

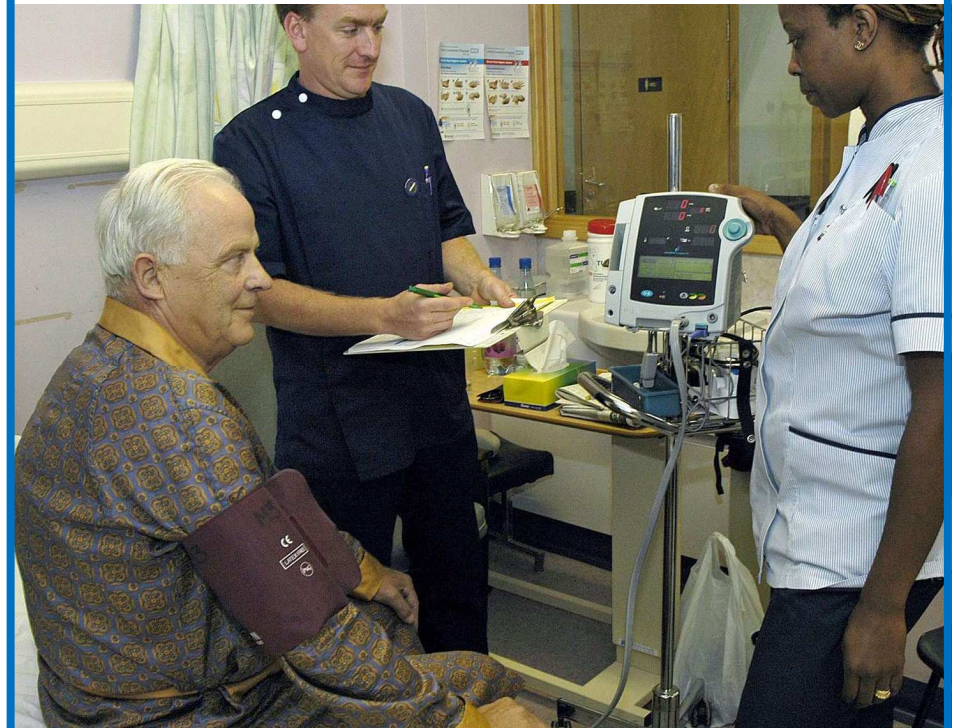
## References

If you require a full list of references for this leaflet please email [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

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# Trans-Urethral Resection of Prostate

Urology Department

[www.ulh.nhs.uk](http://www.ulh.nhs.uk)

## Introduction

Trans-urethral resection of the prostate (TURP) is a surgical procedure that involves cutting away a section of the prostate gland. TURP is often used to treat prostate enlargement (the medical term for prostate enlargement is benign prostate hyperplasia -BPH).

## Preparing for trans-urethral resection of prostate

You will receive an appointment to attend a pre-admission clinic so the necessary tests such as blood tests, heart tracings and if necessary chest x-ray are carried out in preparation for your surgery.

On the day of the operation you will be asked to change into a hospital gown and support stockings (TED stockings) to prevent clots from developing in your legs. After the operation you will also be given daily injections to prevent blood clots.

Before you go to theatre you will have nothing to eat or drink for 6 hours. However you can take prescription medicines. The pre-assessment nurse will discuss exactly which medication you will be allowed to take.

## The operation

This operation can be carried out under general or spinal anaesthetic.

The procedure involves telescopic removal of the obstructive central part of the prostate with diathermy. The alternatives to this procedure involve observation, drugs, using a catheter/stent, an open operation and laser enucleation of the prostate (Holep).

The pieces removed from the prostate are then sent to the laboratory for examination.

## Telephone helpline and enquires:

Lincoln	01522 573768
Boston	01205 446545
Grantham	01476 464363
Louth	01507 600100 ext 1212

- It is advised that you refrain from sexual intercourse for two weeks following surgery.
- One consequence of this surgery is Retrograde Ejaculation, as previously discussed, this means that during sex the semen will not appear to be ejaculated but is passed into your bladder, this is not harmful and will be passed out when you empty your bladder.

If your operation and recovery was uneventful and no further treatment is needed you will be sent an appointment to be seen in the urology clinic in 3 months.

You will be in hospital for 1 to 2 nights, occasionally longer.

### **After the operation**

At the end of the operation, a catheter is passed up the urethra into the bladder to drain the urine and can also be used to flush out the bladder with fluid. It usually stays in for one to two days after the operation.

The urine will be blood-stained, this is normal after this kind of surgery. During this time you will not need to pass water as it drains away automatically into a bag, which is emptied by the nursing staff when necessary.

The catheter may cause you a certain amount of discomfort, which can be relieved with painkillers if it is severe. The feeling of a need to pass water settles in an hour or two after surgery. You should wash around the catheter, twice a day, to help prevent infection. It is safe to have a bath or shower with a catheter in place.

Constipation can occur in some cases for which you may require laxatives.

### **Removal of the catheter**

The doctor will ask the nurses to remove the catheter when the bleeding has settled. After the catheter is removed, the nurses will monitor when you pass water. At first it may be uncomfortable passing water and you may not get a lot of warning. There may also be some blood present, you may also need to go frequently and even have a slight lack of control. These symptoms will eventually settle. When you are passing urine satisfactorily you will be allowed to go home.

A few patients find it difficult to pass urine after the catheter has been removed. If this happens, a catheter will be re-inserted to allow your bladder more time to recover and you may be sent home with your catheter in place. Your catheter drainage bag will be changed to one that is strapped to your leg.

The nurses will teach you how to look after the catheter for when you go home and will arrange supply with spare catheter bags. We will let your district nurse know that you have a catheter and she/he will arrange to call on you at home.

If you are discharged with the catheter still in, you will be given a date for two to three weeks later, to come back to the hospital to have the catheter removed again and to see if you can pass urine satisfactorily. This will be just a day visit. If you are still unable to pass urine, your doctor will see you and make a decision on further management. Fortunately, this complication is rare.

## Complications

All forms of surgery carry risks of complication. Complications following TURP are relatively rare, but are listed for your information:

- Retrograde ejaculation (semen goes back into the bladder) (90 -100%)
- Increasing difficulty with erections (20%), although some men report improvement in quality of erections
- Urinary tract infection (15.5%)
- Blood loss requiring transfusion (10%)
- Long term incontinence (less than 1%)
- Epididymitis (1%)
- Within five years 10% of men will require a further operation

Prostate tissue is sent to the laboratory to check for abnormal cells; this will confirm if there is a prostate cancer present in the removed tissue or not.

## Post-Operative Advice

If you have any queries or questions please do not hesitate to ask a member of staff on the ward. They will be pleased to help. When you have recovered from your operation and it is appropriate for you to go home, there are a few things that you need to know:

- Do eat a well-balanced diet, which is high in fibre i.e wholemeal bread, fruit and vegetables. This will help to stop you becoming constipated.
- Do not drive for six weeks after your surgery.
- Do not attempt any strenuous activity e.g gardening, carrying heavy shopping, moving furniture, for the first six weeks.
- Do not return to work until your doctor/GP has assessed you to be fit.
- Continue to drink adequately, around two to three pints of fluid per day. You may wish to cut down your fluid intake in the evening if bladder control is still not settled at night and is disturbing your sleep pattern.
- Approximately two weeks after your operation you may notice some blood when passing urine; this is normal and as long as the bleeding is not persistent and heavy it is not a problem. If you are worried please contact the urology ward. If the bleeding persists and is excessive you may need to take a urine sample to your GP, who may prescribe treatment if necessary.