allow urinary flow and to prevent it.

#### ARE THERE ANY ALTERNATIVES TO AN ARTIFICIAL SPHINCTER

If following investigation you are deemed to require an AUS there are no other surgical alternatives. It is however worth discussing management options regarding your incontinence, for example, convenes/sheaths and incontinence pads, if you prefer to manage your incontinence conservatively.

#### BUDDY SYSTEM

No matter how many leaflets you read, there is nothing quite like talking to another man who has had this procedure done.

If you feel that talking to another patient would be helpful please ask your specialist nurse to put you in touch with someone.

All “buddies” have volunteered their time to help other patients through this procedure. If following your surgery you would like to be a “buddy” please mention this to the specialist nurse.

#### PRIOR TO SURGERY

You will be seen in the Pre operative Assessment Clinic to make preparation for your admission. At this clinic we will take your details, arrange blood tests blood, heart tracing, chest x-rays and infection screening.

You will be given the necessary medications and body washes at this point and the nurses will answer any questions you may have.

You will also be seen by a specialist nurse to be taught how to manage a conven/sheath which looks like a condom attached to a catheter bag. This needs to be worn after surgery until your sphincter is activated. It is vital that this is worn so

correct fitting and tuition is essential. A supply of convenes/sheaths and all other equipment needed is ordered from a company called charter healthcare, which you should receive a few days later by post.

5 DAYS PRIOR TO SURGERY (Saturday)  
USE HIBISCRUB DAILY AS A SHOWER GEL TO WASH IN  
(Hibiscrub is prescription only)



- 2 DAYS PRIOR TO SURGERY (Tuesday)
- CONTINUE WASHES WITH HIBISCRUB
  - COMMENCE ORAL METRONIDAZOLE 400mg THREE TIMES DAILY
  - COMMENCE **FREE FLUIDS**- soup, squash, tea, coffee, ice cream, jelly



- 1 DAY PRIOR TO SURGERY (Wednesday)
- **ADMISSION TO WEST ONE** - you will meet the nurses who will look after you during your stay. The ward is divided into nursing teams and each team has a team leader who will ensure the care you receive will be of a high standard. The nursing staff will ensure you understand your operation and answer any last minute questions you may have.
  - **YOU WILL BE REVERSE BARRIER NURSED** which means that you will be in a side room and nurses and visitors will have to ensure hands are washed before entering your room and aprons will be worn to minimise the chance of infection.
  - CONTINUE ORAL METRONIDAZOLE
  - The nurses will administer Phosphate Enema in the evening.
  - CONTINUE WASHES WITH HIBISCRUB
  - COMMENCE **CLEAR FLUIDS**- tea/coffee (without milk or squash) or water



MIDNIGHT PRIOR TO DAY OF OPERATION  
NILL BY MOUTH AND INTRAVENOUS INFUSION (drip) BEFORE YOU GO TO BED. This is to ensure you are completely hydrated prior to theatre.

#### DAY OF OPERATION

On the day of your operation you will be asked to shower again using the Hibiscrub and be dressed in an operation gown. You will be given some stockings to wear. This is to reduce the chance of blood clots forming in your legs known as deep vein thrombosis or DVT. A theatre porter will come and collect you and take you to the urology theatre.

#### AFTER YOUR OPERATION

When you return to the ward you will be under close observation. The nursing staff will monitor your blood pressure and pulse at regular intervals.

You will be attached to a drip (intravenous infusion) to provide the fluids you require. You can initially start drinking and then progress onto food. Once you are drinking adequately the drip will be removed.

Pain relief will be administered as required.

You will also have a catheter. This is a tube that drains the urine from the bladder and is usually removed the day after surgery and once removed you will immediately be fitted with a conveen/sheath which needs to be worn continually until the sphincter is activated.

You will normally be discharged the next day.

#### DISCHARGE ADVICE

- Wear conveen/sheath continually until the sphincter is activated. You should already have your supplies at home.
- You will be advised to massage the scrotum, where you can feel the control pump to keep the tissue supple, on a twice daily basis.
- You should avoid heavy lifting and strenuous activities for 6 weeks.
- You will be seen by the specialist nurse 2 weeks after discharge and you will be given this appointment before discharge.

#### OUTPATIENT TIMESCALE

- 2 weeks after discharge – To see the specialist nurse to check how you are and to check the wounds.
- 4 weeks later – To see the specialist nurse to activate the sphincter, this appointment can be longer about 3-4 hours because we want to be sure you are happy managing the activation at home.
- 3 weeks later – To see the specialist nurse to ensure you are managing the sphincter and are having no problems.
- 6 weeks later – To be seen by Mr Almallah

#### COMPLICATIONS

- The most common complication is infection, although this is minimized by the pre operative body washes and antibiotics, post operative antibiotics and the use of the sheath/conveen. **IF YOU NOTICE ANY REDNESS, SWELLING, AND/OR HEAT OR OOZING FROM THE WOUNDS, THIS COULD INDICATE INFECTION AND YOU MUST CONTACT THE HOSPITAL FOR ADVICE AS SOON AS POSSIBLE.**
- There is a 85% success rate from this type of surgery so not all patients will be 100% dry after surgery.
- A less common side effect is erosion which is when the tissue next to the device is “worn away”, and usually results in the device having to be removed.
- Pain varies from person to person but it is not unusual to get perineal pain, you will be discharged with analgesia.

Note: some of the above information are extracts from American Medical Systems literature.

If you have any queries before or after this procedure please contact:

Mr Y Z Almallah

Birmingham and Solihull Bladder Clinic

Tel.0870 850 3865