Prostatic Stent

**Item Number:**

**Minimal invasive management for the relief of LUTS (lower urinary tract symptoms) or Urinary Retention**

 

Why is it done?

 This procedure is performed when the prostate gland is causing LUTS and you want an alternative to long anaesthetic procedures

 Symptoms include: a weak stream, nightly urination, frequent urination, inability to urinate, **(LUTS)** and Urinary Retention

 This is alternative to an invasive procedure where long periods of anaesthetic is contra-indicated.

 Usually for chronically sick patients who cannot undergo surgery, yet are active enough not to want a permanent catheter.

 Usually a trial of alpha blockers would been attempted and Step-up Therapy with 5 Alpha Reductase Inhibitors have been unsuccessful

 **Any prostate size**

How is it done?

 Patients will receive a sedation with local anaesthetic gel placed in the urethra.

 A cystoscopy is performed by placing a camera in the urethra with the help of a lubricant jelly and an irrigant fluid.

 The measurements of the prostatic urethra is taken (length)

 Appropriate length coil is chosen.

 The device is placed through the cystoscopic sheath, to sit snug in the prostate urethra stretching from the bladder neck to the apex of the prostate

 Prophylactic antibiotics will be given to prevent any infections.

 

Complications

 Retrograde Ejaculation

 Possibility of Infertility due to retrograde ejaculation,

 Stress incontinence especially in the elderly and the diabetic patients

 Urgency and urge Incontinence especially until Detrusor Hyperactivity dissipates

 Urge symptoms may persist due to detrusor fibrosis caused by long term bladder outlet obstruction

 May experience a slower stream initially due to swelling

 Possible infection due to cystoscopy (<2%)

 Migration of device into bladder, requiring a procedure to retrieve this.

 Long term yields the risk for encrustation and recurrent infections

 NB! Each person is unique and for this reason symptoms vary!

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