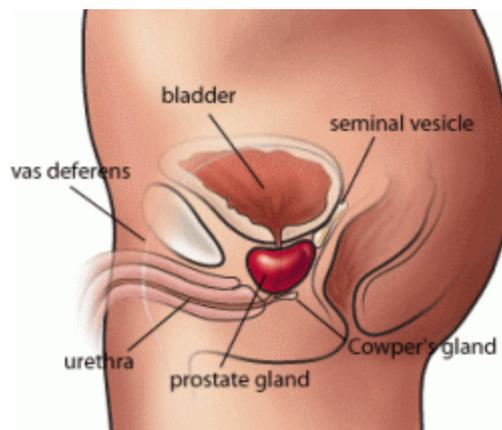


HAVING A TRANSURETHRAL RESECTION OF PROSTATE (TURP)

What is a TURP?

A TURP is an operation that removes the obstructing part of the prostate gland that is causing your urinary symptoms. This allows a free flow of urine.

The prostate is a walnut-sized gland that sits at the base of the bladder surrounding the urethra, the tube through which you urinate. As you get older, the prostate gland grows and can cause an obstruction to the flow of urine leaving the bladder, thus causing problems urinating.



Why do I need a TURP?

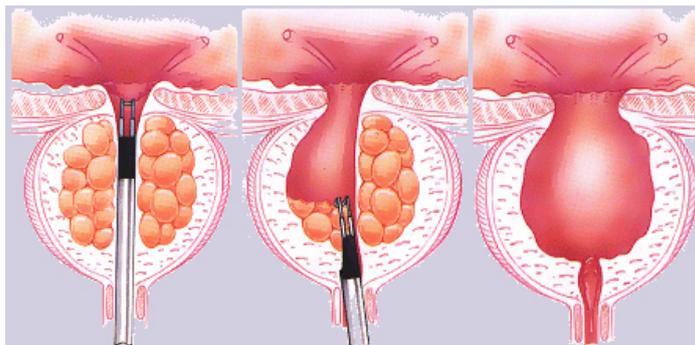
You are having significant problems or bother passing water, and may have stopped passing water altogether (**urinary retention**). You may also be getting urinary infections or blood in the urine.

How is a TURP performed?

The operation is performed under general or local anaesthesia. It is performed through a telescope passed up the pipe of the penis, and therefore there are no external cuts or scars. An electrical loop is used to cut away small parts of the central portion of the gland, until there is a wide cavity with no obstructing tissue. The pieces of the prostate are sent away to the pathologist for examination.

All consultants in the Nottingham Urology Group use a revolutionary new TURP system called the **Gyrus TURP**. This results in significantly less bleeding than a standard TURP, and a more rapid recovery.

At the end of the operation, a catheter is passed into the bladder, which drains the urine and helps to wash away any blood. This catheter stays in for 24-48 hours.



What are the risks, consequences and alternatives associated with having a TURP?

Most procedures are straightforward; however as with any surgical procedure there is a chance of side effects or complications.

Common

- Temporary mild burning, bleeding or frequency of urination after the procedure
- No semen is produced during orgasm in 80% patients after the procedure (retrograde ejaculation)
- The operation may not relieve all prostatic symptoms

Occasional

- Erectile dysfunction (10%)
- Urine infection requiring antibiotics
- Bleeding requiring return to theatre and / or blood transfusion
- Possible need to re-operate in future due to recurrent obstruction (10%)
- Failure to pass urine after surgery requiring another catheter

Rare

- The need to self-catheterise after the procedure to fully empty the bladder
- Finding unsuspected cancer in the removed tissue which may necessitate further treatment
- Injury to urethra causing delayed scar formation
- Temporary or permanent loss of urinary control (incontinence)
- Absorption of irrigation fluids causing confusion
- Very rarely perforation of the bladder requiring temporary insertion of a catheter or open surgical repair

Alternatives to TURP

- Drugs
- Long-term catheter
- Open prostate operation
- Observation of symptoms

What type of anaesthetic will I have?

The anaesthetist will visit you before the operation to discuss the different anaesthetics available to you alternatives will visit you. The anaesthetist will also check that you are fit enough for the anaesthetic.

Getting ready for the operation

If you smoke, try and cut down or preferably stop, as this reduces the risks of heart and chest complications during and after the operation. If you do not exercise regularly, try and do so for at least half an hour per day e.g. brisk walk or swimming.

All patients will have an appointment arranged prior to surgery for a pre-operative assessment. This is a general health check to ensure you are fit for surgery. The pre-operative assessment nurse will organise for you to have bloods taken and have an ECG (electrocardiogram- heart tracing), and answer any questions that you may have.

What should I expect after the operation?

You can start eating and drinking as soon as you recover from the anaesthetic.

Pain

Because there are no external cuts, this procedure is relatively pain free. You may experience some discomfort from the catheter, but this is usually easily treated with mild painkillers.

Catheter

A urinary catheter is a tube that runs from the bladder out through the tip of the penis and drains into a bag. It is important to drain the urine in this way until the urine is clear. Your catheter is usually removed 24-48 hours after your operation.

Before you are allowed home

- You must be passing water without difficulty
- You must have had your bowels open
- Mild painkillers such as Paracetamol and Voltarol must adequately control any pain
- Your temperature must be normal

Discharge information and home advice

Bleeding

It is quite normal to see an occasional show of blood after discharge – this is due to the healing of the operation site. If you see blood, simply increase your fluid intake. If you have prolonged bleeding (>24 hours) or increasing difficulty passing water, please ring the contact number provided.

Bowels

It is important that you do not get constipated. There are no dietary restrictions but you should try and eat plenty of fruit and vegetables and wholemeal bread. If you feel that you may be constipated, see your GP.

Exercise

It is important to exercise gently as soon as you get home. During the first 2 weeks, however, you should not;

- Lift or move heavy objects
- Dig the garden
- Housework
- Carry shopping

It is also fine to resume normal sexual activity 2 weeks after the operation.

Work

Recovery takes 4-6 weeks from your operation date; we will be able to advise you when it will be safe to return to work as this depends on your occupation. The nurse can provide a sick note for your hospital stay, once home this should be obtained from your GP.

Driving

You should not attempt to drive a car for 3 weeks after your operation. Your insurance company may refuse to meet a claim if they feel you have driven too soon. It is also advisable to contact your insurance company with regards to cover following a general anaesthetic.

Further Information

Can be obtained from our website – address at top of page.