

Patient information

Cystolitholapaxy

Urology Department

Cystolitholapaxy means breaking up and removal of bladder stones via a small telescope inserted through the urethra. This information explains this procedure

What is cystolitholapaxy?

This is a procedure that involves introducing a telescope called a cystoscope into the bladder under a general anaesthetic and using instruments through the cystoscope to break and remove bladder stone/s.

What are the alternatives to this procedure?

Open surgical removal of bladder stones / observation.

What are the benefits of this procedure?

Allows removal of bladder stones without open surgery through an abdominal incision. Bladder stones can be responsible for symptoms such as urinary frequency, urgency, bleeding, urine infection and difficulty passing urine. Removal of the stones can eliminate these symptoms.

What are the risks of having cystolitholapaxy?

Common

- Mild burning or bleeding on passing urine for short period after operation.
- Temporary insertion of a catheter.
- Need for an additional procedure (e.g. resection of the prostate gland) if this is the cause of stone formation.

Occasional

- Infection of bladder requiring antibiotics.
- Permission for biopsy of bladder if abnormality is found.
- Recurrence of stone or stone fragments.

Rare

- Delayed bleeding requiring removal of clots or further surgery.
- Injury to urethra causing delayed scar formation.
- Perforation of the bladder requiring a temporary urinary catheter or return to theatre for open surgical repair.

What will happen if I decide not to have the procedure?

Your symptoms may remain the same or worsen. The stone may grow and you may get recurrent infection, difficulty passing urine and even retention of urine (inability to pass urine).

What anaesthetic will I be given?

You will be given a general anaesthetic (or a spinal anaesthetic where you are awake but unable to feel anything from waist down). General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you before the operation.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

How do I prepare for the procedure?

- A short time before your procedure you will be asked to attend the Preoperative Assessment Clinic. Where you will be seen by a specialist nurse who will assess your general health and book any investigations you may need before attending theatre, such as blood and urine tests, chest X-ray or an ECG.
- You will be given instructions regarding fasting before the procedure.
- Normal medication should be taken unless instructed otherwise.

- You should make sure you have some painkillers at home before you come to hospital (e.g. Paracetamol).
- **If you are taking blood thinners such as Warfarin, Aspirin or Clopidogrel it is important that you let the doctor or nurse know because these may need to be stopped for several days before the operation can be done.**

What does the operation involve?

You will be sent a letter explaining when and where you need to come for admission. You will be seen by a urology doctor and an anaesthetist who will once again explain the procedure and obtain your consent. Under a full general anaesthetic or a spinal anaesthetic, a special telescope is inserted into the bladder to see the stones.

The stones are then broken up using a crushing instrument, a mechanical disintegration probe or a laser fibre. The stone fragments are removed from the bladder using a suction device and a catheter is usually inserted into the bladder at the end of the procedure. You will usually be given injectable antibiotics before the procedure after checking for allergies.

What happens immediately after the operation?

After your operation has finished, you will be taken to the theatre recovery suite until you are fully recovered from the anaesthetic and the anaesthetist is happy for you to return to the ward.

A nurse will check your pulse, blood pressure and breathing at regular intervals. It is important you tell the nursing staff how you feel and in particular if you feel pain. Feel free to ask how the operation went and what you can do and cannot do.

The catheter will be removed in 24 to 48 hours following which you should be able to pass urine normally.

It is common to notice some burning, frequent urination and bleeding for the first 24 to 48 hours. You are usually discharged within two to three days of admission.

What should I expect when I get home?

By the time of your discharge from the hospital, you should:

- be given advice about your recovery at home
- ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- ask when your follow up will be and who will do this.

When you leave hospital you will be given a draft discharge summary of your admission. This holds important information about your stay and operation. If you need to call your family doctor (GP) or attend another hospital department you should show the summary.

When you get home you should drink roughly twice as much fluid as you would normally drink for the first 24 to 48 hours.

Important Information

If you develop fever, inability to pass urine or worsening bleeding and pain you should contact your GP immediately.

If your GP is not available you should attend the nearest Walk-in centre or Emergency Department (A&E Department).

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

For general queries telephone the Urology Centre on

Tel: 0151 282 6799/6789

Text phone number: 18001 0151 282 6799/6789

Urology Centre - Clinic Nurses Desk

Mon to Thurs 8-4

Fri 8-13.30

Tel: 0151 282 6809

Text phone number: 18001 0151 282 6809

Sister Pat Kelly

Stone Nurse Practitioner

Tel: 0151 2826804

Text phone number: 18001 0151 282 6804

Bleep 5026 via Royal Liverpool Hospital Switchboard Tel: 0151 706 2000

For clinical questions specific to your case, telephone the secretary of your Urology Consultant.

Mr Calvert's Secretary

Tel: 0151 282 6886

Text phone number: 18001 0151 282 6886

Mr Lynch's Secretary

Tel: 0151 706 3590

Text phone number: 18001 0151 706 3590

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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