Trans Urethral Resection of the Prostate (TURP)

An information guide
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What is the prostate?
The prostate is a fleshy organ which is wrapped around the neck of the bladder and around the urethra, the tube which empties urine from the bladder. It is made of glands and muscle and it has a very rich blood supply. When a man has an orgasm the prostate muscle squeezes a small amount of fluid from the glands into the semen where it seems to help sperm become more mobile.

Why might you need a TURP?
A TURP is usually carried out because a man has had bothersome urinary symptom; for example:

• poor flow or interrupted stream whilst urinating
• recurrent urinary tract infections
• having to get up during the night to urinate (sometimes frequently)
• feeling of not emptying your bladder properly
• dribbling especially after urinating
• for some men it may prove impossible to pass urine. This is caused by an increase in the size of the prostate, which occurs with age. The prostate is situated under the bladder and around the urethra. This enlargement causes constrictions on this passageway and results in the urinary symptoms

The amount of enlargement varies from man to man, as do the problems which it causes. In most this is an entirely benign (non-cancerous) process, which is so common it could almost
be considered a normal part of getting old. In a small number of men the growth is a malignant (cancerous) growth. The condition in which a prostate is simply enlarged is known as Benign Prostatic Hypertrophy (BPH).

What is a TURP?

It is a procedure where the surgeon removes part of the prostate from the bladder through the urethra using a special fine telescopic instrument, which allows him to see the prostatic tissue and remove it. There are no cuts or stitches. It can be carried out under a general or spinal anaesthetic.

What are the risks?

If this operation is carried out under general anaesthetic there is a small risk of complications to your heart and lungs. However before the operation you will attend the pre-operative assessment clinic where tests will be carried out. These results will ensure that the operation is carried out in the safest way possible for you, which may involve you having a spinal anaesthetic instead.

Most of the risks will have been explained to you by your doctor but the main ones are a risk of incontinence, infection, retrograde ejaculation (where the sperm goes into the bladder on orgasm instead of coming out of the penis) and the risk of bleeding which could require a blood transfusion.

What are the benefits?

The main benefit is that you should be able to urinate easier and have fewer problems with your urinary system. You should not need to go as frequently as you have been doing. If you have had a catheter in then this operation will being carried out to try and get rid of this for you.
What are the alternatives?
Your doctor will have already tried you on medication to see if your urinary symptoms improve. For your symptoms to improve you need to have this operation carried out. If you are happy with your symptoms please discuss this with your consultant who can advise you about the operation, as it may be needed to ensure your kidneys are not affected by your symptoms.

Before the operation
• you will be asked to attend the Pre-operative clinic where tests may be carried out such as heart monitoring, blood tests and urine tests
• you will be advised when to stop eating and drinking before your operation
• if you are taking anti-coagulants (Warfarin, Aspirin or Sinthrome) please inform the pre-op assessment staff
• please ensure you have a list of your current medications for the pre-operative assessment Nurses
• this operation can be undertaken using either a spinal or general anaesthetic. You may be advised at the preoperative clinic which is most appropriate for you. If not you will be advised on the ward by the anaesthetist
• you may be asked to sign your consent form after being fully informed about the procedure.

What happens on your admission day
• you will be asked relevant information by the nurse and a doctor
• you may be seen by an anaesthetist
• your operation will be explained to you and you will be asked to sign a consent form, if you have not already done this in clinic.
What happens after your operation?

