

## Patient information

### Transurethral Resection of the Prostate (TURP)

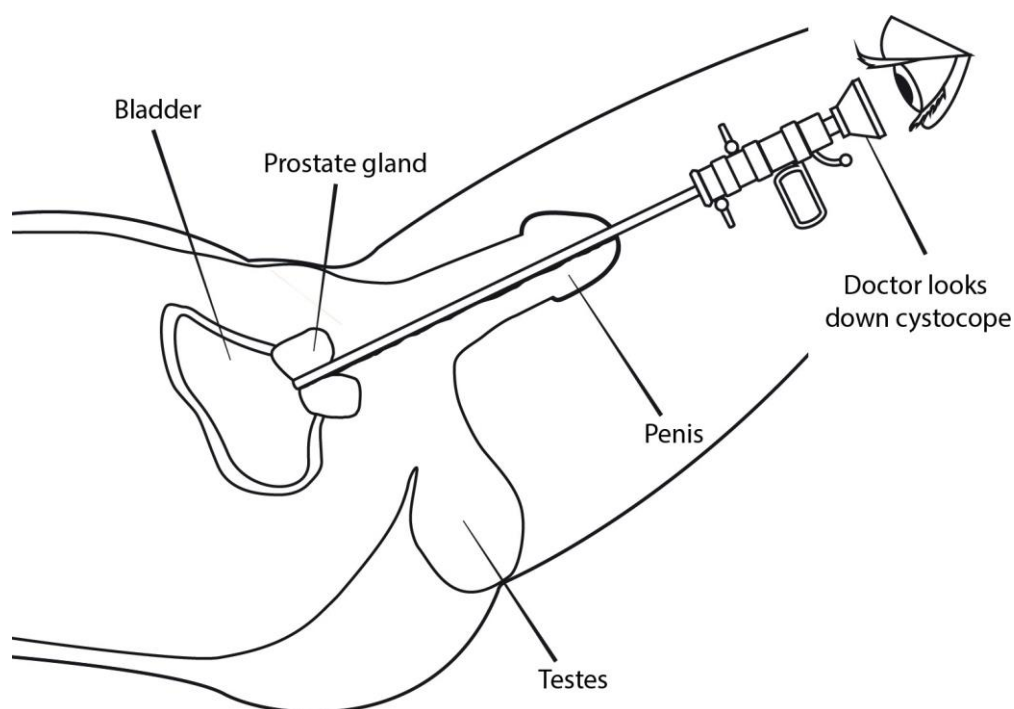
#### Urology Department

Your consultant has advised you to have a transurethral resection of the prostate. This leaflet explains what to expect when you have a transurethral resection of prostate

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

This is an operation in which parts of the prostate are removed using a heat diathermy.

**Cystoscope passed down the urethra of the penis past the prostate into the bladder**



#### **Why would I be having this done?**

You will be having this done because you have troublesome symptoms related to your urinary system. You may have had to have a catheter fitted.

## **What are the benefits of this procedure?**

This operation can relieve urinary obstruction. It can improve urinary symptoms. It may allow you to become catheter free if you currently have a catheter.

## **What are the risks involved?**

### **Common:**

- Mild burning or bleeding when passing urine for short period after operation.
- No semen is emitted during an orgasm in approximately 75% of men (retrograde ejaculation). This cannot be relied upon as a method of contraception.
- The operation may not relieve all urinary symptoms.

### **Occasional**

- Poor erections, impotence, may occur in 5-10% of men.
- Infection of bladder or kidney requiring antibiotics.
- Bleeding requiring return to theatre and/or blood transfusion.
- Possible need to repeat the treatment in the future due to re-obstruction (approximately 10%).
- May need to learn to self-catheterise to empty the bladder fully if the bladder muscle is weak.
- It may not be possible to pass urine after surgery requiring a new catheter. This can normally be removed after a period of time but may be permanent.

### **Rare:**

- Loss of urinary control (incontinence) which may be temporary or permanent.
- Absorption of irrigating fluids causing confusion and in extreme cases heart failure (TUR Syndrome).
- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair.

## **Are there any alternative treatments available?**

Other treatments include medical treatments such as alpha blockers (prostate relaxing tablets) or five alpha reductase inhibitors (prostate shrinking tablets). Other surgical options include prostatic stents, open prostatectomy, or laser prostate operations.

## **What will happen if I decide not to have treatment?**

Your symptoms may remain the same or they may deteriorate further.

## **What does the operation involve?**

The prostate is examined by passing a gloved finger into the anus. A resectoscope is inserted into the bladder through the urethra. The resectoscope is a type of telescope. The bladder and prostate are inspected. The surgeon uses a heat diathermy to remove pieces of the prostate until a channel has been formed. Any areas of bleeding are cauterised. At the end of the operation a catheter is inserted into the bladder. Irrigating fluid is run into the bladder to wash out any remaining blood.

## **What anaesthetic will I be given?**

You may be given general anaesthetic, or a spinal anaesthetic. General anaesthesia is drug-induced unconsciousness

It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, both general anaesthesia and spinal anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and possibly death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well. You will be given an opportunity to discuss anaesthetic options and risks before your surgery.

