

Holmium Laser Enucleation of the Prostate (HoLEP) Surgery

Dartmouth General Hospital, Victoria General Site

Urologist: _____
Phone: _____

Holmium Laser Enucleation of the Prostate (HoLEP) Surgery

This pamphlet explains why you may need HoLEP surgery, what will happen during your surgery, and what to expect while you recover. Please read the whole pamphlet.

What is the prostate?

- The prostate gland makes seminal fluid (the fluid that is in semen). Semen comes out of the penis through the urethra. This is the same tube that urine (pee) comes out of.
- The prostate gland is the size of a walnut. It is just below your bladder and surrounds your urethra.

What is HoLEP surgery?

- If your prostate becomes enlarged (gets bigger), it can put pressure on your urethra. This is called **benign prostatic hyperplasia (BPH)**. BPH can:
 - › Block the flow of urine (pee)
 - › Cause a low pee stream
 - › Cause you to have trouble starting to pee
 - › Cause your pelvic floor muscles to get weaker, since they do not need to work as hard to stop pee from leaking out
 - › Make your bladder muscle work too hard, which can irritate (bother) or weaken it
- HoLEP surgery is done to treat BPH.

Why do I need this surgery?

- You may need HoLEP surgery if:
 - › you have any of the urinary (peeing) problems above.
 - › you have had past treatment that did not fix your BPH.
 - › you have had past treatment for BPH and need surgery for bladder stones, upper urinary tract stones, or other urinary problems.
 - › you have a weak bladder and BPH.
 - › your urine flow is blocked because of prostate cancer (HoLEP surgery is **not** a treatment for prostate cancer).

What are the benefits of HoLEP surgery?

- The benefits of having HoLEP surgery instead of other types of BPH treatments can include:
 - › Most of the time, you will not need to have treatment for BPH again.
 - › You may only need to have a urinary catheter (tube in your bladder to help you pee) for the first night and morning after your surgery.
 - › HoLEP surgery is done with a laser. This means there is less risk of bleeding than with other surgeries (even if you are taking anticoagulant [blood thinning] medication).
 - › The recovery time after HoLEP surgery is shorter than after other BPH surgeries.

How is HoLEP surgery done?

- You will have general anesthesia (medication to put you to sleep for surgery).
- The urologist (specialist) will place a scope (a thin, flexible tube) through your penis into your urethra.
- Then they will put a tool called a holmium laser through the scope.
- They will use the laser to take out tissue from the inner prostate. This will make more space around your bladder and relieve the pressure on it. This process is like peeling the fruit of an orange away from the peel:
- The urologist will move the removed prostate tissue into your bladder. Then, they will use a tool (called a **morcellator**) to remove the tissue from your body.
- They will send the removed prostate tissue to a pathologist (doctor who examines tissues to find the causes of diseases) to check for problems (like an infection or cancer).
- The urologist will put a catheter in your bladder.

How long does this surgery take?

- HoLEP surgery can take from 45 minutes to 3 hours. This will depend on the size of your prostate.

How do I get ready for this surgery?

- Please ask a member of your health care team for pamphlet 1395: *Planning for Your Hospital Stay After Surgery – Halifax Infirmary (HI), Victoria General (VG), Dartmouth General Hospital (DGH)*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/1395

Scan the QR code below on your device
(open the camera on your device, point the camera at the code, and tap the banner or border that appears)



What will happen after surgery?

- You will have a catheter in your bladder when you wake up. Most of the time, this is removed on the morning after surgery.
- You will stay in the hospital for one (1) night after your surgery and go home around noon on the day after your surgery. You may be able to go home on the same day as your surgery. Your urologist will talk with you about when you can go home.

At home

- You will see blood in your pee for 2 to 6 weeks after your surgery. This may last longer if you are taking blood-thinning medication.
- You may notice these symptoms after your surgery:
 - › Burning when you pee
 - › A small amount of pain or discomfort around the tip of your penis
 - › Incontinence (leaking pee)

These symptoms usually go away within 30 days (1 month). Your surgeon will talk with you about how long your symptoms may last.

Physical activity

- It is important to limit your activity after surgery to help your healing.

For 14 days (2 weeks) after your surgery:

- › Rest and do as little activity as possible.
- › **Do not** lift anything heavier than 10 pounds (like groceries, laundry, children).

21 days (3 weeks) after your surgery:

- › You can start doing half of your usual activities, including exercise.

28 days (4 weeks) after your surgery:

- › You can go back to your usual activities, as you are able.

