

What next?

- This all depends on what is found during the procedure. All the options will be discussed in detail.
- There may be some blood in the urine. This can be remedied by drinking plenty of fluids until it clears.
- A ward prescription will be issued to patients on discharge, for own collection at any pharmacy.
- Anatomical causes of the stones will be discussed and surgical options in treatment may be discussed, ie TURP, ISC etc..
- Patients should schedule a follow-up appointment within 1 month to discuss the etiology of the calculus as well as what other procedures may be involved to prevent this from occurring again.
- Please don't hesitate to direct all further queries to Dr Schoeman .

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PATIENT INFORMATION BROCHURE

***OPEN
CYSTO-LITHOTOMY***

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Open Cysto-lithotomy

Why is it done?

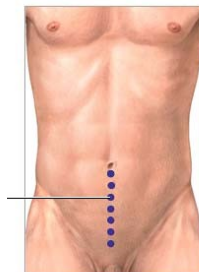
- To break up a large bladder calculus (stone) that cannot be done endoscopically

Risk factors causing this:

- Bladder outflow obstruction
 - BPH with chronic retention
 - Urethral stricture
- Neurogenic bladder
- Renal calculi disease
- Metabolic disorders
- Malnutrition
- Chronic infections
- Foreign objects in bladder

Pre-requirements

- An informed consent is required from the patient .
- Female patients should confirm that they are not pregnant.
- Patients may not eat or drink from midnight the previous evening
- Patients are to refrain from smoking before the procedure.
- **Patients allergic to IODINE/CHLORHEXIDINE should clearly state this to theatre staff and to Dr Schoeman.**
- Patients with cardiac illnesses require a Cardiologist/ Physician's report.
- A chest X-ray is required for patients with lung disease.
- Where required, Pre-Op blood tests are required 4 days before the procedure
- This is a day surgery procedure, unless more involved pathology is suspected or found during the procedure.



How is it done?

- A General anaesthetic will be given
- A sterile surgical field is prepared
- Prophylactic antibiotics are given.
- An indwelling catheter is inserted and the bladder is then distended with fluid (saline).
- A Small lower abdominal incision is made, splitting the linea alba and opening the distended bladder in the midline
- The stone is removed whole with a grasping instrument.
- The bladder is inspected and then closed in 2 layers.
- Skin is closed
- A catheter will be left for 10 days



What to expect after the procedure?

- Hematuria (blood in your urine)
- You will have a n indwelling catheter (IDC), which will remain in your bladder.
- You may have a continuous bladder irrigation with Saline to help clear the bleeding.
- When your urine is clear and your bowels are functioning, you will be discharged with catheter care instruction.
- You will have this indwelling catheter for 2 weeks.
- A cystogram will be arranged at 10 days to exclude any urine leaks prior to removal of your catheter
- If there are any urine leaks, your catheter will remain a further 7 days, or until the leak is sealed.
- Pain on initial passing of urine when the catheter is removed
- Bladder infection ranging from a burning sensation to, fever, to puss (rare).
- Lower abdominal discomfort which will persist for a few days
- NB! Each person is unique and for this reason symptoms vary.

