

Transurethral Resection of the Prostate (TURP)

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

What is a transurethral resection of the prostate (TURP)?

Your surgeon believes that you would benefit from an operation called a transurethral resection of the prostate, or TURP. This is a procedure performed on men who have problems with urinating because of an enlarged prostate. This leaflet will explain why you need the operation and what it involves.

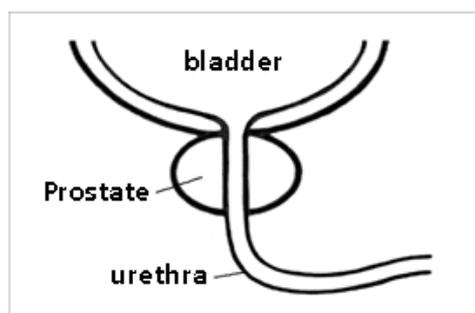
Why is it needed?

The prostate is a gland which is only found in men. It sits just below the bladder and produces nutrients for the sperm and contributes to the semen. The prostate gland is about the size of a walnut, but can get bigger with age. This is a condition called Benign Prostate Hyperplasia (BPH).

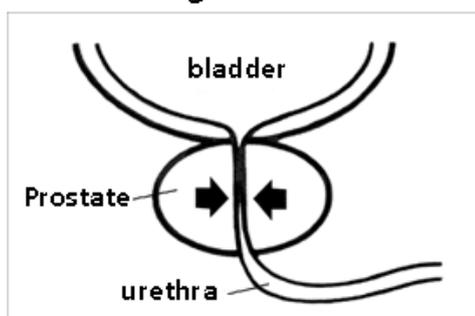
The urethra is the tube that carries urine out of the bladder and travels through the prostate. An enlarged prostate compresses the urethra causing:

- a more frequent need to go to the toilet, which is more noticeable at night
- difficulty passing urine
- occasionally it can stop the flow of urine altogether, which is called retention of urine

Normal Prostate



Enlarged Prostate



What does it involve?

TURP is carried out under a general anaesthetic, where you are put to sleep, or you have an injection in your back to numb everything from the waist down. This is called a spinal anaesthetic. You will also be given a dose of antibiotics through a vein in your arm to reduce the risk of infection.

During the operation, the surgeon will pass a thin tube-shaped metal instrument up through your penis and into the bladder. There is a camera at the end so that the surgeon can get a good view of the prostate. The central part of the prostate will be removed using a heated wire loop. Any bleeding will be stopped. Samples of the prostate will be sent to the laboratory for analysis to check that there is no cancer in your prostate. The operation itself takes between 45 minutes and an hour.

At the end of the procedure, a catheter is passed into your bladder. A catheter is a thin flexible tube that drains urine from your bladder into a bag and is used for washing out your bladder. The catheter will be removed after a couple of days.

What are the alternatives?

There are several alternatives to having a TURP, although these may not necessarily be suitable for everyone. Your consultant will have discussed these options with you:

- Continued observation to wait and see if your symptoms get any worse
- Medications to relax the muscle of the prostate, as well as prostate-shrinking tablets
- Laser prostate surgery, which is very similar operation to a TURP, except that a laser is used instead of an electric current. This is not available at all hospitals.
- A permanent catheter for men who do not want, or are not suitable for, a TURP
- Urolift, which is a new treatment where the urethra is widened without cutting or removing the prostate. This treatment is available locally.

There are some other alternatives such as prostate artery embolization (PAE), steam treatment (Rezum) and laser prostate operation. Some of these may be available in neighbouring hospitals, others are not routinely commissioned, which means you will have to pay for these treatments in other centres. If you wish to explore any of these further, please discuss this with your consultant.

What happens before the surgery?

After you and your urology doctor have decided that you would benefit from a TURP, you will be invited to a pre-assessment clinic. This will be at least a week before your procedure, but can sometimes be up to a couple of months beforehand. Please bring a list of your medications with you to this appointment.

