Transurethral Resection of Prostate (TURP)

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What is a TURP?

The surgeon cuts away part of your prostate gland to stop it pinching the urethra (urine carrying tube from your bladder through your penis) and causing difficulties passing urine.

The prostate is about the size of a chestnut and its job is to make the milky coloured fluid (semen) that comes out of your penis when you have an orgasm.

The operation is done through the urethra (transurethral) so there is no visible scar.

Why do I need a TURP?

It is common for a man’s prostate to get bigger as he ages, this enlargement is due to a condition called Benign Prostatic Hyperplasia (BPH) and is probably due to hormone changes in the body.

It is not serious but could cause obstruction to the flow of urine from the bladder.
You may:

- Go to the toilet more frequently and need to get up at night.
- Have to strain to pass urine.
- Need to get to the toilet more quickly and occasionally leak before you can get there.
- The flow may be weak and stop and start.

Not everyone needs an operation but it is usually recommended if:

- Your bladder doesn’t empty properly causing infections in the urine left behind.
- You stop passing urine altogether (acute retention of urine).
- Your symptoms are very troublesome and medication has not helped.
- You have bladder stones caused because the bladder is not emptying properly.

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

**What happens during the operation?**

You will be in hospital for 2 to 3 days. The operation takes about 30 minutes depending on how much of the prostate needs to be removed. You’ll be given either a general anaesthetic to make you sleep or a spinal injection which will numb you from the waist down. If you have the spinal you will be awake and able to talk although you won’t be able to see the operation. The anaesthetist will discuss these options with you.

You will have your legs raised on straps and the surgeon will put a thin tube with a light through your penis up to your prostate. A small loop of wire is used to cut away pieces of the prostate. These pieces will be sent to the pathologist for examination under the microscope.

Once the operation is completed you will have a flexible tube called a catheter put into your urethra to drain your urine into a bag. You may also have a bag of fluid attached to the catheter to help wash any blood or pieces of prostate away.
You will have a ‘drip’ in your arm to give you extra fluid until you feel able to drink water. Over the next 48 hours these tubes will all be removed.

You will feel a bit sore and tired. Ask for stronger pain killers if the ones you are given do not work.

When your catheter first comes out do not expect to have perfect control immediately. There may be some frequency and loss of control, this is quite normal and should settle quickly. You should ask for pads if this is a problem.

Once you are passing urine comfortably you will be able to go home.

After the operation

The specialist nurse will contact you within the first 6 to 8 weeks. She will check on your progress, answer any questions that you may have and confirm that you have been given the results of the laboratory examination of your prostate, occasionally the laboratory report may indicate that some pre cancer or cancer cells are present. If this happens you may be sent an appointment to be seen in the outpatient clinic to discuss any further investigations or treatment that may be necessary. You can of course contact the specialist nurse at any time after your discharge if you have any concerns.

What are the risks of the operation?

All operations carry risks and these will be explained to you before you sign your consent form.

- Anaesthetics can have side effects the most common being nausea. Some people may have allergic reactions to the anaesthetic, the anaesthetist will discuss this with you.
- You may bleed during or after the surgery (1 in 50).
- You may get an infection in your urine (2 in 100).
- You may get a blood clot in your leg vein. This can break off and travel to your lungs causing a blockage. If you are thought to be at risk of this you will have some treatment to help prevent blood clots forming.
Men over 80 have a higher risk of complications especially if they have other health problems.

**Problems that can happen straight after surgery**

**Bleeding** You may have heavy bleeding following the surgery. About 1 in 50 men need to be given a blood transfusion or need to go back to the operating theatre to have the bleeding stopped.

**Urine infection** There is about a 2% chance that you will get a urine infection.

**TURP Syndrome** This happens to about 1 in 50 men. It is most common in operations that last for longer than an hour. This can make you feel slightly confused, unsteady and queasy or cause you to vomit. It can also raise your blood pressure or cause problems with your sight. This condition is triggered when your body absorbs the fluid that is used to wash away the bits of prostate during surgery. The balance of salts in your body becomes upset and is particularly harmful for men who have heart or kidney problems. This is easily treated. During the operation you may be asked to blow into a machine rather like a breathalyzer this is to check the level of salts in your blood.

Unable to pass urine when catheter is removed. This happens occasionally (1 in 50). If it does you will have the catheter put back in and will go home for a few weeks with it whilst the urethra settles down. You will be given a date to return to the ward to have the catheter removed. Occasionally if the operation is unsuccessful it may need to be repeated to remove more of the gland (1 in 100).
When you go home

During the first six weeks or so your stream and control will gradually improve. You may experience further bleeding, this is quite normal and is due to the separation of scabs from the healing surface of the prostate. If the bleeding becomes heavy or your urine becomes painful to pass or smells or looks offensive you should contact your doctor.

Physical activity

- You should be able to get back to normal physical activities within three weeks.
- You may start to drive after two weeks or when you feel fit enough to do so.
- Activities such as golf and swimming should be started off in short sessions after about four weeks and gradually built up to normal.
- You are strongly advised not to undertake any heavy lifting for 4 to 6 weeks as this may cause further bleeding.
- Intercourse may be resumed when comfortable.
- Try to avoid getting constipated, drink plenty of water and take a mild laxative if needed.
- It may be several months before you feel completely fit.

Likely outcome from surgery

There is good research to show that surgery helps with the symptoms of an enlarged prostate. In one study 9 out of 10 men said their symptoms were still better three years after the operation.

Following the operation you should have:

- A stronger stream.
- More control over when you urinate and need to go less often and less urgently.
- Your symptoms will be less likely to interfere with your normal activities and you shouldn’t have to worry about being close to a toilet at all times.
Later possible effects from surgery

**Dry climax**

7 in 10 men get what is called retrograde ejaculation after a TURP. This means that when they orgasm less or no semen comes out of the penis. If this happens you’ll still be able to get erections and still climax during sex as you did before the operation. However you may not be able to father children through sexual intercourse.

**Erection problems**

The nerves that control erections are next to the prostate gland and can occasionally be damaged during surgery. Some studies show that TURP doesn’t seem to cause erection problems and in 1 trial many men said the quality of their erections improved following surgery.

**Incontinence**

About 1 in 50 men can’t hold their urine after TURP. You may become incontinent if the ring of muscle at the neck of the bladder is damaged during the operation. However one study showed that incontinence was no more common in men who have had surgery than those who hadn’t.

**Needing another operation**

About 1 in 100 men who have TURP need another one in the future because their prostate has grown again. About 1 in 25 men get scarring around the bladder opening or urethra and may need a further operation.

**What happens if you don’t want surgery**

Some men feel that the risks of TURP are too great. If your symptoms are mild and not too bothersome you may choose to wait and see if things become worse. There is no evidence that an enlarged prostate causes prostate cancer. The main problem is that you may suddenly find yourself unable to pass urine at all. You may develop urine infections or damage to your kidneys, although these complications are uncommon.
In one study over four years of men with mild symptoms who did not have surgery (six):

- Half still had the same level of symptoms.
- 1 in 4 had surgery.
- 1 in 8 got severe symptoms.
- 1 in 8 improved and had only mild symptoms.

Older men and men with very large prostates are most likely to get worse.
References and Sources of Further Information


Prostate Cancer Charity
Free confidential helpline: 0800 074 8383
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NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
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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