Greenlight Laser Ablation of the Prostate
(Possible Conversion to TURP procedure)

Greenlight laser prostatectomy is a safe procedure, however, complications can occur. Complications can occur despite all care being taken.

Common complications include

1. Burning and scalding with passage of urine. This usually settles. You may find that medications such as pyridium or AZO and increasing fluid intake for a few days after the procedure may help.
2. Infection in the urinary system. This can rarely be severe and require hospitalization with IV antibiotics.
3. Late retention of urine. A small plastic tube (catheter) may need to be replaced into the bladder to drain urine and allow the bladder to settle.
4. Overactive bladder symptoms. This may require medications but usually settles within a few weeks.
5. Retrograde ejaculation (semen may pass into the bladder rather than down the urethra and out the tip of the penis). This does not hurt either you or your partner. The semen will pass out when you next urinate. Retrograde ejaculation may have fertility implications.

Uncommon complications include

1. Late bleeding which occurs from the raw surface of the prostate. This may result in blockage of urine flow. This may require a catheter (small tube draining the bladder) to be placed. Most of the cases are performed as an outpatient but a certain percentage of patients may need to stay in the hospital. In certain instances, the procedure may need to be converted to a TURP procedure which may require 1-2 days of hospitalization with a catheter.
2. There is a small risk that once the catheter is removed you may still not be able to pass urine satisfactorily. This is usually due to bladder muscle weakness. Although rare, in some cases the bladder may not recover.
3. Stricture (narrowing) can form at the urethra or the bladder neck. This may require further operations to repair.
4. There is a 1 in 200 (0.5%) risk of late and long-term urinary incontinence (involuntary loss of urine). Commonly early urine leak post-operatively is due to bladder irritation and not reaching the toilet in time. This usually settles with time.
5. Some men have persistent bladder irritation requiring further therapy. This is often due to long-term obstruction of the bladder.
6. The prostate may “regrow” and an additional greenlight laser or TURP procedure may be required in the future.
7. One in 10 patients do not feel that their symptoms have significantly improved after the operation. This is often due to bladder dysfunction rather than prostate obstruction. This percentage of patients is the same for TURP and greenlight laser. It is often difficult to work out medically whether the issue is primarily with the bladder or the prostate. Please refer to the handout on expectations.
8. Damage to the ureteral orifices (tubes that drain the kidneys) are not common, but may require temporary stenting of the tubes or a drainage of the kidneys from a tube in the side (percutaneous nephrostomy).
9. Perforation of the bladder or bowel may require prolonged catheterization or an additional procedure or surgery.
10. Anesthesia risks related to the spinal or general anesthetic.

I am aware of the risks and benefits of the procedure. My doctor has explained the various options available for prostate treatment which include medical management, catheterization and additional procedures such as microwave or TURP. I have had the opportunity to ask questions and understand that I can seek a second opinion. Additional educational materials such as a website, brochure and video have been made available to me.

Patient or Guardian Signature________________________________Date____________

Name (print)________________________________Witness________________________

The procedure stated on this form, including the possible risks, complications, alternative treatments (including non-treatment) and anticipated results, was explained by me to the patient.

Physician’s Signature________________________________Date____________