A nurse will undertake some routine checks and take details of your medical and social history.

They will take urine samples, swabs to check for MRSA, blood tests and an ECG, as well as measure your heart rate, blood pressure (BP), weight and height. If you are found to have MRSA, you will be treated with antibacterial washes before your procedure.

The nurse will also review your regular medications. Some tablets, such as blood-thinning agents, may need to be stopped before the operation and the nurse will give you specific instructions about what to do.

How will I prepare for the procedure at home?

In the days before the operation, take your tablets as advised by the nurse at the pre-assessment clinic.

You cannot eat for six hours before the operation. We recommend that you stop eating from midnight onwards, just in case your operation is first thing in the morning. You will be allowed to have water only up to two hours before the operation.

If you have diabetes or other medical problems then you will be advised about any additional steps you need to take.

You should have a bath or shower on the morning of the operation, but do not shave the genital area.

You will be told when to come into the hospital for your procedure. This is usually the morning of your operation. Please arrive at the hospital on the morning of your operation at the time detailed in your letter.

What happens after I arrive at the hospital?

A nurse will complete the admission paperwork and take your pulse, BP and temperature. You will be asked to change into a clean gown and to put on anti-clot stockings.

You will be seen by a member of the urology team. They will confirm that you are well enough to proceed with the operation, and will ask you to sign the consent form if you have not done so already. You should only sign the consent form if you are happy for the procedure to go ahead and understand the risks and benefits associated with the operation.

The doctors will be able to give you an indication of what time your operation will be, but this can change if there is an emergency. We recommend that you bring some reading material.

You will also be reviewed by the anaesthetist. The anaesthetist will explain the risks and benefits of both anaesthetic options. They can also tell you about pain relief options for after the operation.

What happens after the operation?

You will be taken to the recovery area where you will be closely monitored for a few hours and given pain relief. Once you are stable, you will return to the ward. If you had a general anaesthetic, you may not remember being in recovery.

Once you are back on the ward, you will usually be allowed to eat after the operation, but if you have had a general anaesthetic you may not want anything until the following day.

It is important to drink plenty of fluid after the operation to help wash away any blood in your urine. We recommend 2.5 litres (5 pints) of water per day.

Sometimes the catheter can cause your bladder to spasm, which can be painful. Please tell your nurse if you are in pain.

It is important not to strain when opening your bowels as this can cause bleeding. We can prescribe laxatives if you are constipated or finding it hard to open your bowels.

How will I pass urine after the operation?

You will have a catheter in your bladder after the operation, which drains urine from your bladder into a bag.

To begin with, the urine will contain blood and will be pink in colour. The catheter will be attached to two large bags of saline to flush the bladder out continuously.

Occasionally large blood clots form, which can block the catheter. If this happens, you may feel pressure building up inside your bladder. The doctors or nurses will need to flush extra saline through the catheter to unblock it. The catheter may need to be changed, but this is rare.

If you lose a lot of blood into your urine, we may need to give you a blood transfusion, but this is rare.

We plan to remove your catheter after two days, which can be a little uncomfortable. After the catheter is removed, you will need to pass urine into containers so that we can monitor your urine.

You should expect to go to the toilet slightly more frequently after your catheter is removed, but this will settle over a few days. You may also see a little bit of blood in your urine.

In some cases, men cannot pass urine once their catheter is removed. If this is the case, a new catheter will be inserted. You will go home with the catheter and will be given advice from the nursing staff about how to look after it with help from district nurses. You will be given an appointment to come into hospital to have it removed.

If you have ongoing problems with the flow of urine or with wetting yourself after the operation, we may give you some tablets, or teach you pelvic floor exercises to help improve your bladder control.

What are the risks associated with a TURP?

All procedures have risks and it is important that you understand these so that you can make an informed choice about whether you wish to go ahead with the operation.

