



University Hospitals Birmingham
NHS Foundation Trust



Transurethral Resection of the Prostate (TURP)

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Introduction

This piece of patient information will help you understand the operation – Transurethral Resection of the Prostate (TURP).

The prostate is a walnut-sized gland that is found only in men. It is situated at the base of the bladder and surrounds the urethra (tube that allows urine to pass). The function of the prostate gland is to secrete fluid which makes up part of the semen. The prostate also contains some smooth muscle which aids ejaculation. The prostate gland enlarges as men get older. This is a normal part of ageing. As the prostate becomes bigger, it may press on the urethra and cause the following problems:

- Difficulty to pass urine
- Urine flow can become slow or can stop and start
- Dribbling towards the end of the urine flow
- A feeling that the bladder is not completely empty
- Needing to pass urine more often during the day, night or both

What is a TURP?

The purpose of a prostate operation is to remove part of the prostatic tissue that has grown and is obstructing the urethra. Removing the tissue allows urine to flow freely relieving any urinary difficulties.

The TURP operation involves passing a telescope through the urethra, which allows the surgeon to remove the part of the prostate gland obstructing the urethra. The amount of prostate tissue removed will depend on how large the prostate has grown and differs from patient to patient.

Alternative treatments to TURP

TURP is not always recommended. Your consultant or nurse specialist may advise the following alternatives:

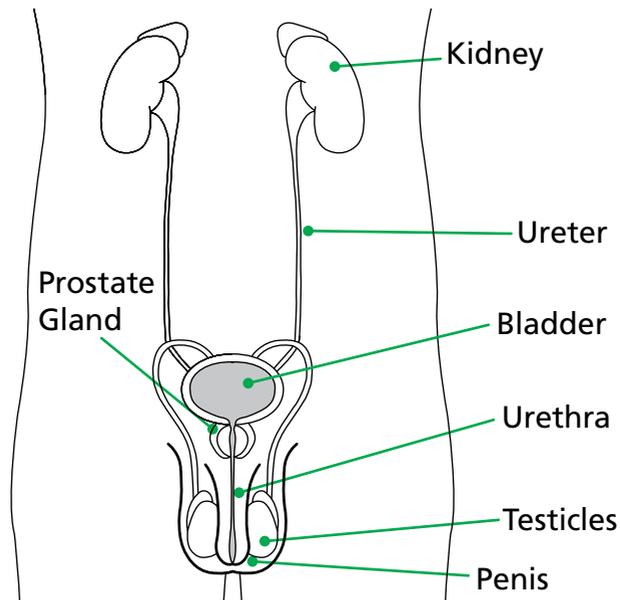
- **Prescribed medication** – you may have already tried medications to reduce the size of the prostate or to relax the muscle within the prostate. Sometimes a combination of medications are prescribed. If these are not effective, TURP may be advised.

- **A permanent catheter** – the insertion of a tube via the penis into the bladder which is connected to a drainage bag may be recommended.
- **Millins prostatectomy** – if your prostate gland is very enlarged then a Millins prostatectomy may be offered. This is an open procedure whereby the obstructing prostate tissue is removed via an abdominal incision (cut). This is not performed routinely and is only recommended when the prostate is thought too big to resect (cut out) via a telescopic route.

Queen Elizabeth Hospital Birmingham does not offer the following treatments:

- **Green light laser prostatectomy** – this is when a high-powered laser destroys the part of the prostate tissue obstructing the urine flow. This is done via the penis telescopically.
- **A prostatic stent** – a tube to open the urethra can be inserted into the urethra at the obstruction, allowing urine to flow freely.
- **UroLift System** – this is a minimally invasive procedure which lifts and holds prostate tissue out of the way so that it no longer blocks the urethra, allowing urine to flow freely.

Location of the prostate gland



What will happen before the procedure?

You will be asked to attend a pre-operative assessment clinic one to two weeks prior to your surgery. At this clinic we will:

- Record any current medication you are taking
- Arrange necessary blood tests
- Test the function of your heart (ECG)
- Conduct a chest X-ray
- Screen you for any infections

You may require some or all of these tests dependent on your general health. You will also be given advice on your forthcoming admission, such as when to stop eating and drinking, and where to come on your admission day. If you normally take medication in tablet form, please ask the nurse if you should take these on your admission day.

What will happen on the day of my surgery?

You will be asked to arrive at the admission lounge on the day of your surgery; this will be outlined in your admission letter. You cannot eat or drink six hours prior to your surgery; this will be discussed at your pre-admission visit. You will be dressed in a theatre gown and will go to theatre from the admissions lounge. You will then return to the urology ward after surgery.

After your operation

After your operation you will have an intravenous drip (a tube inserted into a vein in your arm) to ensure you stay hydrated. You can usually eat and drink within a few hours of surgery but this does vary from patient to patient and the nurses will advise when you can start eating and drinking. Once you are eating and drinking normally, the drip will be removed.

