

Procedure information

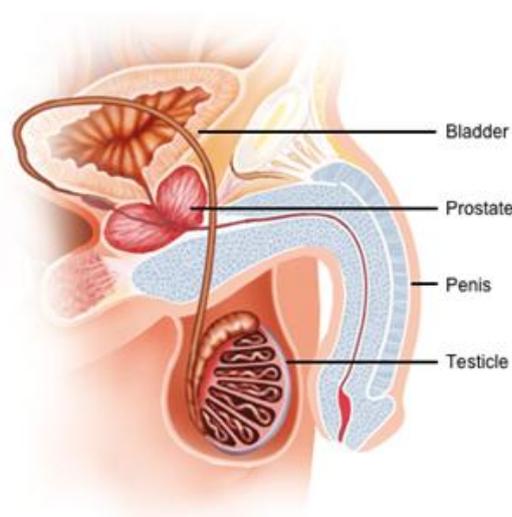
Bladder neck incision (BNI)

A bladder neck incision (BNI) is an operation to open a narrowing at the junction between your bladder and prostate (bladder neck stenosis).

What is bladder neck stenosis?

The bladder neck is the area where the bladder and prostate connect. Sometimes this opening can be abnormally narrow, which is known as a bladder neck stenosis.

A bladder neck stenosis can be something you are born with, or it can occur due to benign enlargement of the prostate, previous surgery, or scarring.



Why is BNI required?

Bladder neck stenosis causes urinary symptoms due to restricting the flow of urine out of the bladder.

These symptoms may include:

- Waking through the night to void.
- Needing to pass urine frequently.
- Having to pass urine urgently.
- Reduced urine flow.
- Difficulty starting urination.
- Stop-start flow.
- Dribbling after passing urine.
- A feeling of incomplete bladder emptying.

A BNI can:

- Improve these urinary symptoms in 80-90% of men with bladder neck stenosis.
- Reduce the frequency of recurrent urinary tract infections.
- Stop stones from forming in the bladder.
- Prevent long-term damage to the bladder and kidneys due to urinary retention.

What does BNI involve?

A BNI is performed in hospital under general anaesthetic (completely asleep) or spinal anaesthetic (numb from the waist down).

A telescope is passed into your bladder through the urethra (waterpipe).

A cauterizing knife is then passed through the telescope and used to incise (cut open) the neck of the bladder.



Telescope ("resectoscope") in bladder

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A catheter (a soft flexible tube which drains urine from the bladder via the urethra into a bag) is inserted at the end of the procedure. The catheter is continuously flushed with fluid after the operation to remove blood and debris.

The catheter is usually removed one day after the operation but occasionally needs to stay in longer.

What is the recovery after BNI?

You will usually be in hospital for one night after the operation.

It is common to have urinary frequency, urgency, waking at night to pass urine, stinging when passing urine, and blood in the urine for a few weeks after the operation.

You can usually return to sedentary work one to two weeks after the operation. If your job involves physical work, please discuss this with your doctor.

You can start doing gentle exercise such as walking approximately one week after the operation. You will need to avoid strenuous exercise and heavy lifting for at least four weeks after the operation.

You can usually return to driving one to two weeks after the operation.

You can resume sexual activity when you feel comfortable doing so. For most men this will be at least four to six weeks after the operation.

What are the risks of BNI?

Most patients

- After BNI you may not ejaculate when you orgasm (retrograde ejaculation). This may make you infertile.

Common risks (1/2 – 1/10)

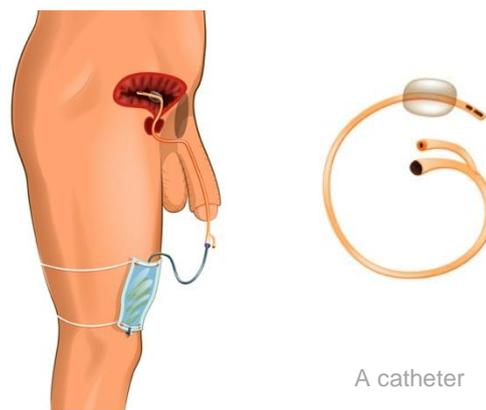
- BNI may not relieve all of your urinary symptoms.

Occasional risks (1/10 – 1/50)

- Inability to pass urine after the catheter is removed requiring re-insertion of the catheter.
- Urinary tract infection requiring antibiotics.
- Temporary swelling of your penis and scrotum.
- Recurrence of your urinary symptoms in the future requiring further treatment.
- Scarring of the urethra, prostate, or ureters (tubes from the kidney to the bladder) requiring another operation to correct.

Rare risks (1/50 – 1/250)

- Difficulty achieving or maintaining an erection.
- Severe bleeding requiring a blood transfusion and/or another operation to correct.
- Urinary incontinence which may be temporary or permanent.



A catheter

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Other uncommon or very uncommon risks of surgery and anaesthesia include:

- Blood clots in the legs (Deep vein thrombosis (DVT)) or lungs (Pulmonary embolus).
- Chest infection (Pneumonia).
- Heart attack.
- Stroke.
- A serious allergic reaction (Anaphylaxis).
- Death.

What are the alternative treatment options?

Non-surgical alternatives to BNI include lifestyle measures and medications.

Surgical alternatives include:

- Transurethral resection of the prostate (TURP).
- Geenlight laser photovaporisation of the prostate.
- Prostatic urethral lift procedure (Urolift®).
- Water vapor therapy (Rezūm®).

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.