

Optilume Drug-Coated Balloon

Patient Information · A balloon-and-medicine treatment for a urethral narrowing

WARWIKI

Optilume is a minimally invasive treatment for a narrowing (a stricture) of the urethra — the tube that carries urine out of your body. A special balloon gently widens the narrowed spot and, at the same time, releases a medicine into the wall to help keep it from scarring closed again. There is no cutting and no outside incision.

About This Procedure

A urethral **stricture** is a scarred, narrowed segment that slows the urine stream. Simply stretching or cutting it often lets it re-narrow. Optilume does two things at once:

- A **balloon widens** the scarred segment.
- A **drug coating (paclitaxel)** on the balloon is delivered into the tissue to slow the scar from forming again.

It is a good option for selected **recurrent strictures** in the bulbar urethra (under the scrotum) that are **shorter than about 3 cm** and have come back after a prior stretch or incision. It is more durable than a plain dilation, but it is **not the same as urethroplasty** (open repair), which is the most durable option. Your surgeon will explain where it fits for you.

Is It Safe?

Optilume is minimally invasive and done through the urethra, often as an outpatient. It is generally well tolerated. The drug dose is small and stays local. Risks include blood in the urine or semen, brief burning, a urine infection, and the narrowing still returning over time.

LEARN THE TERMS

Urethra

The tube that carries urine out of the body.

Stricture

A scarred, narrowed spot in the urethra that slows the urine stream.

Bulbar urethra

The part of the urethra under the scrotum, where this treatment works best.

Drug-coated balloon

A balloon that widens the narrowing and delivers medicine to the wall.

Paclitaxel

The medicine on the balloon that helps prevent the scar from coming back.

Dilation

Widening a narrowing — here, done with the balloon.

Cystoscope

A thin camera used to find and check the narrowing.

Catheter

A soft tube placed in the urethra for a short time after the procedure.

WILL IT HURT? The procedure is done under anesthesia or sedation, so you feel nothing during it. Afterward, expect mild burning, a pelvic or penile ache, and some blood in the urine or semen for a short time. A catheter is usually placed briefly. It is a short procedure, often with same-day discharge.

How to Get Ready (Before the Procedure)

- Follow your **anesthesia or sedation instructions** (fasting, and which medicines to hold, including blood thinners).
- A **urine test** checks for infection — an infection must be treated first.
- **Arrange a ride home**, and plan for a catheter for a short time.

Tell your team ahead of time if you:

- Take a **blood thinner**, or have a current urine infection
- Are **planning to father a child** — because of the medicine, you will be asked to use a condom and avoid trying to conceive for a period your team specifies

What Happens During the Procedure

- 1 You are asleep or sedated, and a cystoscope confirms the length and location of the narrowing.
- 2 A thin wire is passed across the narrowing, and the area is pre-stretched enough to fit the balloon.
- 3 The drug-coated balloon is centered across the scar and inflated for a set time, delivering the medicine.
- 4 The balloon and scope are removed, and a catheter is placed for a short time.

After the Procedure

- The catheter comes out after a **short time**; your team tells you when.
- Expect **mild burning and pink urine or semen** for several days. Drinking extra water helps.
- **Avoid strenuous activity** briefly, and follow up with a flow or symptom check.
- **Use a condom** for the period your team advises, because of the medicine.

Call your care team or seek care if you have:

- A fever or chills
- You **cannot urinate**, especially after the catheter is out
- Heavy bleeding, or blood clots in the urine
- Pain that gets worse instead of better

THREE THINGS TO REMEMBER

1. Optilume widens a urethral narrowing with a balloon and delivers medicine to help keep it from scarring closed — an endoscopic option, not a substitute for open urethroplasty.
2. To prepare: follow your fasting and medicine instructions, treat any infection first, arrange a ride, and tell your team if you plan to father a child.
3. Mild burning and a little blood in the urine or semen for several days is normal. Use a condom for the time advised, and call for fever, heavy bleeding, or inability to urinate.