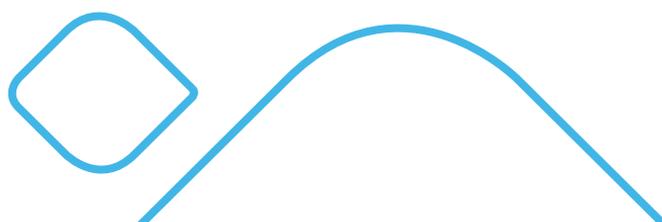


Transurethral Resection of prostate (TURP)

This leaflet explains:

- What does this procedure involve?
- What are the alternatives to this procedure?
- What should I expect before the procedure?
- What happens during the procedure?
- What happens immediately after the procedure?
- Are there side effects?
- What should I expect when I get home?
- Are there any other important points?
- Further information and contact information.



What does the procedure involve?

This operation involves the telescopic removal or incision of the obstructing, central part of the prostate under anaesthetic. A bladder catheter is temporarily inserted at the end of the procedure to allow bladder drainage. The procedure is performed through the urethra (water pipe) and therefore doesn't involve a surgical incision.

What are the alternatives to this procedure?

There are alternatives available: drugs (which you have probably already tried); use of a catheter/stent; observation; open operation (generally used for very large prostates) or laser enucleation (shelling out) of the prostate (HoLEP).

What should I expect

If you are taking Clopidogrel or warfarin you will need to stop these prior to surgery. If you take warfarin your urologist will discuss with you whether you need alternative medication to cover your operation.

You will be admitted on the day of surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team that may include the Consultant, Specialist Registrar, House Officer and your named nurse. The surgeon will talk you through the procedure and ask you to sign a consent form agreeing to treatment.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

What happened during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain and your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

A telescope is passed into the bladder and the central part of the prostate removed piecemeal using heat diathermy. The prostate fragments are evacuated using suction and sent for analysis. A catheter is inserted after the procedure. The procedure normally takes 45-60 minutes.



You will be given injectable antibiotics before the procedure, after checking for any allergies, to reduce the risk of infection.

What happens immediately after the procedure?

In general terms, you will be told how the procedure went and what the plan is following the operation.

The catheter will drain your bladder after the operation and you should expect the urine to be blood stained. The degree of blood staining will be reviewed by the urological team. If you are well and there are no concerns regarding the catheter drainage, you will be discharged with the catheter in place draining into a leg bag. You will be taught how to care for your catheter and an appointment will be made for you to have your catheter removed in the Urology Outpatients Department, usually the following week although this depends on the bleeding from the catheter.

Some patients will need to stay in hospital for longer while the bleeding settles down and sometimes the catheter will be removed during the admission. Following removal of the catheter urine can be passed in the normal way. At first it may be painful and it may come more frequently and urgently than normal. These symptoms usually settle down over a few days but occasionally medication is required to help.

It is not unusual for blood to come and go in the urine and this may last for up to four weeks. Sometimes a more prolonged period of catheterisation is required to allow the bladder to recover function.

Are there side effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure. Possible sideeffects after TURP include:

Common (greater than 1 in 10)

- Temporary mild burning, bleeding and frequency of urination after the procedure
- No semen is produced during an orgasm in approximately 75%
- Treatment may not relieve all of your symptoms
- Poor erections (impotence in approximately 5-15%)
- Infection of the bladder, testes or kidney requiring antibiotics
- Possible need to repeat treatment later due to re-obstruction (approx. 10% of patients within 10 years of the original operation)
- Injury to the urethra causing delayed scar formation (1-2%)

Occasional (between 1 in 10 and 1 in 50)

- Bleeding requiring return to theatre and/or blood transfusion (5%)
- Finding unsuspected cancer in the removed tissue which may need further treatment
- May need self-catheterisation to empty the bladder fully if the bladder is weak
- Failure to pass urine after surgery requiring a new catheter
- Loss of urinary control (incontinence)

Rare (less than 1 in 50)

- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair.

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- Be given advice about your recovery at home
- Ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- Ask for a contact number if you have any concerns once you return home

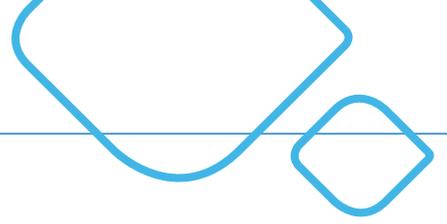
When you leave hospital, you will be given a 'draft' discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

Most patients feel tired and below par for a week or two because this is major surgery. Over this period, any frequency usually settles gradually.

It is common to see some further bleeding on returning home which will settle. Bleeding can recur at 10-14 days after the operation as the scab on the inside of the prostate falls off. This is usually not a problem and we would simply encourage you to drink plenty of fluids. Intermittent blood in the urine can occur for about a month after the operation. Occasionally the bleeding doesn't settle and in this case you should seek medical advice from your GP who may prescribe antibiotics. If the bleeding is more severe you will need to come back into the hospital. This occurs in about 1 in 100 cases.

Once you have had your follow-up appointment to remove your catheter in the Urology Outpatients department we don't routinely need to see patients again. Your surgeon may arrange to see you again if your case is more complex.

The bits of prostate that are sent to the lab will be examined and the results sent to your consultant. If these are normal we will write to you to confirm this. If there is anything that needs further discussion we will bring you back into the outpatient department for a consultation with your urologist.



Are there any other important points?

Removal of your prostate should not adversely affect your sex life provided you are getting normal erections before the surgery. Sexual activity can be resumed as soon as you are comfortable, usually after 3-4 weeks.

It is often helpful to start pelvic floor exercises as soon as possible after the operation since this can improve your control when you get home. The symptoms of an overactive bladder (the urgent desire to pee and peeing more frequently) may take 3 months to resolve whereas the flow is improved immediately.

Most patients require a recovery period of 2-3 weeks at home before they feel ready for work. We recommend 3-4 weeks' rest before resuming any job, especially if it is physically strenuous and you should avoid any heavy lifting during this time.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Contact information

If you have any concerns or need further advice please contact the urology department at the Royal United Hospital, Bath

During office hours Monday to Friday 9am-5pm:-

If you have been in hospital within the last 2 weeks please ring our main hospital switchboard on 01225 428331 and ask for the Urology Nurse Practitioner on bleep 7727 or 7641

Alternatively, please ring the urology nurses based in the out-patients department:-

- Via Urology Reception 01225 825990
- Urology Nurse Specialists 01225 824034

Please note the nurses' numbers have an answerphone as they may be in clinic but all answerphones are checked regularly and messages responded to.

The Sirona Care & Health Continence Promotion Unit is based at St Martin's Hospital and they can be contacted on 01225 831766.

Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath, BA1 3NG

01225 428331 | www.ruh.nhs.uk

If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

Date of publication November 2023 | Ref: RUH URO/004
© Royal United Hospitals Bath NHS Foundation Trust