

## After 'Greenlight' PVP

The fundamental advantage of this procedure over conventional surgical approaches in the management of the symptomatic prostate gland is the much reduced or indeed lack of bleeding from the prostate during and after the operation.

That is not to say that there is necessarily an uneventful recovery period. The minimally invasive nature of Greenlight PVP does allow a more rapid return to sexual activity (after 1 week) and to normal physical activity (after 2 weeks). Following discharge from hospital, it is not unusual for the patient to describe significant dysuria for a day or two. This may be accompanied by light haematuria, although this usually settles quickly. If questioned, however, patients are likely to describe ongoing mild dysuria for a number of weeks; this has usually resolved within 6 weeks.

Roughly 3 to 4 weeks following the procedure, many patients describe the return of some haematuria. Most commonly the blood is seen only at the start of the stream of urine and there may be some associated dysuria too. The ongoing intake of good volumes of water/fluid usually ensures a rapid resolution of these symptoms.

There is of course a spectrum of symptoms seen in the recovery from this procedure, as with any other. This probably most closely relates to the size of the prostate gland and the severity and pattern of the preoperative symptoms. Many patients describe merely a day or two of mild dysuria and a rapid and sustained improvement in their urinary symptoms. Others, usually those with very large prostate volumes, describe a more prolonged recovery with a more delayed end to haematuria in particular. However, even in these cases nearly all symptoms have settled by 6 weeks or so.

In those patients whose presenting urinary symptoms were dominated by those relating to the storage of urine i.e. urgency, urge incontinence and frequency of micturition, these symptoms may often deteriorate in the early phase after the procedure. This can be the case whatever the surgical technique employed and is by no means unique to PVP. This deterioration is hand in hand with an improvement in the flow of urine.

These symptoms can take a number of weeks or even months (often up to 6 months) before things have improved as the patient would expect or hope. In up to a third of men urgency may never settle completely. In those patients where this deterioration in urinary symptoms is having an unacceptable effect upon quality of life the prescribing of anticholinergic therapy is appropriate, as it is in those whose symptoms do not settle with time.

Post-operative urinary infection is always a potential problem. In those men where the symptoms seem exceptionally severe or prolonged then it is worth sending an MSU off. Dipstix urinalysis is not particularly useful in this setting and antibiotic therapy should only be prescribed on the basis of positive culture of an MSU.

Although extremely rare following PVP, significant secondary haemorrhage can occur. Usually things will settle with good fluid intake and antibiotics, should they be appropriate. However, very occasionally, the haematuria may worsen and become increasingly heavy, associated with clots and/or difficulty voiding urine. In this scenario referral to the appropriate secondary care/ hospital is appropriate.