

Holmium Laser Enucleation of Prostate (HoLEP)

Who is suitable for HoLEP?

- Those experiencing moderate to severe symptoms of enlarged prostate (BPH)
 - Weak stream of urine
 - Incomplete emptying of the bladder
 - Stop and start when urinating
 - Straining to begin urination
 - An increased need to urinate
 - Interrupted sleep because of the need to urinate
 - Complications of enlarged prostate
- Those who want an alternative option to TURP for management of their BPH
- Those who have enlarged prostate symptoms and have failed minimally-invasive treatment options
- Those whose prostate anatomy is not appropriate for other treatment options
- Those who have failed medical therapy, don't want to take medication or have had side effects
- Those who want to improve their quality of life to what it was before BPH symptoms

What are the advantages of HoLEP?

HoLEP is a definitive surgical treatment for enlarged prostate (BPH) for the relief of bothersome urinary symptoms:

- Very effective treatment option, even for very large prostates
- Durable improvement in urinary symptoms with low revision rates
- Quick recovery with minimal bleeding and recovery time after surgery
- Eliminates the need for lifelong use of medications

How is HoLEP performed?

- This procedure is performed under general (or spinal) anaesthesia
- It involves the use of a small telescope (cystoscopy) and a high powered holmium laser
- The enlarged obstructing lobes of the prostate are 'shelled out' (enucleated) and then removed, creating an open prostatic urethra
- It can take anywhere from 20 minutes up to four hours depending on the size of the prostate
- Most patients can be discharged 1-2 days following surgery

What to expect after HoLEP?

- Most of the recovery is done at home and in most cases 'light' normal activities can be resumed as soon as 3-5 days post procedure
- Complete recovery can take up to 4 weeks during which time strenuous activity should be avoided
- The most common side effects include discomfort or burning with urination, blood in the urine, urgent need to urinate and/or difficulty controlling this urge. Most of these symptoms generally subside within the first two weeks following procedure

HoLEP outcomes

- Most patients will notice an immediate improvement in their urinary flow, pressure and bladder emptying
- Bladder symptoms of urinary frequency, urgency and nocturia (getting up at night to pass urine) tend to take longer (up to 3 months) to improve

Are you suitable for HoLEP?

Melbourne Urology Centre offers HoLEP treatment in Melbourne to local and interstate patients. Your case will be thoroughly evaluated including discussion of other appropriate management options. We offer a full range of surgical options for [enlarged prostate](#) (BPH), including:

- [Rezūm](#)
- [HOLEP \(Holmium Laser Enucleation of Prostate\)](#)
- Green light [prostate laser](#) surgery

- [TURP \(Transurethral Prostate Resection\)](#)
- Robotic enucleation of the prostate

Post-Operative Care Instructions

What to expect:

- When you wake, you will have a catheter in place, which will assist your bladder in expelling any residual blood from the procedure.
- Improved urinary flow, pressure, and bladder emptying following the removal of the catheter.
- Blood in the urine is common for a couple of weeks following your procedure, but in some cases it may take longer to resolve. This may be intermittent.
- Burning and stinging with urination may last for 2-3 weeks following the procedure. This does not usually indicate infection. You may use Ural (available over the counter at pharmacies) to alleviate your symptoms.
- Urination frequency and urgency (urinating often and in a hurry) as well as nocturia (waking at night to urinate) take longer to improve, and in most patients will settle within 3 months. In some circumstances symptoms may persist.
- Some patients may experience transient incontinence (leakage of urine) following the procedure. This usually resolves within three months with pelvic floor muscle exercises. Your urologist may recommend a pelvic floor physiotherapist to assist you.
- Retrograde (dry) ejaculation is common (90%), expected, and if it occurs it is permanent. This is not dangerous.

Return to activity:

- Driving – no driving for at least 24 hours, or until you are comfortable to do so
- Work – you will require at least 4-5 days off work, possibly longer depending on your occupation
- Lifting – avoid heavy lifting for 2 weeks following your procedure
- Activities – walking is fine and encouraged following your procedure, however you should avoid strenuous activity and

- straining to open your bowels for 2 weeks following your procedure
- Sex – avoid for 2 weeks following the procedure.

Pain Management:

You may take ibuprofen or paracetamol if you are experiencing discomfort. Ural sachets (available over the counter at pharmacies) can help with burning or stinging with urination.

Head to your nearest hospital emergency department if you:

- Have severe pain that cannot be controlled with medication
- Are unable to urinate
- Are unwell with a high fever.

Follow-Up Information:

Our rooms will contact you to arrange a follow-up appointment with your urologist, typically four weeks after your procedure. Pathology from the tissue samples obtained during your procedure will be reviewed at this appointment.

Your follow-up appointment is on: _____ at
_____.

Contact Information:

If you have any questions or concerns that are not addressed here or in the procedure information available on our website melbourneurologycentre.com.au contact our rooms on 1300 702 811 or [\[email protected\]](#)

Post-Operative information for this procedure can be found here:
[Holmium Laser Enucleation of Prostate \(HoLEP\) Post-Operative Care Instructions](#)

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The British Association of urological Surgeons, (2018), Holmium Laser

Enucleation of the Prostate (HOLEP): Procedure Information, [<https://www.ouh.nhs.uk/urology/services/documents/holep.pdf>], accessed 26/02/21.

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Das, A. K., Teplitsky, S., Humphreys, M. R., (2019), holmium laser enucleation of the prostate (HoLEP): a review and update, Canadian Journal of Urology, 26(4), [<https://pubmed.ncbi.nlm.nih.gov/31481144/>], accessed 26/02/21.