Transurethral Resection of Prostate (TURP)
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This leaflet answers some of the questions you may have about having a transurethral resection of a bladder tumour (TURP). It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any questions or concerns, please speak to the doctors or nurses caring for you.

What is a TURP?

A transurethral resection of prostate (TURP) is an operation to remove the central part of the prostate (gland that sits at the base of the bladder) which is causing obstruction to your urinary tract. The aim is to improve your urinary flow and bladder emptying. We may use either electricity (most common) or a laser to do this.
Why do I need this procedure?
Patients who have lower urinary tract symptoms associated with poor emptying of the bladder (poor flow, incomplete emptying) due to an enlarged prostate may benefit from having a TURP. Benign enlargement of the prostate is common as men get older.

Symptoms you may experience if you have an enlarged prostate are:

- Having to strain to pass urine
- Needing to pass urine urgently and frequently, day and night
- A slow or weak stream

A TURP operation is suitable for men if the blockage (obstruction) is because of prostate enlargement and:

- Your bladder is incompletely emptying and you are getting infections of the remaining urine
- You stop passing urine altogether (acute retention of urine)
- Your symptoms are very bothersome despite having medical management
- You have bladder stones because the bladder is not emptying properly

About 40,000 of these operations are done each year in the UK.

What are the alternatives to this procedure?
Alternatives include medical treatment, catheter use, an open prostatectomy, laser TURP, laser enucleation of the prostate or Urolift. What is suitable for you depends on the size of your prostate and your overall health. You may also be asked if you wish to be involved in any research projects involving TURPs or procedures to relieve the obstruction of the prostate.
What are the benefits?
To improve the urinary flow and bladder emptying. The tissue removed is also sent to the laboratory to be examined under the microscope to see if there is any cancer.

What are the risks of surgery?

**Common side effects** (more than 1 in 10 chance)

- Mild burning or bleeding. This is normal – see our advice on page 4.
- Blood clots in your bladder and urethra. This is normal and you will need a temporary catheter to flush out your bladder.
- Dry ejaculation at orgasm. This occurs in 75% of men undergoing a TURP (called retrograde ejaculation). The semen is still produced but may go into your bladder rather than out of your penis. When you first urinate after a dry orgasm your urine is likely to be cloudy as it contains semen.
- Poor quality erections (10%)
- Infection of the bladder or kidneys.
- The need for further resection or procedures to manage narrowing (stricture) of the water-pipe (urethra) in the future.

**Less common** but more serious complications include:

- Finding unsuspected cancer in the removed tissue which may lead to further treatment with surgery or radiotherapy.
- The possibility of needing to self-catheterise (insert your own catheters to empty the bladder) if you continue to not empty your bladder and retain urine due to an underactive bladder.
Incontinence due to effort which may be temporary or permanent (4%). If continues beyond six months you may need an artificial urinary sphincter inserted to stop the leakage.

Incontinence related to urgency if you had that before the procedure (20-25%). You may need tablets to help with this called antimuscarinics or mirabegron. Other treatments may include Botox and sacral neuromodulation.

Damage to the verumontanum or surrounding structures resulting in loss of normal anatomy and incontinence.

Pain in the remaining part of the prostate which may require antibiotics and pain killers or referral to the pain team to help resolve the pain.

What are the risks of a general anaesthetic?

Straight afterwards you may feel tired, dizzy or weak. You must have someone to collect you and stay with you for the first 24 hours.

During the first 24 hours you should not:

- Drive or operate any motorised vehicle or electrical equipment
- Sign any legal documents or make important decisions
- Drink alcohol.

You may feel weak or dizzy at times during the first 7-10 days. If this happens, sit down until the feeling passes. You may also have the ‘post-operative blues’ and feel a little depressed. If any of these symptoms do not go away, please contact your GP for help and advice.
What happens before the operation?

Arranging the date for your operation

A request form is completed by the doctor you see in clinic and sent to the waiting list team.

The request is then processed and a date for pre-op assessment (if you do not have it the same day as your outpatient appointment) and surgery will be sent to you through the post or by telephone.

Pre-assessment clinic: At your pre-op assessment, a nurse will take your medical history, explain the type of anaesthetic you will have (a spinal or general anaesthetic) and what to expect after surgery. They will also answer any questions you may have. Please bring with you details of any medication you are taking or the medicines themselves. Also let the nurse know if you are allergic to any medicines, tablets or plasters. You will have some screening tests. These may include checking your blood pressure, taking a blood sample or having an electrocardiogram (ECG) to check your heart.

