OPTILUME (STRICTURE) PROCEDURE INFORMATION

What is a urethral stricture and why is Optilume recommended?
Urethral stricture disease occurs when there is an obstruction in the urethra that prevents the flow of urine and emptying of the bladder properly. The stricture will block the narrow passage of the urethra, making it difficult and painful to urinate. Urethral strictures are often caused by traumatic, inflammatory or ischemic processes that can lead to severe problems if left untreated. Letting these issues go on too long without seeking medical attention can cause kidney damage, urinary tract infections and general discomfort or pain with urination.

https://www.laborie.com/product/optilume-drug-coated-balloon-for-urethral-stricture-treatment/

What are symptoms of a urethral stricture?
In some cases, people with urethral stricture may not exhibit any symptoms. However, it's common to experience a range from mild discomfort to extreme pain to complete urinary retention. Other common symptoms of urethral stricture include: Painful urination, slow urine stream. Recurrent urinary tract infections, increased urge to urinate or urinating more frequently, blood in the urine, urethral discharge, swelling of the genitalia, loss of bladder control, abdominal pain, dark urine, spraying or dribbling urine stream, incomplete bladder emptying or straining when urinating.

How is urethral stricture diagnosed?
A physical exam is performed. An ultrasound and X-rays may be used for images of the urethra to locate the blockage. Labs including urinalysis, urine culture are usually performed. Cystoscopy: a scope used to look into the bladder and at the anatomy of the lower urinary tract is necessary to diagnose this condition. Two other common procedures for urethral strictures are a urethroscopy and a retrograde urethrogram.

Why do I need treatments other than medications?
As a urethral stricture is a structural issue, it will likely need to be fixed with a procedure otherwise the need for intermittent self-catheterization or indwelling catheter is often necessary. Intermittent self-catheterization can keep the scarred area of the urethra from narrowing, but this method can be painful or time-consuming and requires a constant supply of catheters. Additionally, inserting catheters too often or having them in too long can risk introducing bacteria into the body and lead to infection, scarring, infections, spasms or perforations.

What are other surgical treatments available for my urinary symptoms?
Standard dilation, Urethrotomy, Urethroplasty for strictures. Results of your urodynamics test, cystoscopy, size of the prostate, Uroflow, Urocuff and imaging are other factors that determine which procedure or surgical treatment is best for each patient.

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What is OPTILUME?
Optilume is a Drug Coated Balloon approved by the FDA to treat patients with Urethral Strictures. The Optilume Urethral Drug Coated Balloon technology simultaneously dilates and delivers an anti-proliferative medicine to the urethral stricture. During the Optilume procedure, The Optilume device expands the scar tissue surrounding the urethral stricture creating a dilation and micro-fissures across the affected area. This allows the drug, paclitaxel, to be delivered directly to the stricture. This combined technique results in limiting scar tissue generation and helps prevent future stricture recurrence.

What are the risks of OPTILUME?
Every surgical procedure includes risk. The risks of this procedure include blood in the urine, post treatment urinary retention which could require catheterization for a period of time, bleeding from the urethra/penis, urinary tract infection, increased urgency or urge incontinence, pain when urinating, pelvic ache, ejaculatory dysfunction and inflammation of the genitourinary system. Patients may experience discomfort, pain, and bleeding/bruising in the urethra or surrounding tissue.

When do I need to call the office?
We ask you contact our office if you have: temperature over 102 degrees, excessive urinary bleeding or bleeding from the penis, continuous bladder spasms, symptoms of infection, painful/swollen/inflamed testicle(s) or scrotum, inability to urinate, uncontrolled pain or, if you have a catheter that is not draining.

Below are pre and post procedure instructions and expectations. Please read through them carefully and call with any questions.

PRIOR TO THE OPTILUME PROCEDURE
You will be scheduled in office two weeks before your procedure date for a pre-operative appointment to answer any questions. You will have prescriptions needed for the procedure sent to your pharmacy at this time.
Know the arrival time and date of your procedure.
If your procedure is canceled or must be rescheduled we will notify you as soon as possible and discuss potential dates for rescheduling surgery.

