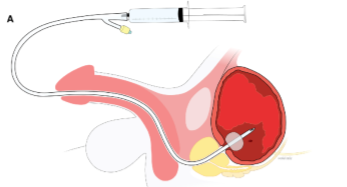
Trans-urethral cauterization of bladder bleeders + Evacuation Clots

**Item Number:**



Why is it done?

Primary management of:

 Continuous or intermittent bleeding from bladder vessels

 More prominent after radiation therapy with neo-vascularisation

 Induced or aggravated by blood thinning and anti-platelet therapy

**Risk factors:**

 Anti-coagulation therapy : Warfarin, Xaralto etc

 Anti-platelet therapy

 Radiation to bladder prostate or bowel

 These need to be stopped prior to the procedure

How is it done?

 This is done under General anaesthesia.

 A cystoscopy is performed by placing a camera in the urethra with the help of a lubricant gel and saline irrigation.

 The bladder is then distended with saline.

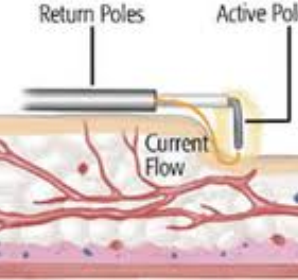
 A resectoscope is then placed.

 I use Bi-polar resection, thus using Saline as irrigation.

 The vessels are cauterized and sealed

 A 3 way catheter is placed with continuous saline irrigation until your urine is clear

 Antibiotics may be given to prevent infection.



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Complications

**Side–effects**

 You may have a 22 –24 French (thick) 3 way urethral catheter placed through your urethra.

 It does have a channel for placement of constant saline irrigation and another for the drainage of the blood-stained urine.

 The Continuous bladder irrigation will continue until your urine is clear approximately 24-48hrs.

 This can also be remedied by drinking plenty of fluids until it clears.

 As soon as the colour of your urine is satisfactory, your catheter will be removed.

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