For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information "You and Your Anaesthetic".

You will be given an opportunity to discuss anaesthetic options and risks before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.

## **How do I prepare for the procedure?**

- TURP is an inpatient procedure. You are normally in hospital for four to five nights.
- A short time before your procedure you will be asked to attend the preoperative assessment clinic where you will be seen by a specialist nurse who will assess your general health and book any investigations you may need before attending theatre. These can include blood samples, urine samples, a chest X-ray or an ECG (heart tracing).
- If you are on regular medication, you will be told to take this if necessary.
- You will be given instructions about when to stop eating and drinking before the procedure.

## **What will happen on the day of the operation?**

- You will be asked to attend the Theatre Assessment Unit (TAU). When you arrive a member of your consultant's team will go through the whole procedure with you and ask you to sign a consent form if you have not already signed one.
- You will have an opportunity to discuss your anaesthetic with the anaesthetist.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open.
- The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- Please bring in toiletries, nightwear and towels.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- On occasion you will need to be kept in hospital for the full duration until your catheter is removed.
- Some people do experience pain following this procedure and you will be given painkillers.
- You will be able to eat and drink as soon as you feel well. Your fluid intake will be monitored and you should try and drink water as well as your normal tea and coffee. This helps to flush blood from your bladder. Drinking plenty of water can also help to prevent constipation. It is important you to avoid constipation. Straining can lead to increased bleeding. A mild laxative may be prescribed to help prevent this.
- You will be able to get out of bed and walk around the ward the day after your operation.

## **After the operation**

- You will wake up in the recovery ward attached to theatre, where you will stay for a short while, until your ward nurse comes to collect you.
- You may feel a little 'groggy' when you return to the ward. Your nurse will monitor your pulse, blood pressure, respirations and temperature.

- A catheter will be in place to drain urine from your bladder. It will be removed once bleeding has reduced.
- Fluid (bladder irrigation) will be passed up the catheter to break up and remove any clots of blood. Do not be alarmed at the colour of your urine which will be quite blood stained at first.
- You will be discharged with your catheter either on the day of surgery or the next day.
- You will come back to the ward to have your urinary catheter removed after 1 to 2 days when the urine is clearer.
- On occasion you will need to be kept in hospital for the full duration until your catheter is removed.
- Some people do experience pain following this procedure and you will be given painkillers.
- You will be able to eat and drink as soon as you feel well. Your fluid intake will be monitored and you should try and drink water as well as your normal tea and coffee. This helps to flush blood from your bladder. Drinking plenty of water can also help to prevent constipation. It is important you to avoid constipation. Straining can lead to increased bleeding. A mild laxative may be prescribed to help prevent this.
- You will be able to get out of bed and walk around the ward the day after your operation.

### **What can I expect when I get home?**

You may find it uncomfortable to pass urine for the first few weeks. This discomfort should improve as time goes by. If it is getting worse or you are finding it difficult to pass water, or you are feeling feverish or unwell it is important that you speak to your GP (General Practitioner), or attend the Accident and Emergency Department.

It is normal to see some blood in the urine this should improve as the days go by. If you pass clots or have difficulty passing urine because of the blood then you should speak to your GP or attend the Accident and Emergency Department.

### **What should you do if you are having problems with your catheter while at home before we remove it?**

If you are having concerns about your catheter blocking you can ring the ward on  
Tel: 0151 706 2346/2348  
Text phone number: 18001 0151 706 2346/2348 for advice.

### **Can I do everything as normal?**

You should expect to take things easy for four to six weeks after the operation. During this time you should avoid heavy exercise and you should also avoid driving.

If you are still seeing blood in the urine then you should wait until the blood has gone for at least a week before gradually returning to normal activities.

## **When can I return to work?**

You should expect to have at least six weeks off work.

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

If you have accessed this patient information leaflet via a QR code, can you please take the time to complete a short questionnaire by clicking [here](#).

## **Further Information**

**For queries about your appointment, contact the hospital you have been referred to**

**Royal Liverpool Hospital**

**Urology Department**

**Tel: 0151 282 6877/6788**

**Text phone number: 18001 0151 282 6877/6788**

**Aintree Hospital**

**Patient Appointment Centre**

**Tel: 0151 529 4550**

**Text phone number: 18001 529 4550**

**For general queries about a Trans-urethral Resection of the Prostate contact**

**Royal Liverpool Hospital**

**Ward 5B**

**Tel: 0151 706 2346/ 706 2348**

**Text phone number: 18001 0151 706 2346/2348**

**For clinical questions specific to your case, telephone the secretary of your urology consultant.**

## **Websites**

**Royal College of Anaesthetists**

**[www.rcoa.ac.uk/patients](http://www.rcoa.ac.uk/patients)**

**[www.rcoa.ac.uk/sites/default/files/documents/2022-06/02-YourAnaesthetic2020web.pdf](http://www.rcoa.ac.uk/sites/default/files/documents/2022-06/02-YourAnaesthetic2020web.pdf)**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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體、音頻、盲文、穆恩體（Moon）盲文和電子格式，敬請索取。

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