Please fill all prescriptions that we give you and read the instructions on the bottle. These prescriptions will have been given to you at your preoperative appointment or when we call prior to your procedure.
Please note: Any narcotic medication (Tylenol with Codeine, Hydrocodone, Vicodin, Norco, Oxycodone, and Percocet) can cause constipation. It is recommended to get over the counter Miralax and a stool softener to help prevent constipation if you choose to use these Medications.

You must notify your provider if you are taking any **SGLT2 inhibitors** such as

- Brenzavvy (bexaglifloxin)

- Inovokana (canaglifozin)
- Farziga (dapagliflozin)
- Jardiance (empagliflozin)
- Steglatro (ertugliflozin)

OR any **GLP-1 receptor agonists** such as

-Ozempic (semaglutide subcutaneous)
-Trulicity (dulaglutide)
-Bytetta (exenatide)
-Bydureon Bcise
-Victoza (liraglutide)
-Adlyxin (lixisenatide)

If you take any **blood thinners** on the following list, this will need to be discussed with your provider. Do not stop these medications on your own. According to the schedule below, unless otherwise noted by your cardiologist or Dr. Trotter/Dr. McClintock.

o Plavix (Clopidrogel)
o Pradaxa (Dabigatran)
o Xarelto (Rivaroxaban)
o Elquis (Aphixaban)
o Effient (Prasugel)
o Brillinta (Ticagrelor)
o Aspirin or Baby Aspirin
o Fish Oil
o Meloxicam

THE NIGHT BEFORE THE OPTILUME PROCEDURE

Avoid alcohol, coffee and other caffeinated beverages 48 hours prior to the procedure.
Ensure that you have all of your prescriptions.

POST OPTILUME

Continue and complete your antibiotic as prescribed.
Use any of the other prescribed medications if needed. Directions on when, how and why to take will be on the bottle.
You will go home with a catheter, please ensure it is draining well. Empty the bag as needed.
You must use a condom for sexual activity for 30 days after the procedure.
Continue your prescribed medications.
Stay off any blood thinners as instructed by Dr. Trotter/Dr. McClintock or your cardiologist.
If you have a catheter in place it is normal to have bladder spasms/discomfort, burning with urination, blood in your urine, penile irritation when in place and for a few days after it is removed. It will be normal to see blood and clots in your catheter bag after the procedure.

THE DAYS AFTER THE OPTILUME PROCEDURE

Come in for your scheduled appointment to have the catheter removed. Typically a catheter stays in for five days after the procedure.
It is recommended after the catheter is removed to use the prescribed Phenazopyridine (AZO) or Uribel for a day or two. You are to continue your antibiotic.
Once the catheter is removed, it is normal to have bladder spasms/discomfort, burning with urination, blood in your urine, penile irritation when for a few days after removal. It will be normal to see blood and clots in your urine.
If you do not have a catheter placed we still recommend you to follow-up to ensure that you are emptying your bladder appropriately.
You will be given instructions regarding appropriate level of activity, medications and expectations during this visit.
Continue to drink at least 2 liters of water a day, abstain from dietary irritants, and continue taking your antibiotics and prostate medications. Stay off any blood thinners or as directed
You may eat and drink normally, but restrict your activity level.

