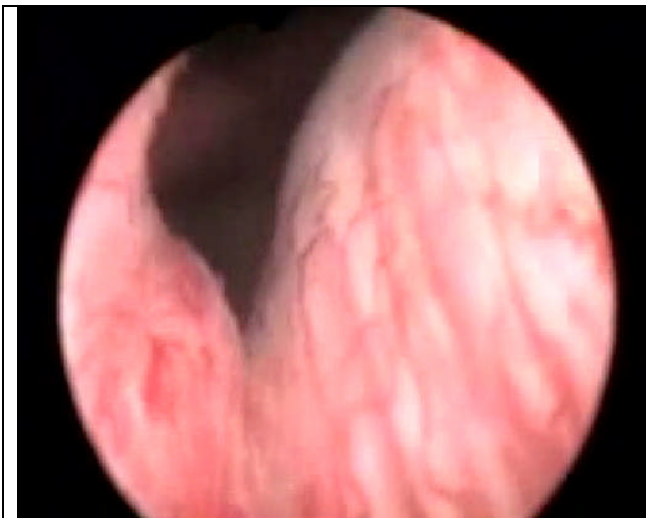


**Edith Cavell Hospital  
Department of  
Urology**



**Transurethral resection of the Prostate (TURP)**

**What is the prostate?**



This is a small gland that lies just beneath the bladder in the male and surrounds the urethra through which urine is passed. The central part of the prostate can become narrowed because of overgrowth or scarring and this can cause difficulty passing urine.

### **What does the operation do?**

The middle of the prostate is widened using an instrument that is passed up the penis to core out the tissue. This allows the urine to pass more easily.



### **Are there any alternatives?**

Prostatic problems are very common in men as they get older. Without treatment, the prostate enlargement usually gets worse. A complete blockage will not usually get better by itself.

- If the symptoms are not very severe then treatment may not be required unless symptoms are interfering with your lifestyle.
- Tablets may be prescribed to shrink the prostate.
- If neither of these is successful then an operation will probably be required.
- Having a permanent catheter and leg bag for urine is an alternative to surgery, if an operation is too risky, due to other health problems.

### **What happens before the operation?**

You may be requested to attend the ward before your admission date to have blood tests and examinations performed to ensure you are fit for the operation. On admission to the ward, you will be welcomed and shown to your bed. You should plan to be in hospital for 5 – 7 days. The nursing staff will discuss your discharge with you.

You will be seen by the Surgeon who will explain the operation to you and ask you to sign the consent for surgery. If you are unsure about any aspect of the operation, please ask for more details from the medical or nursing staff. You will be advised of the approximate time of your operation.

You will be seen by an anaesthetist who will discuss the type of anaesthetic you will be given. They will be interested in chest troubles, dental treatment and any previous anaesthetics you have had.

You can have your usual diet until approximately 6 hours before surgery. This will let your stomach empty to prevent vomiting during operation. You will be advised at what time to stop drinking fluids.

You may be given a sedative about one hour before the operation to help relax you; if so you will be taken to theatre on a trolley. If no sedation has been prescribed, you may choose to walk to theatre, accompanied by a ward nurse. You will be asked to wear a cotton gown and remove all jewellery. Your details will be checked again before your anaesthetic begins.

### **What happens after the operation?**

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed. You will have a tube (catheter) coming from your penis. This tube drains the urine from your bladder and is connected to a collecting bag. It is quite normal for your urine to be quite bloodstained initially. Irrigation fluid will be passed up the catheter to help prevent blood clots blocking the tube. Some men experience slight discomfort around the catheter. Please inform the nursing staff who will be able to give you pain killers.

You should be able to eat and drink soon after the operation. You will have an intravenous drip containing a salt solution or blood that is removed once you are eating and drinking normally. You may experience some sickness for up to 24 hours after the operation, but you can be given medication to treat this.

Your bowels may stop working for 1-2 days after surgery due to the fact that you have been starved, or have been less mobile. If you have not opened your bowels after 2 days or you feel uncomfortable, please ask for advice.

Once the urine is clear the catheter is removed. This can be anything from one to three days after surgery. Catheter removal is a painless procedure and is performed at the bedside, usually prior to going to sleep at night or first thing in the morning. Provided that you are able to pass urine well, you may be discharged 24 hours after catheter removal.

## **Warning after a General anaesthetic**

The anaesthetic drugs will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite all right. Therefore **do not make any important decisions** at this time.

## **What happens after I leave hospital?**

You will be sent an outpatient appointment for a check up for approximately 6-8 weeks time. Please attend this appointment, where you will be given the results of the examination of prostate tissue under the microscope. Sometimes further treatment is required and this will be discussed with you.

On discharge, you are likely to feel tired and need to rest. You should gradually improve to your normal level of activity within 2 months.

### **Driving**

You should NOT drive a car within 4 weeks of leaving hospital after this procedure.

### **Work**

You should be able to return to light job or desk job in 4 weeks and a heavy manual occupation in 8 weeks.

### **Sexual intercourse**

You can restart sexual relations within 2-3 weeks, when you are comfortable.

## **Complications**

Complications are unusual but are rapidly recognised and dealt with. If you think that all is not well please ask the nursing or medical staff.

Chest infections may arise after anaesthetics, particularly in smokers. Exercises are taught to clear the air passages and can prevent this condition. You should try not to smoke before or after surgery.

Blood in the urine may cause the catheter to block; the nursing staff will deal with this. You can help by drinking plenty of fluids.

When the catheter is first removed you may notice that you want to pass urine every few minutes, and that is quite painful. This is normal and usually passes off in a day or two. A urine infection can cause a burning feeling and a need to pass urine frequently. This can be tested and treated with antibiotics.

Sometimes after removal of the catheter there is some dribbling from the penis after passing urine. This improves with time and the improvement can

continue gradually for up to 3 months. Ask the surgeon for advice if it is troublesome.

Blood may stain the urine again 7 -to 10 days after the operation. This is as the scab on the prostate comes away as part of the normal healing process, and is flushed out with urine. Drinking plenty of oral fluids will help, but if you notice thick red blood being passed, contact your GP for advice.

Impotence (difficulty with getting an erection) has been reported in up to 40 men out of every 100 who have the operation via the penis, although the true figure is probably nearer 13 out of 100 men. Impotence occurs more commonly in men who are already having difficulty with erections. It is possible that after this operation you may no longer get erections as you used to do. Several medical reports have indicated that some men find that sensations felt at orgasm are different. This cannot be treated.

You may find that at intercourse no liquid (semen) comes. This is because the widened prostate allows the semen to pass up into the bladder rather than down the penis. This is called retrograde ejaculation and occurs in up to 50 % of men after prostatectomy. It is not harmful but might make you sterile. You **MUST** consider this if you have still desire to father children.

Rarely the prostate becomes narrow again over the years and further treatment may be needed in this case.

### **Any questions?**

This leaflet has been written by the nursing and medical staff who work in the Urology Unit.

If you have any questions, jot them down here and ask the nursing or medical staff for answers.

**Urology Department , Ward 11 - Telephone (01733) 875311**

### **Please do not hesitate to ask the nursing staff**

If you have any further questions

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