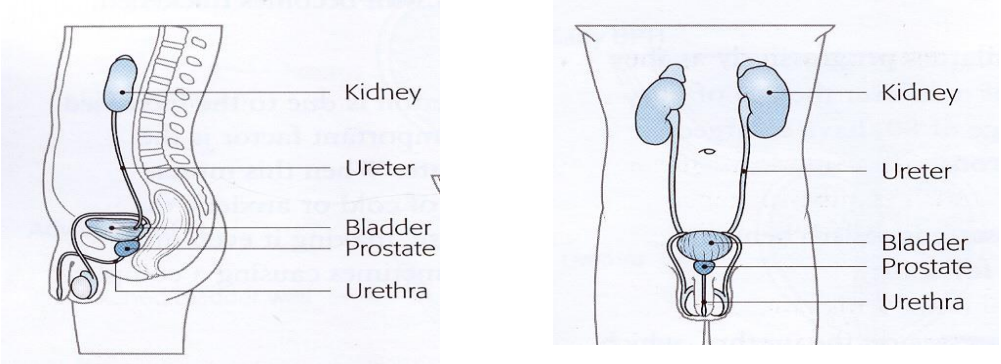
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Trans Urethral Resection of the Prostate (TURP)

Department of Urology

Where is the Prostate Gland?

The prostate gland sits below the bladder which lies behind the pubic bone – **see diagram below.** The urethra (water pipe) leaves the bladder, passes through the prostate to the tip of the penis. As the prostate gets bigger it can squeeze on the urethra making urination difficult. This can also affect the bladder causing symptoms such a frequency (passing urine often) and urgency (needing to pass urine quickly).



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What does the Prostate Gland do?

It is a reproductive organ. Its main function is to produce a fluid which nourishes the sperm and helps liquify the semen after ejaculation.

Why does the Prostate Gland get bigger?

As men get older, the prostate gets bigger due to Benign Prostatic Hyperplasia (BPH). This is a normal aging process. It affects 1 in 3 men over the age of 50. BPH does not cause prostate cancer, this is a totally different disease.

What are the benefits of the operation?

It removes or opens up the obstructing parts of the prostate, which can improve the passing of urine.

What are the risks?

Common

Temporary bleeding, mild burning and frequency of urination after operation
No semen is produced during orgasm (dry climax) approximately
75% after TURP
20% after TUIP
May not relieve all prostatic symptoms

Occasional

Poor erections (Impotence in approximately 5-10% of patients)
Bladder or kidney infection requiring antibiotics
Bleeding requiring return to theatre or blood transfusion
Possible need to repeat treatment later due to re-obstruction (10% of patients)
If bladder not emptying well may need to self catheterise to empty bladder fully
Unable to pass urine after operation requiring the need for urinary catheterisation

Rare

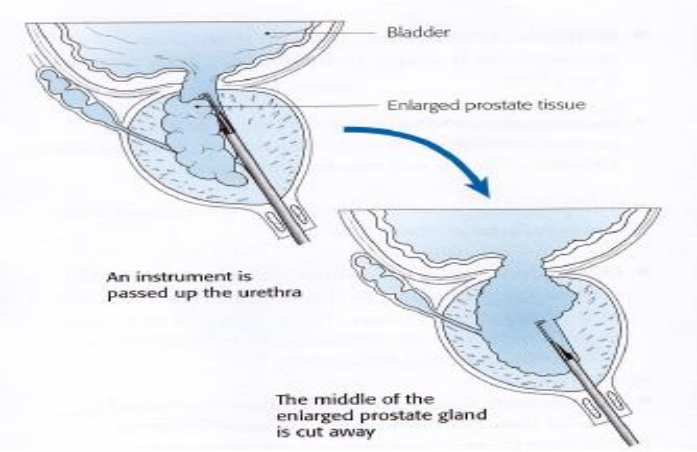
Finding unexpected cancer in the tissue removed which may require further treatment
Injury to the water-pipe (urethra) causing scarring
Temporary or permanent incontinence
Absorption of irrigation fluid causing confusion, heart failure (TUR syndrome)
Perforation of the bladder requiring temporary urinary catheter or surgery to repair it

Are there any alternatives?

Watchful waiting – observation of your urinary symptoms only, medication, urinary catheter or prostatic stent.

What does the operation (TURP) involve?

It involves removing the middle part of the prostate gland which is squeezing the urethra – **see diagram below.** The prostate tissue is sent to the laboratory to be looked at under the microscope. The operation usually takes about 30-60 minutes.



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What is a Transurethral Incision of the Prostate (TUIP)?

This procedure is also known as a bladder neck incision. It is done for men who have obstructive urinary symptoms but who have a relatively small prostate. It is a fairly quick operation done under anaesthetic taking around 20 minutes to do. The chance of side-effects following a TUIP are lower than that following a TURP.

A telescope and camera will be passed up through the urethra to the prostate. One or two small cuts are made in the neck of the bladder and prostate instead of removing tissue from the prostate as done for TURP. This will then open the bladder neck and prostatic urethra creating a wider channel through which you pass urine.

What happens before the operation?

Before your operation you will be asked to attend the Pre-Admission Clinic. This is to check that you are fit for your operation. You will be asked questions about your general health and will have some or all of the following tests: blood and urine tests, chest x-ray and ECG (heart tracing). These are routine tests before an operation. You will also have the opportunity to ask any questions.