On return from theatre you will have a catheter to drain the urine from your bladder. An irrigation drip will be attached to the catheter to wash away any blood or debris from your bladder. It is normal for your urine to have blood in it at first, but this will clear with time.

The irrigation drip will usually be removed the following morning after surgery. The catheter is usually removed two days after your operation. You can expect to go home two days after your surgery but this can vary from patient to patient and can be related to the amount of tissue that is removed at the time of surgery.

After your catheter has been removed you may experience mild discomfort when passing urine. You may also find you have an urgent need to pass urine, however this settles in most patients within the first 12 hours after catheter removal. Drinking plenty of fluids during this period (such as water or squash) is helpful.

General mobilisation around the ward is encouraged the day after surgery to avoid problems such as chest infections and deep vein thrombosis (blood clots in the legs).

When you return home

It is not unusual to see blood stained urine during the first six weeks after your surgery. Drinking plenty of fluids will help the bleeding to settle. If you have any concerns, please contact the urology ward for advice or see your GP.

Around one fifth of men experience fresh bleeding 10 – 14 days after surgery. This is due to the healing process when scabs separate from the healing area of the prostate and come away with fresh bleeding. Increasing the amount of fluid you drink should stop this. If it continues, you should contact your GP as antibiotics may be required. If you have severe bleeding with blood clots or have sudden difficulty passing urine, you should seek medical advice from your GP immediately, as you may need to be readmitted to hospital.

Occasionally patients can develop a urine infection after this type of surgery and may require antibiotics. If you experience a burning or stinging sensation when passing urine, this could be an indication of an infection and you should see your GP.

It is recommended that you limit your physical activity for the first four weeks after your operation. Gentle exercise such as short walks are permitted but you should avoid driving, playing golf or any other strenuous activities for four weeks.

It is your responsibility to make sure you are fit to drive following

surgery and you should check with your insurance company before returning to driving.

You can resume normal day to day activities, including sexual activity, after four weeks.

What are the risks and side effects?

You may experience the following side effects following your surgery:

Bleeding

All patients experience some blood in their urine after prostate surgery but this is rarely a significant problem. Only 5% of patients need to go back to theatre for further treatment or require a blood transfusion.

Urinary infections

Patients may contract a urinary infection following surgery. This may require antibiotics. If you experience any of the following symptoms please see your GP:

- Burning and stinging sensation when passing urine
- The need to pass urine frequently
- A high temperature
- Feeling hot, cold and shivery

Erectile dysfunction

Approximately 14% of men will experience erectile dysfunction following their TURP operation, any problems should be reported to your GP and they can refer you for treatment.

Retrograde ejaculation

Around 75% of men experience retrograde ejaculation. This is when you ejaculate and get normal sensation, but instead of the ejaculate coming out, as it usually does, it goes into the bladder. This causes no problems and the next time you pass urine the ejaculate is passed

with the urine. This does mean that fathering children is not likely. However, this is not a reliable method of contraception and therefore if you do not wish to have further children, contraception should still be used.

Regrowth of the prostate

There is a possibility that further treatment may be required to deal with regrowth of the prostate tissue in the future. This occurs in around 10% of men.

Incontinence

You may feel the need to rush to the toilet after the operation. This normally settles a few months after surgery.

Prolonged catheterisation

Some patients, who experience difficulty emptying their bladder or have a permanent catheter inserted before their operation, may continue to have problems with bladder emptying after their TURP procedure, and may have to have a catheter in for a longer period of time. Very occasionally the catheter may be required permanently or it may be possible to learn a technique called "self-catheterisation" where you insert the catheter into the bladder at periods throughout the day to empty your bladder. If this is recommended full tuition will be given.

Prostate cancer

In most cases, enlargement of the prostate is harmless but in some patients the enlargement may be due to cancer. A part of the prostate tissue removed will be sent to the laboratory for analysis. Both you and your GP will be informed of the results.

The following complications are rare, and only occur in less than 2% of patients who have undergone the TURP operation:

- There is a risk of irrigating fluids (fluids used to flush the area) entering the blood stream, causing confusion and the possibility of heart failure. This is called TURP Syndrome.

- Very rarely a patient may experience perforation of the bladder (when the bladder wall breaks) requiring a temporary urinary catheter or surgical repair.

University Hospitals Birmingham NHS Foundation Trust implements strict infection control measures, however there is a small risk of acquiring an infection. The risks are as follows:

- MRSA (one in 110 patients)
- MRSA in blood stream infection (one in 5000 patients)
- Clostridium difficile bowel infection (one in 10,000 patients)

Your follow-up treatment

You will have a follow-up appointment with your consultant three months after your surgery. At this appointment they will discuss the operation and the results from prostate tissue sent to the laboratory at the time of surgery (histology). At this point most patients will be discharged back to the care of their GP. If you have any concerns not outlined in this leaflet please contact the Clinical Nurse Specialist.

Contact numbers

Urology ward: 0121 371 6240

Urology Clinical Nurse Specialist: 0121 371 6931 (Monday – Friday between the hours of 08.00–16.00)



The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm

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