

# Having a transurethral resection of the prostate gland (TURP)

## Introduction

This leaflet explains what will happen when you come to the hospital for your operation. It is important that you understand what to expect and feel able to take an active role in your treatment. The prostate is a gland, found only in men, that sits under the bladder and surrounds the water passage. Its function is to produce some of the semen when you ejaculate. It enlarges with age and, if this happens, it can cause problems when passing urine. A TURP is the partial removal of the prostate gland through the water passage using a special instrument designed to remove it in small pieces. The operation is done under general or spinal (local) anaesthetic.

## What are the treatment options?

If symptoms are mild and not affecting your life very much then doing nothing may be the best option. The situation can be reviewed every year or so, or sooner if symptoms change. Symptoms can usually be improved by medicines or surgery. There are two types of medicines that may help - alpha-blockers and 5-alpha reductase inhibitors. Medicines do not cure the problem, nor do they usually make symptoms go completely. However, symptoms often ease if you take one of these medicines.

You will have discussed these options with your consultant but he/she may recommend you have an operation called a transurethral resection of the prostate - TURP. This involves partial removal of the prostate gland to remove or alleviate your symptoms.

## What are the risks of a having a TURP?

In a small number of cases, particularly in people with irritative symptoms such as feeling the need to pass urine frequently and urgently, approximately a third of them will continue to have some symptoms after the operation. Also, complications occur in some cases. For example, after this operation about 10 in 100 men become impotent, and a small number (less than 1 in 100 men) become incontinent of urine. Also, more than half of men develop 'retrograde ejaculation'. This means that during sex, the semen ejaculates ('comes') into the bladder, and is passed out later with urine. As in any operation, there is a small risk of death.

## The operation

You may come into hospital on the morning of your operation or the day before, depending on your medical history. On the morning of your operation, you should have a bath or shower. You will be given a clean theatre gown and knee-length stockings to wear. These stockings help with the circulation of blood in your legs and help to reduce the risk of clots forming in the leg veins. You should wear the stockings until your discharge home.

On the morning of your operation, the surgeon, the anaesthetist and a nurse may visit you on the ward. If you have any questions regarding your operation please ask.

A nurse will escort you to the operating theatre. You may go on a trolley or you may walk. In the anaesthetic room you will be given your anaesthetic, and go into the operating theatre. The anaesthetist would have discussed with you the type of anaesthetic suitable for your case. The operation will normally take 45 minutes.

## After the operation

Most patients will have an intravenous 'drip' after the operation. This is to supply you with water, salt and sugar, until you are able to eat and drink normally again. A nurse will remove the drip, usually within 24 hours or as soon as you are drinking normally.

During the operation, a tube called a catheter is left in your water passage. It usually stays in for two or three days after the operation. The urine will be bloodstained - don't worry, as this is normal after this kind of surgery. During this time you will not need to pass water as it drains away automatically into a bag, which is emptied by the nursing staff when necessary. The catheter will not fall out when you move around.

There will be a long plastic tube running between the catheter and a bottle of salty water, known as 'irrigation'. This is to wash out your bladder. It also helps slow down any bleeding and removes any blood clots. It is usually removed after 24 hours. The nursing staff will regularly check all your tubes.

The catheter may cause you a certain amount of discomfort, which can be relieved with painkillers if it is severe. The feeling of a need to pass water settles in an hour or two after surgery.

You should wash around the catheter, twice a day, to help prevent infection. It is safe to have a bath or shower with a catheter in.

## Removal of the catheter

The doctor will ask the nurses to remove the catheter when the bleeding has settled. You will be given an information sheet about the removal of the catheter. After the catheter is removed, the nurses will monitor when you pass water. At first it may be uncomfortable passing water and you may not get a lot of warning. There may also be some blood present. You may also need to go frequently and even have a slight lack of control. These symptoms will eventually settle. When you are passing urine normally you will be allowed home.

## What can go wrong?

A few patients find it difficult to pass urine after the catheter has been removed. If this happens, a catheter will be inserted to allow your bladder more time to recover and you may be sent home with your catheter in place. Your catheter drainage bag will be changed to one that is strapped to your leg. The nurses will teach you how to look after the catheter for when you go home. You will be supplied with equipment and a booklet for your use at home. We will let your district nurse know that you have a catheter and she/he will arrange to call on you at home, if necessary.

If you are discharged with the catheter still in, you will be given a date for two to three weeks later, to come back to the ward to have the catheter removed again and to see if you can pass urine satisfactorily. This will be just a day visit. If you are still unable to pass water, your doctor will see you and make a decision on further management. Fortunately, this complication is rather rare.

## Sexual activity

Men who have their prostate removed will lose the ability to ejaculate, although their sensations are the same. In men who were able to achieve erections before, about 1 in 10 may have difficulties afterwards. This can be helped through a specialist outpatient clinic called the Andrology Clinic.

Intercourse is not advisable for the first month after surgery. Please note a prostate operation does not guarantee sterility so contraception, if used, is still necessary.

## Going home

For the first two weeks after leaving hospital you should take it easy. Allow four weeks off work. Sick certificates are available from the nursing staff. Please ask, before you leave hospital, if you require one. Avoid doing anything too strenuous, such as heavy lifting or digging the garden. It is perfectly safe to go for short walks but you should avoid driving the car for at least two weeks. After two weeks, gradually increase your activity until you feel fully recovered.

Some patients require a course of antibiotics, and these will be given to you before leaving the ward. You should take all of them as per instructions given with the antibiotics.

During your stay in hospital you will have been encouraged to drink plenty of fluids. After returning home this can be reduced but it is wise to drink a glass of fluid every hour for the first two weeks.

After leaving hospital, you may continue to have occasional blood clots in your urine. This is quite normal and will gradually settle down. If the bleeding continues for more than 48 hours and you are unable to pass urine at all; or you develop shivering or feel shaky; burning or stinging when passing urine, you may have an infection. If you experience any of these symptoms you should contact your GP.

## Follow-up appointment

You will be sent an outpatient appointment in the post. This is a routine measure, and the appointment should only take a few minutes, in order to be certain all is well or to sort out any continuing problems or complications.

You may have a telephone consultation with a senior nurse if your doctor thinks this is appropriate. You will be asked a few questions to determine how you are and may be discharged by the nurse if all is well, if necessary the nurse will refer you back to see your doctor.

## Finally...

Three months after your operation your recovery will be complete and you should be free of urinary difficulties. If not, you will be seen again.

## Useful contacts

Prostate Research Campaign UK Tel: 020 8877 5840 <a href="http://www.prostate-research.org.uk">www.prostate-research.org.uk</a> Charity providing accurate and up-to-date information on every type of prostate disease.	Prostate Cancer Charity Helpline: 0845 300 8383 <a href="http://www.prostate-cancer.org.uk">www.prostate-cancer.org.uk</a>
Macmillan Cancer Support Tel: 0808 808 00 00 <a href="http://www.macmillan.org.uk/">www.macmillan.org.uk/</a>	Continence Foundation Helpline: 0845 345 0165 <a href="http://www.continence-foundation.org.uk">www.continence-foundation.org.uk</a> Personal and confidential advice for problems with bladder control.
British Association of Urological Surgeons <a href="http://www.baus.org.uk">www.baus.org.uk</a> There is a list of publications and consent documents for download on the non-members section of the website.	

Hopkins Ward	0118 322 7274
Pre-Operative Assessment	0118 322 6546
Urology Clinical Admin Team (CAT3a)	0118 322 8629
Royal Berkshire Hospital	0118 322 5111

This document can be made available in other languages and formats upon request.

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