



## Insertion of temporary prostatic stent (EXIME®)

For men experiencing urinary retention, EXIME is a temporary alternative to having a urethral catheter while you wait for surgery to treat your urinary retention. To watch a video about EXIME, visit [www.youtube.com/watch?v=IBh7erVE4Vk](http://www.youtube.com/watch?v=IBh7erVE4Vk).

This leaflet explains how EXIME works, how it is inserted and what to expect or look out for afterwards.

### What is EXIME?

- An EXIME temporary prostatic stent is a short-term device designed to help men who have difficulty urinating due to urinary retention and who have a catheter in situ. **EXIME is currently not being offered to patients who present with acute urinary retention in the Emergency Department (A&E).** Made of soft silicone, it provides a comfortable alternative to catheters, allowing natural urination without the need for a permanent tube.

### Diagram of EXIME

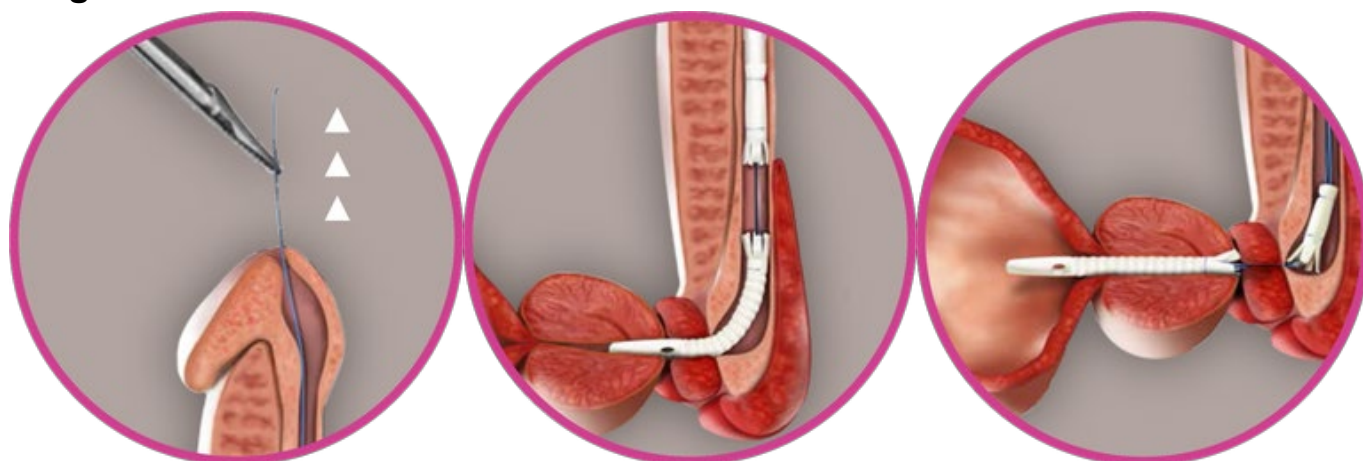


Figure 1: Diagram to show EXIME inside the prostate and bladder (Temporary Prostatic Stent EXIME® | Duomed, n.d.)

### How does EXIME work?

The EXIME temporary prostatic stent is designed to relieve urinary retention by keeping the urethra open, allowing you to pass urine normally. It is a soft, silicone-based stent (tube) that is inserted into the part of the urethra next to the prostate to open up a narrowing caused by an obstruction, usually an enlarged prostate (BPH) or post-surgical swelling.

### How is EXIME inserted?

The procedure is done in Urology Outpatients, using local anaesthetic. It is a minimally invasive procedure and you should not feel any discomfort.

- A clinician will initially telephone you to assess whether you are suitable for an EXIME stent. If you are suitable and you wish to go ahead, you will then be sent an appointment (by letter and or via the NHS App).
- On the day of the appointment, you will be asked to undress from the waist down and to put on a gown. Your current catheter will be removed and a urine sample will be taken and sent for testing. We will also give a dose of oral antibiotics prior to the insertion.
- The clinician will ask you to consent for the procedure and will then apply local anaesthetic jelly to your penis and urethra (water pipe).
- Once the area is numb, a flexible tube (similar to a catheter) is inserted into the urethra and guided towards the section of urethra surrounded by the prostate.
- Once in the right position, the stent is released and expands to fit the urethra, keeping it open.
- Once the urethral narrowing is opened up, your flow of urine should be immediately restored, allowing you to urinate (pee) naturally without the need for a catheter.
- The whole procedure should not take any longer than 20 minutes.

### After the procedure

- You will be monitored until you have passed urine to ensure that there are no complications, and if you can pass water naturally, you can get dressed and go home. This can take up to an hour.
- The EXIME stent can remain in place for three months, while you wait for surgery (TURP/HOLEP).
- If your surgery is not scheduled within three months, you will be booked in for an EXIME® stent replacement.

### What are the potential benefits of EXIME compared to a long term catheter?

Feature	EXIME®	Urinary catheter
Comfort	More comfortable, made of soft silicone	Can cause discomfort and bladder spasms
Natural urination	Allows natural urination	Urine drains into a collection bag
Infection risk	Potentially a reduced risk of urinary tract infections (UTIs)	Higher risk of UTIs due to external tubing
Mobility and lifestyle	No external bag, improves daily activities	Restricts movement and bag management
Insertion process	Simple outpatient procedure, no general anaesthesia	Can be difficult
Duration	Three months and can be easily replaced	Requires frequent changes
Bladder function	Helps maintain normal bladder function	Can lead to bladder weakening over time

## **What are the potential complications of EXIME?**

Following the procedure, you may experience mild discomfort, increased urinary frequency, or see blood in your urine, but these usually settle within a few days. In some cases, you might have bladder spasms, a urinary tract infection (UTI), or the stent may shift, which could require medical attention. If you notice that you are finding it increasingly difficult to pass urine and developing pain in your abdomen, then you should seek help via your GP or the Emergency Department.

Rarely, severe pain, difficulty urinating, or bladder stones can occur, especially if the stent is in place for a long time. If you notice severe pain, trouble urinating, persistent bleeding, or signs of infection, seek medical assistance via the Emergency Department immediately.

Current EXIME trials will provide more accurate statistics on these possible risks but the risk rates are likely to be comparable to those of having a catheter.

## **Contact details if any questions/issues**

If you have any issues, please call Hopkins Ward on 0118 322 7771. You can phone this number at any time day or night as it is available 24 hours a day, 7 days a week – please ask to speak to the “Nurse in Charge”. If you are unable to contact Hopkins Ward, please visit the nearest A&E, contact your GP or dial 111 for advice.

For questions about appointments, call the Urology Clinical Administration Team on 0118 322 8629 (Mon-Fri 9.00am-5.00pm) or email [rbb-tr.cat3a@nhs.uk](mailto:rbb-tr.cat3a@nhs.uk).

Out of hours or if you need urgent medical advice, please contact 111/999 or attend your nearest emergency department (A&E).

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

<b>Please ask if you need this information in another language or format.</b>
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Next review due: June 2027