Your operation

You will be admitted onto the ward the day before or the morning of your operation, you will be informed of this at pre-admission clinic. An anaesthetist will see you at this time to discuss your anaesthetic and pain control. A doctor will again discuss the operation and possible complications, answer any questions you may have and ask you to sign your consent form again.

You will be asked not to eat or drink any non clear fluids, such as soup, milk etc, for 6 hours before your operation. You can have clear fluids (water/squash) up to 2 hours before your operation. After this you will be asked not to drink anything further. **If you are an insulin dependent diabetic, you will need special instruction, please discuss this with your nurse.**

Before going to theatre you will be asked to have a shower and put on a hospital gown and special stockings. These stockings help reduce your risk of getting clots in your legs. If you are feeling anxious and it is appropriate, you may have been prescribed some relaxing medication (pre-med), this will be given to you on the ward before you go to theatre. A nurse will accompany you to theatre where you will be taken to the anaesthetic room where you will have your anaesthetic.

What will happen after the operation?

The nurses will make regular checks of your blood pressure, pulse, breathing, pain and urine output. As you recover from the anaesthetic these checks will be done less often.

The tubes and drains you may have are listed below. Do not worry about them, they are there to give you fluids or to drain fluids away. They are normally removed the same day or next morning.

- **Intravenous infusion** – (IVI or drip) – A cannula (thin plastic tube) will be put into a vein in your arm and fluid will be given through this to make sure you do not get dehydrated. It can also be used to give you intravenous antibiotics, blood etc. When you are drinking and do not feel sick the IVI will be removed.
- **Urinary catheter** - A catheter (tube) is placed into the bladder at the end of the operation to drain your bladder of urine. The urine passing out of the catheter will be blood stained. Clear fluid (irrigation) is run into and out of the bladder through the catheter, this flushes out the blood and helps prevent blood clots forming. The catheter is normally removed the day after your operation if your urine is not too bloodstained. If you pass water once the catheter is removed, you will be allowed home.

How long will I be in hospital for?

1-2 days

Will I have any follow up?

Not all patients will need a further appointment back in clinic. If your doctor wishes you to be seen again in clinic, you will be informed of this.

Discharge Information

Urination - You may experience some discomfort when passing urine for 1-2 days after your operation. If this gets worse or you have a temperature, smelly offensive urine which could suggest a urine infection, you should inform your GP as may need antibiotics

Difficulty controlling urination with leakage of urine, urgency and frequency. These symptoms should slowly improve over 4-8 weeks following surgery. It is important to remember that the longer the urinary problems were there before surgery, the longer it may take to regain full and normal bladder control.

It is common to experience a small amount of blood in the urine for 2-3 weeks. About 10 days after your operation the scabs formed will fall away from the prostate and you may notice some blood in the urine. This usually clears up by increasing your fluid intake. **If the bleeding is heavy and persistent or if you are passing clots you should contact your GP.**

Very rarely a clot can block the urethra making it impossible to pass urine. If this happens you will need to come to the hospital where the doctor will pass a catheter to flush the blood clots out. You may need to stay in overnight.

Bowels - Try not to get constipated as straining to open your bowels can cause bleeding. To prevent constipation ensure your diet contains enough fibre (cereal, brown bread, bran), drink at least 8 cups of fluid a day and take regular exercise.

Exercise - Avoid heavy lifting, straining, vigorous exercise or cycling for about 6 weeks after your operation to allow healing. **You should be able to return to normal activities within 4 weeks.**

Driving - You will be able to drive after about a week but try to avoid long journeys for about 6 weeks. Check with your insurance company first.

Sex - You should be able to resume sexual activity 2-3 weeks after surgery. The most common long-term side effect of TURP is retrograde ejaculation (dry climax). The semen goes into the bladder instead of coming out through the penis. This should not affect your feelings for, or the ability to have sex, but 1 in 10 men will find their erection is poorer following TURP. If this is a problem you should discuss this with your doctor.

Medicines to take home
You should continue to take your normal medicines unless advised otherwise. Normally no other medicines are needed following this operation. Your nurse will discuss this with you.

If you have any questions or concerns, please find below contact numbers for the Urology wards and Urology nurses:-

Urology Wards:-

D 5 West:- 01633 – 234040 / 234041 (24 hours)

Urology Day Ward:-

Tel. No:- 01633 – 656378 / 656377
Monday – Friday office hours

Urology Outpatients Department:-

Tel. No:- 01633 – 234979
Monday – Friday office hours

Janet Marty, Uro-oncology Nurse Specialist:-
Tel. No:- 01633 – 656143
Monday – Friday office hours

Maureen Hunter, Urology Nurse Practitioner:-
Tel. No:- 01633 – 234758
Monday – Friday office hours

Julie Simpson, Uro-oncology Nurse Specialist:-
Tel. No:- 01633–238976/01873–732081
Monday – Friday office hours

Stef Young, Pre-admission Nurse Practitioner:-
Tel. No:- 01633–234533
Monday – Friday office hours

References:

(1) British Association of Urological Surgeons (2004) *Procedure Specific Consent Forms for Urological Surgery*

(2) Tanagho EA, McAninch JW (2003) Smiths General Urology

"This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg".