

Holmium Laser Enucleation of the Prostate (HoLEP)

A minimally invasive laser treatment for an enlarged prostate (BPH)



Understanding HoLEP And BPH

What is HoLEP?

When men develop urinary problems caused by an enlarged prostate, one of the treatment options that may be recommended is HoLEP — Holmium Laser Enucleation of the Prostate.

HoLEP is an endoscopic procedure. It is carried out entirely through the natural urinary passage (the urethra), using a telescope passed along the penis. Nothing is cut on the outside of the body. The obstructing prostate tissue is separated from the rest of the prostate using a holmium laser, then removed through the same passage.

What is BPH?

BPH (benign prostatic hyperplasia) is a non-cancerous enlargement of the prostate that commonly occurs as men age.

The prostate sits below the bladder and surrounds part of the urethra, the tube that carries urine out of the body. As the prostate grows larger, it can press against the urethra and obstruct the flow of urine.

Common Symptoms of BPH

You may experience:

- Difficulty starting urination
- A weak or slow urine stream
- Frequent or urgent need to urinate
- Waking several times at night to urinate
- A feeling that your bladder has not emptied completely
- Dribbling after urination

How Can HoLEP Help You?

HoLEP removes the enlarged prostate tissue responsible for the obstruction, rather than simply treating the symptoms.

It may be considered when BPH is causing:

- Moderate to severe urinary symptoms
- Symptoms that do not improve sufficiently with medication
- Recurrent urinary retention
- BPH-related complications, such as recurrent urinary tract infections or bladder stones

A Treatment Suitable for Prostates of All Sizes

HoLEP can be performed at any prostate size, from small glands to very large ones. Because the obstructing tissue is removed completely rather than partially, the size of the prostate does not limit what can be achieved.

Your urologist will assess your symptoms, bladder function, overall health and personal preferences to determine whether HoLEP is right for you.

Potential Benefits of HoLEP

HoLEP may offer:

- A procedure carried out entirely through the urinary passage, with no incision on the body
- A low risk of significant bleeding, including for men taking blood-thinning medication
- Improved urine flow and relief of BPH-related symptoms
- A short period of catheterisation, usually overnight
- A short hospital stay, with most men going home the day after surgery
- Durable relief, with a low likelihood of needing a further procedure for the same problem

Your individual results and recovery will depend on your condition, your prostate characteristics and your overall health.

What to Expect Before, During, and After HoLEP

Before the Procedure

Your urologist will assess your suitability for HoLEP through:

- Medical history review
- Physical examination
- Urine and blood tests
- Imaging or prostate assessment
- Discussion of your symptoms, treatment options and expectations

During the Procedure

HoLEP is performed under general or spinal anaesthesia, so you will not feel anything during the operation. There is no cut on the outside of the body. The procedure has two main stages:

- An endoscope, called a resectoscope, is passed along the urinary passage to the prostate.
- A fine holmium laser fibre is passed down the resectoscope.
- Enucleation: The laser separates the enlarged prostate tissue from its outer shell and moves it into the bladder.
- Morcellation: The removed tissue is broken into small fragments and suctioned out of the bladder.
- A catheter is placed usually with a gentle flow of fluid through the bladder for a short period.

Removed tissue is routinely sent for laboratory examination. If unexpected prostate cancer is identified, your urologist will discuss the findings and next steps with you.

After the Procedure

Most patients stay in hospital overnight. The catheter is usually removed the next morning, and you may go home once you are passing urine satisfactorily.

Recovery experiences differ between patients. In the early weeks you may experience:

- A mild burning sensation when passing urine
- A sudden or increased urge to urinate
- Mild blood in the urine, which may come and go
- Temporary changes in your urinary stream

Recovery After HoLEP

Recovery varies between patients. Although the obstruction is relieved immediately, the urinary passage takes time to heal.

The First Few Days

Most patients stay in hospital overnight and can resume light daily activities within a few days. Your urologist will advise you on how long to avoid heavy lifting and strenuous activity, which is typically around four weeks.

The First Few Weeks

Temporary burning, urinary frequency, urgency and mild blood in the urine are common and usually improve as healing progresses. Drink adequate fluids and contact us if bleeding becomes heavy or you are unable to pass urine.

Urinary Control

Some men notice leakage of urine when coughing, straining or moving suddenly in the first weeks. This happens because the muscle that controls urine flow has been working against an obstruction for a long time and needs to readjust. It is usually temporary and improves with pelvic floor exercises. The great majority of men regain full control, most within six weeks.

Ejaculation and Sexual Function

Retrograde ejaculation is common after HoLEP, where semen passes into the bladder instead of out during orgasm. It is harmless and does not affect orgasm sensation, but may affect fertility.

Erectile function is generally not affected. If preserving ejaculation is important to you, discuss this with your urologist before treatment.

Returning to Your Usual Activities

Your urologist will advise when you can safely return to work, exercise, driving, heavy lifting and sexual activity, based on your individual recovery.

Frequently Asked Questions

Q1. Is HoLEP a major surgery?

HoLEP is an endoscopic procedure, performed entirely through the natural urinary passage. Nothing is cut on the outside of the body.

Q2. Is HoLEP painful?

You will not feel anything during the procedure due to anaesthesia. Afterwards, mild burning or urinary urgency may occur temporarily as you heal.

Q3. How long is the recovery period?

Most men stay in hospital for one night, with a catheter that is removed the following morning. Light activity can usually be resumed within a few days, while heavy lifting and strenuous activity are generally avoided for around four weeks.

Q4. Will HoLEP affect urinary control?

Temporary urine leakage may occur during the first few weeks and usually improves with pelvic floor exercises. Most men regain full control within about six weeks, while long-term incontinence is uncommon.

Q5. Will HoLEP affect my sexual function?

Erections are generally not affected. However, most men will have retrograde ejaculation afterwards, meaning semen passes into the bladder rather than outwards during orgasm. This is harmless but does affect fertility.

Q6. Is HoLEP suitable for all enlarged prostate cases?

HoLEP can be performed at any prostate size. Whether it is the right choice for you depends on your clinical situation and your own preferences, rather than on the size of your prostate.

Q7. What happens to the prostate tissue that is removed?

The tissue is sent for laboratory examination. Occasionally, this may detect previously unsuspected prostate cancer. Your urologist will discuss the results and any necessary follow-up with you.

Your Specialists in Advanced Urological Care

At Hospital Picaso, our experienced urology team provides advanced and minimally invasive treatment options for men with prostate conditions, including benign prostatic hyperplasia (BPH).

Combining urological expertise with advanced treatment technologies, we are committed to providing personalised care focused on relieving symptoms, improving urinary function and supporting your quality of life.



Dato' Dr Loh Chit Sin
Consultant Urologist



Dr Badrulhisham Bahadzor
Consultant Urologist



Dr Fam Xeng Inn
Consultant Urologist

Picaso

HOSPITAL PICASO

PJ Integrated Centre
for Advanced Surgery
and Oncology



HOSPITAL PICASO

No. 110, Jalan Professor Khoo Kay Kim,
Seksyen 19, 46300 Petaling Jaya,
Selangor Darul Ehsan, Malaysia

Emergency Line : +603-7457 2999

General Line : +603-7457 2888

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