



The British Association of Urological Surgeons

Hydrostatic distension of the bladder

Stretching the bladder with fluid

This leaflet gives you simple, easy-to-read details about your operation. Expert doctors in the UK have written it. Please also remember the advice your own doctor or nurse has already given you.

What is a catheter valve?

- This operation involves stretching your bladder to make it bigger.
- It can improve symptoms of bladder pain or an overactive bladder.
- The doctor sometimes needs to take a bladder biopsy during the operation.
- The procedure may only give temporary relief. Some patients do not feel any better.
- Pain, bleeding and infection are the most common after-effects.
- If the doctor does do a biopsy, there is a risk that your bladder will get damaged. If this happens, it will take longer for you to recover.
- Most people go home the same day as the operation.

What is hydrostatic distension of the bladder?

This operation makes your bladder bigger. Your bladder is the bag inside you where your pee is stored. Some people have an overactive bladder. If you have an overactive bladder:

- You may have a strong and sudden need to pee. You may not be able to wait.
- You may need to pee more often than usual. This happens even if your bladder is not full.
- You may wake up more than once during the night to pee.
- You may leak pee before you can get to the toilet. We call this urge incontinence.

These symptoms can happen at any time. They may affect your sleep, work or daily life.

This operation gently stretches your bladder by filling it with fluid. This will make it less sensitive.

What are the options?

There are some other choices. You can talk to your doctor about which is the right one for you.

- Watch and wait. This will mean no treatment, just checking your symptoms.
- Lifestyle changes. If you drink less caffeine (tea and coffee), this may help. Drinking more water or squash can also help. If you are overweight, losing weight will help. You can find more information [here](#).

- Medicines. There are some tablets that help calm your bladder. You can find more information [here](#).
- Bladder instillations. There are some liquid treatments available. The doctor puts these directly into your bladder. They can help with the pain. You can find out more about them [here](#).
- Botox injections. This injection is called Botulinum toxin-A. It is injected into your bladder using a tiny camera. The camera goes into the bladder through your water pipe. You can find more information [here](#).
- Nerve signals. We call this sacral neuromodulation. The doctor puts a small electronic device inside your lower back. This sends signals to your brain. It helps to control bladder nerves. You can find more information [here](#).
- Take your bladder out. If your symptoms are bad and do not get better with other treatments, the doctor may talk to you about removing your bladder. If this happens, pee will leave your body through a small opening in your tummy. This is called a stoma. The procedure is called “a simple cystectomy and urinary diversion”.

What happens on the day?

- Your doctor will talk to you about your medical record. They will also make sure that you understand and agree to the treatment. You will hear this called “giving your consent”.
- You’ll meet the anaesthetist. They will talk to you about what type of anaesthetic you will have. You may have a general anaesthetic. This is where the operation is done whilst you are asleep. Or you may have a spinal anaesthetic. This is when the doctor makes you numb from the waist down.
- The anaesthetist will talk to you about pain relief.
- The nurse may give you special stockings and an injection to stop blood clots. Some people might need to use these stockings at home, after the operation. Your medical team will tell you if you need to do that.
- Antibiotics are often given before surgery to avoid infection.
- The nurses will check to make sure you don’t have any allergies.

During the operation

A specialist doctor called a urologist usually does this procedure.

- You may be asleep during the operation.
- The doctor gently passes a thin tube into your bladder. It goes in through the tube where pee comes out.
- The thin tube has a camera on the end. This lets the doctor look inside your bladder.
- They slowly fill your bladder up with a lot of fluid.
- They may empty and fill your bladder again. They do this to check for problems. You may have some bleeding. Your bladder may be damaged. These changes may help explain your symptoms.
- Sometimes, the doctor takes a tiny sample from the bladder lining. This is called a biopsy.
- At the end of the operation, the doctor may put a soft tube into your bladder. The medical team call this a catheter. It helps drain your pee.
- They will do this if a sample has been taken.

- The catheter is usually removed within a few days.
- Most people go home on the same day.

After the operation

Your medical team will tell you how the operation went. You should:

- ask questions. You should know what has been done
- ask the surgeon if everything went as planned
- let the staff know if you have any pain or discomfort
- ask what you can and cannot do at home
- make sure you know what happens next
- get advice about how to look after yourself at home
- be told what to look out for when you get home
- ask when you can start doing the things you normally do
- be told who to contact if you have problems

What happens when you get home?

- Drink plenty of fluids for the first 2 days. This will help to flush your system. It can also help stop infections.
- You will get a summary of your hospital stay. Your GP will get a copy too.
- You can go back to work when you feel ready. You will need to check that your GP agrees.
- Any medicines you need will be provided.
- You will be given an appointment to come back for a check-up. This will be in about 6 weeks.
- You should call your GP if you:
 - get fever
 - cannot pee
 - have strong pain
 - have bleeding that gets worse

Possible after-effects of the operation

Most people recover well, but there are some things that can happen. Some things go away on their own. Other after-effects may last longer or need more care.

Everyone is different. Talk to your doctor about the risks for you.

Almost everyone:

- Most people have mild burning when they pee. This usually gets better in a few days.
- Your symptoms may get worse for a few days.
- Your symptoms may get better but come back in the future.

Common problems. These happen to more than 1 out of every 10 people:

- The doctor may need to take a small sample of your bladder. This is called a biopsy.

Occasional problems. These happen to about 1 in every 50 people:

- You may not be able to empty your bladder fully. This may be for a short time.
- If you cannot empty your bladder, you may need to use a catheter. This is a soft tube put into the tube that carries pee out of our bladder. The doctor or nurse will show you how to look after this.

- You may get an infection in your pee. We treat this with antibiotics.
- The surgery may not help at all.

Rare problems. These only happen to about 1 out of every 250 people:

- You may bleed a lot during surgery. If this happens, you may need another operation to stop the bleeding.
- You may have problems after the anaesthetic. This might be a stroke, chest infection or heart attack. This might need treatment in the Intensive Care Unit.

Risk of getting an infection in hospital

About 6 out of 100 people get an infection whilst they are in hospital. This includes MRSA or C. difficile infections. The risk is higher if you:

- have a tube in place for a long time
- have had your bladder removed
- stay in hospital for a long time
- have been in hospital many times

Other things you should know

Before your operation

- Tell your team if you have implants. These are things like:
 - a pacemaker
 - a joint replacement
- Tell your doctor if you take blood-thinning tablets.
- If you have ever had MRSA, you should tell your doctor.
- You should tell your doctor if you may be at risk of variant-CJD. This might be if you have had:
 - a corneal transplant
 - a neurosurgical dural transplant
 - human growth hormone treatment
- You can ask your doctor about their own results and experience with this operation.

Smoking and surgery

Smoking makes surgery riskier. Stopping before your operation helps. For help to stop smoking, call the NHS Smoke-Free Helpline: 0300 123 1044.

Driving after surgery

You must check that you are well enough before driving again. Talk to your doctor about this. If you cannot drive for more than 3 months, [tell the DVLA](#).

Important

We have worked hard to make this leaflet clear and correct. But it cannot replace advice from your own doctor or nurse. Always ask them if you are worried or unsure.

What should you do with this leaflet?

You can keep this leaflet. If you have more questions, ask your doctor or nurse. They can explain more.

Online access

You can see this leaflet on the internet.

Scan the special picture (QR code).



<https://rb.gy/9ryefr>

Feedback

We'd love to know what you think! You can share your thoughts by emailing us at admin@baus.org.uk

Questions and notes

Lined area for questions and notes.