The nurse will be able to confirm that you are medically fit for your operation as a daycase procedure or as an overnight stay.

What happens during the operation?

We will give you a general (most common) or spinal anaesthetic. During the operation, the surgeon will put a telescopic instrument called a resectoscope into your urethra (the tube through which you pass urine) and up into your bladder. If your urethra is too narrow, they will gently insert small instruments called dilators to gradually widen the urethral opening and water-pipe.

Your surgeon will inject salt water (saline) through the resectoscope to help expand your urethra and allow them to get a clear view. Using a diathermy (electricity) loop down the resectoscope, fragments (chips) of the inner part of the prostate are removed. Sometimes we may use a laser. These fragments are sent for analysis. A catheter is placed at the end of
the operation. You may also have a bag of fluid attached to the catheter bag to flush any blood clots away.

If other things are found at operation, such as a bladder stone, then the surgeon will usually deal with these at the same time. It is very rare that an operation has to be abandoned but sometimes it may not be possible to proceed with the operation fully, for example, if the prostate is very large.

**How long does the operation take?**

On average the procedure takes between 45 minutes and 1.5 hours.

**What happens after the operation?**

As you had a general/spinal anaesthetic you will go to the recovery area in the theatre department because you will need time to recover. If you are a day case patient, you will need a relative, friend or carer who can escort you home and stay with you for the first 24 hours after your procedure. Please let them know that they may have to wait for you if you are not ready to leave.

You will have a urinary catheter left in your bladder after your operation. This is a flexible tube that drains your urine into a bag outside your body. The catheter may also be used to flush out your bladder and wash away any blood clots after surgery. This means you will have a bag of salt solution connected to the catheter which will flow into your bladder. This irrigation will be stopped once your urine runs clear. You may need to have the catheter in anywhere from 2-10 days, depending on what happens during the operation. For most people it is 1-5 days. Before you leave hospital, you will be given a date to return to hospital for the removal of your catheter. Our nurses will explain how to care for it and when and where to return to have it removed. You will be able to go home on the same day once you have fully recovered. You will be given a date and location to return to have the catheter removed.
You may also be admitted to hospital for a day or two on some occasions if that was felt necessary after the operation or for medical reasons.

**Getting back to normal**

You may want to go to the loo more often for a while after the catheter is removed. You may also find it quite sore and/painful the first few times that you go. This is normal. It may make several weeks for these symptoms to settle.

You may pass some blood or small clots in your urine for 10–14 days after your operation. This is normal. Drink plenty of fluids (not alcoholic) to help wash away the blood and ease any soreness – usually about 2 litres per day.

You will usually be able to go home on the same day after your procedure. We advise you to:

- Speak to your doctor about how much time you will need off work after your operation. This will depend on how quickly you recover and the type of work you do. You usually need to take about two weeks off, but if your job involves lifting or heavy work, you may need to be away from work for three – four weeks.

- Start gentle exercises about a week after your surgery. But please do not do anything too energetic for a month, such as playing contact sports like rugby.

- Avoid driving again until you feel comfortable and can do an emergency stop. Please check with your insurance provider before starting to drive again.

- We may give you antibiotics to prevent you from developing an infection after your operation. Please make sure you take the whole course.
Will I need to come back to the hospital?

The tissue removed at the time of the TURP will be analysed in the lab and we will review these results. We will write a letter to you with these results. If prostate cancer has been detected we will arrange to see you to discuss treatment options. We may follow you up to see how your symptoms are after the operation and this will be requested by the operating surgeon.

Valuables

Please do not bring in valuables, jewellery or large sums of money to the hospital. If this is unavoidable, please ask a relative to take them home for you.

Urgent enquiries or emergencies

Within the first 24 hours after your operation, if you have any concerns about your recovery regardless of where you had your operation, please call the urology specialty ward (gate 34b Southmead hospital) for advice on - 0117 4143600 or 0117 4143601. You can also contact your GP for advice or in an emergency attend Southmead Accident and Emergency.
Who can I contact with queries and concerns?

Regardless of where you had your operation, for general queries or concerns after your operation, please contact Southmead Hospital on:

Gate 34b (Urology Ward)
Brunel Building
Southmead Hospital
Bristol
BS10 5NB
Tel 0117 4143600 or 0117 4143601

OR

Urology Specialist Nurses
Southmead Hospital
Tel 0117 4140512

OR

Urology Department main number (for secretaries)
0117 4145000
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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