Erections and orgasms

- After HoLEP surgery, you will have **retrograde ejaculation**. This is when ejaculate (semen) does not come out of the penis during orgasm. **This is permanent.**
- This is because the part of the prostate that stops ejaculate from going into your bladder is removed during this surgery.
- For many people, erections and orgasms feel the same after this surgery. Some people say that orgasms feel different when there is no ejaculate. Give yourself time to get used to any different feelings when you orgasm.

Incontinence

- You will have some incontinence after your surgery. This is because the muscles that support your bladder and stop the flow of pee are weak. You may also have an overactive bladder.
- Most of the time, incontinence will go away over time. It may help to do pelvic floor muscle exercises (see “**Pelvic floor (Kegel) exercises**” on page 7).

Tips to help manage incontinence:

- Wear an incontinence product (like an absorbent pad or brief). You can buy incontinence products at the drugstore.
- Drink enough fluids. Water is best.
 - › Try to drink at least 2 L (8, 8-ounce glasses) of fluids a day, unless your urologist tells you not to. Fluids will also help to flush blood from your pee.
 - › Many people think that if you drink less, you will have less incontinence, but drinking less can make incontinence worse. This is because being dehydrated (not having enough fluids) can irritate your bladder.

Pelvic floor (Kegel) exercises

What are pelvic floor muscles?

- The pelvic floor muscles run from your pubic bone to your tailbone. They support your bladder and rectum (bum). They help with:
 - › Bladder control
 - › Bowel control
 - › Sexual function (having sex)

What are pelvic floor (Kegel) exercises?

- Pelvic floor exercises are exercises where you squeeze and relax your pelvic floor muscles. They are also called **Kegels**. These exercises help to make your pelvic floor muscles stronger.
- After HoLEP surgery, your pelvic floor muscles may be too weak to support your bladder. Kegels can help with pee control and how well your urinary tract is working.
- Before you try Kegels, practice tightening your pelvic floor muscles. To do this:
 - › While you are peeing, try to stop the stream of pee by squeezing your pelvic floor muscles.
 - › While you are sitting in a chair, squeeze your pelvic floor muscles to lift your scrotum in toward your belly button and off the chair.
 - › Squeeze your pelvic floor muscles as if you are trying not to pass gas (fart).

To do Kegels:

1. Lie on your back with your legs supported and relaxed.
 2. Squeeze your pelvic floor muscles. Hold for 5 seconds.
 3. Relax your pelvic floor muscles.
 4. Repeat 5 times.
- Once you are comfortable doing Kegels while lying down, start doing them while you are sitting or standing.
 - Do 1 set of 5 Kegels, 5 times a day.

Tips for doing Kegels:

- › **Do not** hold your breath.
- › Try not to squeeze the muscles of your buttocks (bum), thighs, or abdomen (stomach area).
- › Relax fully between each squeeze.
- **These tips are important.** It is better for your pelvic floor muscles to do fewer Kegels correctly, than it is to do a lot of them of them incorrectly.
- Start doing Kegels as soon as you can after your surgery. You can also do them before your surgery if you do not have a urinary catheter.
- It could take time for you to see a difference in your bladder control.

Call your urologist or your primary health care provider (family doctor or nurse practitioner) if you have any of these symptoms:

- › Fever (temperature above 38 °C or 100.4 °F)
- › You cannot pee
- › Red pee, or large clots in your pee
- › You have to pee urgently or often
- › Burning when you pee

If you cannot reach your urologist or your primary health care provider, go to the nearest Emergency department, right away.

Follow-up appointment

- You will have a follow-up appointment about 3 months after your surgery.

If you have questions about your surgery or your recovery, please call your urologist.

Resources

- In these videos, health care providers explain how to do pelvic floor exercises to help with your recovery and bladder control:

Prostate Exercises for Fastest Recovery

- › www.youtube.com/watch?v=B3APjwkqi3Q

Kegel Exercises for Men - Beginners Pelvic Floor Strengthening Guide

- › www.youtube.com/watch?v=MJ7EfGu03-0&list=PLqo18HBnle8xcwi050hjk3AA98q-dCqFR&index=1

Pelvic Floor Muscle Exercises for Men - Stop the Leak

- › www.youtube.com/watch?v=vRquyq3WmNQ

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

Prepared by: Urology Clinic, QE II
Designed and Managed by: Library Services

WJ85-2557 © December 2025 Nova Scotia Health Authority
To be reviewed December 2028 or sooner, if needed.
Learn more: <https://library.nshealth.ca/patient-education-resources>