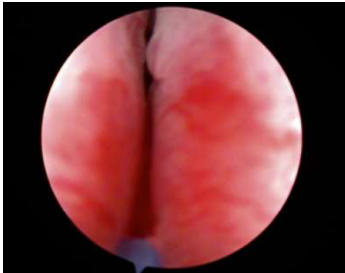


WHAT ARE THE BENEFITS OF HOLEP

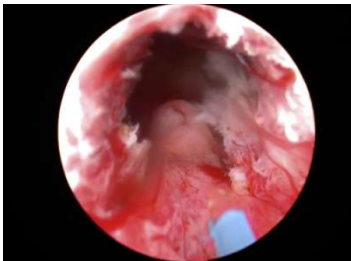
There are several short and long-term advantages that HoLEP has over older style procedures. These include:

- Less bleeding
- Lower chance of erectile dysfunction or incontinence
- Importantly allows sampling of tissue for prostate cancer
- Same maximal flow rate and urinary symptom improvement
- Minimal re-operation rate
- Shorter catheter times and hospital stays
- Protects the bladder and kidneys from chronic damage therefore avoid long-term catheters, infections and retention of urine

HOLEP BEFORE AND AFTER



BEFORE HOLEP: The above image is of a patient's enlarged prostate showing the narrowing of the urethra from excessive prostatic tissue.



AFTER HOLEP: The above post operative image shows the outcome of HoLEP by Dr Elmes clearing the obstructive prostate tissue and opening the urethra passage.



DR MARTIN ELMES
HIGH QUALITY,
PERSONALISED AND
PATIENT-FOCUSED
UROLOGICAL CARE

With over 15 years of expertise in the field of Urology, Dr Elmes provides a full range of high quality Urological services for patients with the use of advanced techniques and cutting edge equipment to perform procedures. Dr Elmes is highly qualified in the field of Urology having completed extensive surgical training throughout Melbourne and Sydney.

His main interests in the field include:

PSA Surveillance & Management

Minimally invasive Robotic Prostate & Kidney surgery

Advanced BPH treatments

Laser prostate enucleation (HoLEP)
Rezum water vapour steam therapy
UroLift (Internal Sutures)

Kidney Stones

**Penile Prosthesis Post Robotic Prostatectomy
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A PATIENT GUIDE TO Laser Prostate Enucleation (HOLEP)



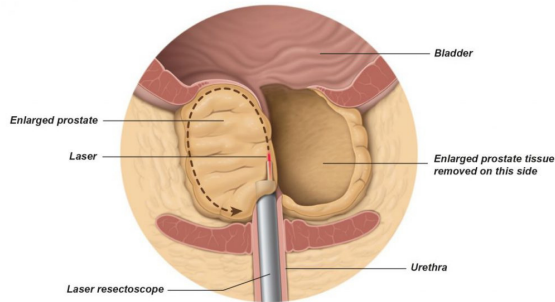
GOLD COAST UROLOGIST

DR MARTIN ELMES

MBBS (MELB), FRACS (UROL, SYD)
ROBOTIC & LAPAROSCOPIC UROLOGICAL SURGEON

WHAT IS LASER PROSTATE ENUCLEATION (HOLEP)?

HoLEP is an advanced minimally invasive treatment option for treatment of benign prostatic hyperplasia (BPH). The holmium laser follows the exact anatomical planes within a prostate with ultimate precision allowing complete resection of all obstructing prostate tissue whilst preserving the outer capsule, erectile nerves and urethral sphincter.



The procedure can be performed on men of any age suffering from urinary outflow obstruction and is particularly indicated in men with large prostates (over 60mls in size). It is also recommended for men who failed or do not wish to have medical therapy, are willing to tolerate retrograde ejaculation and do not wish to undergo older style procedures.

ABOUT THE PROCEDURE

The laser device used by Dr Elmes is the Cyber Ho 100. It brings outstanding innovation for treatment of BPH with high effectiveness, safety and durability.

Key features include:

- **FAST CUTTING** - The limited depth of penetration, together with the fast tissue incision, results in precise cut without affecting surrounding tissues
- **RELIABILITY** – clinical outcomes of HoLEP have been widely investigated, with many clinical studies demonstrating its safety and effectiveness in the longer term
- **SIZE INDEPENDENT** – HoLEP overcomes the limitations affecting other BPH techniques regarding prostate size
- **EFFECTIVE HEMOSTASIS** – the Holmium Laser allows quick coagulation of bleeding vessels
- **HIGH POWER** – Up to 105 W output, for fast quick incision, cutting down treatment time

ABOUT THE PROCEDURE

The procedure is performed in hospital under a general anaesthetic. A tube is passed through the urethra, which allows a thin camera, Holmium laser fibre to be inserted.

This camera allows Dr Elmes to see the prostate and bladder and guides him for treatment. The precise focused laser beam removes the enlarged prostate resulting in the clearing of obstructive prostate tissue and opening of the urethra passage. A powerful high-speed cutting device known as a morcellator, removes the lasered tissue that has been resected.

The expected hospital stay is no longer than one night, although this depends on each individual and their recovery.



WHAT TO EXPECT POST YOUR PROCEDURE

Expect:

- There is always some bleeding from the prostate after the procedure. Blood in the urine can last up to 2-4 weeks post your procedure
- You may experience increased urinary frequency, urgency and burning sensation for the first 3-5 days and intermittently for 6-12 weeks after the procedure which progressively gets better
- The catheter is generally removed the morning after surgery The expected hospital stay is no more than one night
- Return to work can take up to 2 weeks post procedure but this depends on how your recovery is going, type of work and when you are comfortable
- You may begin to experience symptom relief in as soon as 2 weeks with maximum benefit occurring in 3-6 months. Responses to treatment can and do vary

What to do:

- Drink plenty of fluid
- Take Ural for the first 2-3 days if you have burning
- Movicol is available from your local pharmacy – used to avoid constipation
- Oxytrol patches are used if you have bothersome urgency and frequency, night-time urination incontinence/or penile tip pain. These can be used a maximum of 2 patches at any one time and are to be used bi-weekly (change every 3.5 days). You may be prescribed with Vesicare, which is a tablet form of oxytrol to avoid skin irritation. *Do not take Vesicare and Oxytrol at the same time
- Endone/panadine forte: prescribed strong pain relieving drug

Avoid:

- Straining/strenuous activity and constipation for 4 weeks
- Driving long distance within first week
- Sexual activity 4-6 weeks post operatively

Inform Dr Elmes rooms

- If you are unable to urinate (urinary retention) contact our rooms, or if our rooms are unattended admit yourself to the John Flynn emergency department for treatment
- Your urine becomes a red, thick strawberry jam consistency (i.e. heavy continuous bleeding +/- clots)
- Fever/unwell
- You may be otherwise concerned