

//// The prostate tissue that has been removed during the procedure is examined microscopically. We will receive the final result after approx. 14 days.

//// You and your urologist will then receive the final medical report with all important findings.

//// Annual cancer screening is still necessary because the prostate capsule has not been removed.

If you have any questions about the surgery and your indication, don't hesitate to schedule an appointment telephonically or online for an in-person consultation.

Your Laser Team at the Clinic for Urology.

CLINIC FOR UROLOGY

Grosse Hamburger Strasse 5-11, 10115 Berlin

//// Phone: (030) 23 11 - 26 33, Fax: (030) 23 11 - 24 34

//// Email: urologie-shk@alexianer.de

//// www.alexianer-berlin-hedwigkliniken.de/urologie

CHEFÄRZTE (head physicians)

//// Prof. Dr. med. Steffen Weikert

//// Dr. med. Christian Klopff



CONTACT / CLINIC MANAGEMENT

//// Daniela Schefter, Kathleen Seidler

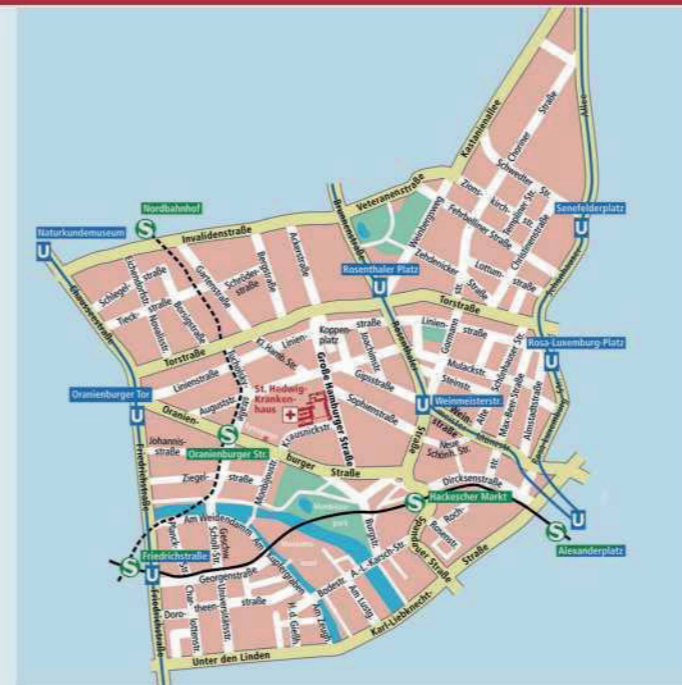
Tel.: (030) 23 11 - 26 33

Fax: (030) 23 11 - 24 34

Email: urologie-shk@alexianer.de

ONLINE APPOINTMENT BOOKING

//// www.alexianer-berlin-hedwigkliniken.de/urologie



ALEXIANER ST. HEDWIG-KRANKENHAUS

Grosse Hamburger Strasse 5-11 | 10115 Berlin

Website: www.alexianer-berlin-hedwigkliniken.de

PUBLIC TRANSPORT AND PARKING

//// S-Bahn: Hackschescher Markt and Oranienburger Strasse

//// Subway: Weinmeister Strasse and Oranienburger Tor

//// Regional train: Alexanderplatz, Friedrichstrasse, Gesundbrunnen

//// Tram/streetcar: Hackschescher Markt and Rosenthaler Platz

//// Parking garage: Access on Krausnickstrasse

St. Hedwig-Krankenhaus is funded by the Alexianer St. Hedwig Kliniken Berlin GmbH that are part of the Alexianer GmbH group of companies. For further information, please go to www.alexianer.de



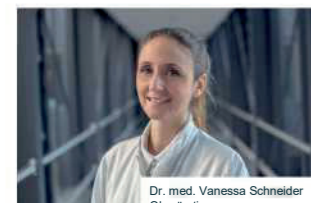
CLINIC FOR UROLOGY

Alexianer St. Hedwig-Krankenhaus

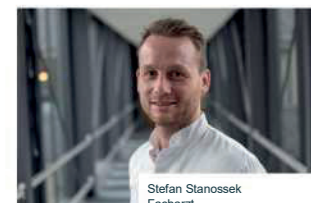
Holmium laser enucleation of the prostate (HoLEP)



Dr. med. Tobias Bothmann
Oberarzt



Dr. med. Vanessa Schneider
Oberärztin



Stefan Stanossek
Facharzt

Dr. Franziska Herrmann
Oberärztin

Dear patients,

In this flyer we would like to introduce you to our specialized procedure option of holmium laser enucleation of the prostate (HoLEP).