POST OPTILUME PROCEDURE EXPECTATIONS FOR DAYS 3-21

Typically, your next appointment after the catheter is removed will be with one of our providers to evaluate improvement approximately **6 weeks** after the procedure.
It is normal to have burning with urination, frequency, urgency and bladder spasming/discomfort after the procedure. Some men may experience soreness in the lower abdomen, discomfort when sitting, and bruising at the base of the penis. This may last up to a few weeks and will subside with time. These symptoms do not indicate that the procedure was unsuccessful or that there were complications or infection. Make sure you are hydrating well with water and abstaining from dietary irritants (caffeine, coffee, soda, alcohol, nicotine, spicy foods and drinks, orange juice, high doses of Vitamin C).
It is normal to see blood or clots in your urine after the procedure. A small amount of blood may appear to be a lot of blood in your urine as it is diluted. This may increase with restarting blood thinners, activity, intercourse, heavy lifting, strenuous activity, or consumption of dietary irritants (caffeine, coffee, soda, alcohol, nicotine, spicy foods and drinks, orange juice, high doses of Vitamin C). This will subside with time and good hydration with water. You may experience this sporadically for a few weeks, especially if you've restarted blood thinners. If your urine does not clear or becomes excessively bloody with lots of clots and does not resolve or you are unable to urinate, please contact our office, the medical exchange line (512-458-1121) or go to Seton Main ER on 38th and Lamar.
The urinary symptoms that you experienced prior to the procedure (frequency, urgency, getting up at night frequently, feeling as if you don't empty completely, slow stream, dribbling at the end of urination) may seem to worsen immediately after the procedure. This is normal and usually resolves within 2-3 weeks.

POST OPTILUME PROCEDURE INSTRUCTIONS FOR DAYS 3-21

1. No strenuous activity for 2-3 weeks after the procedure.
2. Hydrate well with water. Drink at least 2 liters of water a day.
3. Abstain from dietary irritants (caffeine, coffee, soda, alcohol, nicotine, spicy foods and drinks, orange juice, high doses of Vitamin C) for 2 weeks after the procedure. If you consume any of

these, it will not harm you, but may cause discomfort with urination.
4. Complete your antibiotics as prescribed.
5. Continue any medications we previously prescribed.
6. If you take any blood thinners, ask your provider when you may restart them.
7. We recommend you to not travel by plane for the first 1 to 2 weeks afterwards.
8. If you are unable to urinate at all after the surgery please use the in and out catheters if directed to do so. If you are unable to do so, please call our office, the medical exchange line (512-458-1121) or go to Seton Main ER on 38th and Lamar.
9. Please call our office if you have fever over 102 degrees, excessively bloody urine, painful, swollen testicle(s) or scrotum or are unable to urinate at all.
10. If we are not in the office, please call our medical exchange or go to Seton Main ER on 38th and North Lamar.

Medications Prescribed For Your Procedure: Please read the instructions below and ON THE MEDICATION BOTTLES for when, why and how to take them.

1. Ceftin/Cefuroxime or Cipro/Ciprofloxacin or Levaquin/Levofloxacin. These are antibiotics. You are to start the antibiotic the day before the procedure and complete the course as prescribed. It may cause GI upset.
2. Phenazopyridine (AZO), Uribel/Urogesic blue. These are medications that can be taken as needed for burning with urination or bladder discomfort after the procedure. They will discolor urine orange or blue/green. These medications are frequently not covered by insurance. You can utilize over the counter AZO instead and the cost is low.
3. Tylenol with Codeine. These are optional narcotic pain medications. They are to be taken if needed for SEVERE pain after the procedure. Please note: Any narcotic medication (Tylenol with Codeine, Hydrocodone, Vicodin, Norco, Oxycodone, and Percocet) can cause constipation and drowsiness. It is recommended to get over the counter Miralax and a stool softener to help prevent constipation if you choose to use these medications.

Important Contact Information

Midtown Urology
911 W. 38th Street, Suite 200
(512) 451-7935 phone
(512) 451-7965 fax
(512) 458-1121 after hour's emergency line (medical exchange)
Phone Hours:
Monday-Thursday 8AM-4:00PM, Friday 8AM-1:00PM.
(We are closed for lunch and do not answer the phone from 12:00pm to 1:30pm)
A note regarding our phone lines: the Nurse's Line will go straight to voicemail. Please hit the prompt to schedule an appointment and you will be directed to someone you can speak with immediately as long as our phone lines aren't busy.
For after-hours emergencies only, please contact our medical exchange line. Please use ONLY in case of emergencies: 512-458-1121. This number is also listed on our voicemail message at the VERY END.

You may also go to Seton Main Emergency Room on 38th and N. Lamar. Please only go to this hospital as our physicians have privileges there.

Hospital for Emergencies
Seton Main Medical Center
1201 W 38th St, Austin, TX 78705

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