Common complications include:

- Mild burning and bleeding when passing urine, and needing to go to the toilet more often for a short period of time after the operation
- Retrograde ejaculation – on ejaculation the semen goes up into your bladder instead of out through the penis. This makes the urine cloudy when you pass urine after sex. It is not harmful. Three quarters of men will have this after a TURP. It is a long-term effect and your fertility may be affected. However, you should not rely on this as a form of contraception.
- The treatment may not stop all of your symptoms – in some men the bladder muscle may be weak or overactive, which causes ongoing symptoms

- Poor erections – the heat of the wire probe used in the operation can damage the nerves that control erections. Problems having an erection after a TURP happen in about 1 in 10 patients.
- A urine infection – infections result in a burning sensation when passing urine, smelly urine, or a fever. They can usually be treated with antibiotics; see your GP if you develop any symptoms.
- Bleeding after the operation – this may need a blood transfusion or further treatment in theatre. Bleeding happens in about 3 in 100 patients.
- Injury to the urethra causing delayed scar formation – scarring can cause problems with the flow of urine as the urethra narrows over time. This happens in about 2 in 100 patients.
- The need for further surgery in the future if your prostate grows again – about 7 or 8 in 100 men need another operation within four years.

Less common complications include:

- Finding cancer in the prostate gland – this may need further treatment
- Inability to pass urine despite the operation - a long-term catheter, may be required. Alternatively you can learn to catheterise yourself.
- Loss of bladder control, called incontinence – this may be temporary or permanent and occurs in about 3 in 100 patients

Rare complications include:

- Heart failure, feeling sick and confusion - this is very rare, however it can happen if the fluids used during the operation get into your blood stream
- Bladder perforation – this is very rare and may require a temporary urinary catheter or a bladder operation
- Infection with a hospital bug, such as MRSA or clostridium difficile – this is more common in people who have had a long stay in hospital, or who have been into hospital many times before
- A clot in your leg known as deep vein thrombosis – you can reduce the risk of developing clots by wearing stockings, as advised by the team. You may also be given some blood-thinning injections.

Aftercare

Most people stay in hospital for about two days. On leaving we will give you a copy of your discharge summary. You can show this to your GP or a hospital doctor if you need to be seen shortly after discharge.

You will probably feel tired and under the weather for a week or two, so try not to do too much. Remember to keep drinking plenty of fluids.

It is common to pass some blood in your urine 10 to 14 days after your operation, so do not be surprised if this happens. Just drink some more water.

You should contact your GP if you:

- have ongoing bleeding
- pass large clots of blood
- suddenly stop passing urine
- have a fever
- develop severe pain on passing urine
- experience shortness of breath or chest pain. This may suggest you have a clot in your lung.

Most patients return to work two to three weeks after the operation, but if you have a physically demanding job it may take up to four weeks. Avoid heavy lifting during this time.

Do not drive for a week after the operation as sudden braking can cause bleeding. You only need to tell the DVLA about the operation if you develop a medical condition that will affect your ability to drive for more than three months. However, we do recommend checking with your insurance company before driving again.

In general, this operation should not affect your sex life, except for a very small proportion of men who develop problems with having an erection. You can start having sex again as soon as you are comfortable, which is usually at about three to four weeks.

Follow up

It can take three weeks for the prostate samples to be analysed in the laboratory. The results will either be sent to you by letter, or you will be invited to an outpatient appointment to discuss the results.

You may also be invited for a follow-up appointment about four months after your operation.

You can watch TURP videos on the following page

www.northdevonhealth.nhs.uk/services/urology/videos/

Who should I contact for further information?

Specialist urology nurses

01271 311877

Your ward (if you have recently been discharged)

Lundy Ward – 01271 322724

Your urology consultant

Mr Moody's secretary – 01271 322739

Mr Ong's secretary – 01271 311662

Mr Misra's secretary – 01271 314129

Mr Foster's secretary – 01271 313939

References

The British Association of Urological Surgeons (BAUS) TURP patient information leaflet

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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