• you may require oxygen following your operation
• you may have an IV line (drip) that will remain in place until you are eating and drinking normally
• your blood pressure, temperature, pulse and respiration rate will be recorded by the nurse
• you may experience some pain and discomfort after surgery. We advise that you keep a supply of pain killers at home
• you should be able to eat and drink normally once the anaesthetic has worn off
• you will have a catheter in your bladder which will be draining blood stained urine you may also have irrigation fluid running through this catheter into your bladder to help to stop the bleeding
• you will need to stay in bed whilst the irrigation is flowing which is for approximately 24 hours
• the doctor will decide when the irrigation fluid can be removed. This is usually the day after your surgery as long as the bleeding has settled. Once this has been removed you will be encouraged to drink plenty of extra fluids to help your catheter to continue to flow
• the doctor will decide when your catheter can be removed. This is usually 2 days after your operation
• the nurses will assess how well you are passing urine and you will need to use bottles, so it can be measured and recorded, a different bottle should be used each time you pass urine
• as there is a slight risk of incontinence following this surgery you therefore may be taught pelvic floor exercises if needed
• you may be given antibiotics, but you must ensure you complete the course
• your doctor and nurses will discuss with you when they are happy for you to go home
• if you require a fit note to cover your hospital stay, please ask the nurses on the ward. Any further fit notes can be obtained from your GP
• your consultant may arrange to see you in the outpatient department if this is required, although this is not always necessary
• you may feel tired for a few weeks after the operation, but this will gradually improve. It can take up to 3 months before you are back to your usual self
• you can drive once you can perform an emergency stop without any discomfort, which is generally after three weeks
• avoid becoming constipated as straining can put pressure on the prostatic area and cause bleeding.

**Common questions following TURP**

**Will I still get blood in my urine?**

There will still be some blood in your urine for at least 2-3 weeks following the operation and sometimes as long as 4-5 weeks. It can take up to 6 weeks for the prostate to heal. Around 10 days after the operation you may see some more blood in your urine, this is due to the “scab” falling off. If you do get blood in your urine try and drink more fluids. If the bleeding continues to be heavy or if you are concerned contact your GP. Discomfort on passing urine, having a temperature and excessive bleeding could be a sign of infection. You should see your GP who will decide what action should be taken.
Will I notice an immediate improvement in my waterworks?
At first you may experience some difficulty in controlling your urine and may continue to go to the toilet frequently. Be patient - staff will advise you on pelvic floor exercises to help control your dribbling. It can take up to six months before you see the full benefit.

Do I still need a lot to drink?
Yes – until any bleeding settles, which should be within 2 to 3 weeks, then drink 6-8 cups every day of any fluid e.g. tea, coffee, fruit juice, water. It is better not to drink too much after 6-8pm to avoid having to go to the toilet in the night. You may drink alcohol in moderation after completing any antibiotic therapy which may have been prescribed.

Should I continue to take my tablets?
Yes – unless your doctor has told you to stop. The ward staff will go through your medications with you on discharge. When you finish your supply of tablets you should return to your GP for further advice. If you have been on tablets for your waterworks before the operation you do not need to continue with these afterwards.

Can I do exercise?
Only gentle exercise is recommended for the first 2-3 weeks. Try to avoid heavy lifting or straining. You may start driving short distances after one week. Driving long distances should be avoided for 2-3 weeks.
Can I go on holiday?

There is no reason why you cannot go on holiday after the operation. Although flights or long distance travelling is best left for 2-3 weeks. You must also inform your holiday insurance company that you have just had an operation.

Can I have sex?

You should be able to enjoy a normal sex life, but it is best to wait at least 2-3 weeks after your operation. One very common consequence of the operation is “retrograde ejaculation”. This means that when you have an orgasm nothing comes out of the penis. This is because the sperm is going back into the bladder instead of outwards in the usual way. It is a harmless side effect but it does mean that your fertility will be reduced, making it difficult to father children. A large number of people having a prostate operation suffer this side effect.

Have I got cancer?

Most enlarged prostates are not due to cancer. When you have the operation a specimen is always routinely sent to test for cancer. The results of this can take up to 10-14 days so it is most likely you will have been discharged before we receive it. Most patients are not given a follow up appointment, your GP will be informed about the results and if there is a need to discuss anything further with you an appointment will be sent.

If you are worried or have problems after your discharge, contact your GP or telephone the ward for advice. In an emergency, go to the nearest Accident & Emergency department.
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770.

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897.

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service.

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