

*GENERIC UROLOGICAL
SURGICAL
POTENTIAL
COMPLICATIONS*

*PATIENT
INFORMATION*

All urological surgical procedures carry a small risk of bleeding and wound, chest and urinary tract infection. You will be monitored for these risks and treated promptly if they occur.

- **Excessive bleeding**

Your wound, drain(s) and vital signs (blood pressure and pulse) will be monitored for signs of excessive bleeding.

- **Infection**

Your chest, wound and urine will be monitored for early signs of infection and intervention will be put in place if it occurs. To reduce the risk of infection antibiotics are given directly into your bloodstream during your operation and continued post-operatively if necessary. You can also assist with the prevention of infection by maintaining good hygiene and doing your deep breathing exercises. Early mobilisation also helps.

- **Prolonged bowel inactivity (paralytic ileus)**

There is a small risk of paralytic ileus following any major surgical procedure that involves handling of the bowel, prolonged anaesthetic time or large amounts of strong pain killing medication. This means the intestinal tract is very slow to return to its normal function. If a paralytic ileus occurs you are likely to experience nausea, vomiting, a bloated abdomen and/or intestinal cramps. These symptoms can be relieved by the use of a naso-gastric tube to drain the stomach's normal secretions while the bowel rests and recovers.

- **Incisional hernia**

As a wound heals, scar tissue forms creating a bond between the two sides of the incision. The scar tissue is strong but can still occasionally tear or give way. This leads to a bulge developing along the scar (incisional hernia) usually within one to five years after surgery. A hernia may not cause any discomfort but if it is troublesome it may require repair.

3 References:

Mosby's Genitourinary Disorders, Clinical Nursing, Mikel Gray 1992
Urological Nursing 3rd Edition, Urological Nursing' 2004
Campbell's Urology 7th Edition, Urology, 1998