In recent years, laser therapy has developed into the preferred surgery method for the treatment of benign prostatic hyperplasia (BPH). The advantages as compared to other endoscopic procedures are well documented in studies. At Alexianer St. Hedwig-Krankenhaus, we carry out the enucleation of the prostate with a holmium laser (so called holmium laser enucleation of the prostate - in short: HoLEP).

THE PRINCIPLE OF THE HOLEP

During this surgery method, the prostate is enucleated. An instrument (endoscope) is inserted via the urethra. Excess tissue is separated from the capsule and enucleated using a laser beam (Fig. 1).

After the tissue is enucleated, it is cut into small pieces in the

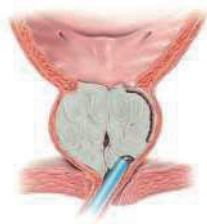


Fig. 1

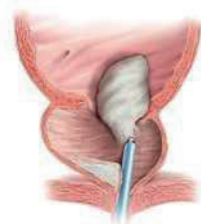


Fig. 2

bladder with a special instrument (morcellator) and removed by suction (Fig. 2).

The advantage of this surgery method is the complete removal of the adenoma. This is made possible because the surgery is carried out along the given anatomical layers - similar to removing the skin of an orange with your fingers. Because of this, the surgery involves considerably less bleeding than the classic transurethral resection ("shaving") of the prostate. The advantage of the holmium laser is its physical property: The laser energy of this "pulsed" laser forms water bubbles that push the tissue in front of the laser tip.

Planning includes arranging two appointments. One out-patient appointment for preparations and one appointment for the admission for the surgery.

PRE-ADMISSION EXAMINATION

Please come to the central reception in the main building (elevator no. 2, left, 2nd floor) for your appointment (usually one week before the surgery. You will first be admitted administratively. Patients who are covered by the statutory health insurance need a hospital referral from the registered urologist and a confirmation of cost coverage from the health insurance. Subsequently you will be examined in the Clinic for Urology and your blood will be taken. In preparation for the surgery, you will also speak with the anesthetist. The entire process of admission and clarification will take about 3 hours.

SURGERY

You are allowed to eat until midnight on the day before the surgery. Drinking water is allowed until 6.00 a.m. on the day of the surgery.

The surgery usually takes 1.5 hours. While you are under anesthesia, a catheter is put in place which is left in for two days.

After the surgery, you will spend about one hour in the recovery room before you are moved to your room.

Fluid will continuously be flushed through the catheter to clear any coagulum (blood clots). This bladder flushing is pain-free and can usually be stopped on the day after the surgery. You can then move freely in your room and on the ward.

On the second day after the surgery, the catheter is usually removed. The prerequisite is that the urine is mostly clear. Subsequently, we will check during an ultrasound examination if any urine is retained when you urinate. We will also measure the urine stream. If everything is normal, you may be discharged on the same day.

AFTER BEING DISCHARGED

The prostate enucleation leaves a wound in the prostate capsule that needs to heal.

Any mechanical strain on the perineal or excessive blood flow result in bleeding and delayed wound healing. To ensure fast healing, some rules must be observed:

//// Do not ride your bike, ride horses, lift heavy or do any heavy physical work for 3 weeks.

//// Unless there are medical reasons (e.g. heart or renal insufficiency) prohibiting it, drink approx. 2 liters per day.

//// Scab tissue sloughing off may cause minor bleeding.

//// In rare cases, minor temporary incontinence may occur.

//// During the course of wound healing, you may experience the sudden urge to urinate and pain when you urinate for up to 4 months.

//// As a result of the surgery, when you ejaculate, semen is initially directed to the bladder and is excreted the next time you urinate. This is called a "retrograde ejaculation".

You should visit your urologist or our clinic if you develop temperature over 38.5 °C, if you can no longer urinate or only with severe pain or if you experience severe discomfort in the abdominal or kidney area.