Transurethral resection of the prostate (T.U.R.P.)

What and where is the prostate?
The prostate is a gland found only in men and is just below the bladder. It is approximately the size of a walnut, the fluid produced by the prostate forms part of semen.

The prostate gland surrounds the upper part of the urethra, the tube that carries urine and semen out through the penis. The urethra has to pass through the prostate gland before reaching the penis. This is why some men have problems with passing urine when they have an enlarged prostate.

As men age, the prostate gland grows. This enlargement (benign or malignant) can cause problems; unfortunately the enlarged prostate can press on the urethra, and slow down the flow, causing discomfort and difficulty in passing urine.

Why do I need a prostate operation?
Your enlarged prostate needs to be partially removed in order to relieve the obstruction to the outflow of your bladder and improve some of your urinary symptoms.

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How will it be done?
The usual method of reducing the prostate is called a Trans-urethral removal of prostate (TURP)(Operation 1)

Under an anaesthetic a telescope-like instrument is put into the penis and the prostate gland is partially removed by shaving off pieces using an electric current. The capsule or covering of the prostate is left behind. There are no external scars.

Occasionally if the prostate is too large to be removed using this method, then a cut (about 4-5 inches) is made through the lower part of the abdomen and the gland is removed from its capsule.

Potential risks associated with the operation.
The most common risk will be a certain amount of bleeding and the possibility of blood clots forming inside the bladder. Bleeding usually subsides after a few days without treatment. If necessary you may be given a blood transfusion.

Another risk is retrograde ejaculation, where semen goes back into the bladder and is passed out with urine. The urine may appear cloudy but is harmless. This does not interfere with satisfaction on intercourse but if you are planning to father any more children then you should discuss this with your consultant.

There is also the possibility of failing to maintain an erection. This is usually a small risk and generally if you have no current problems then the operation is unlikely to make things worse.

You may develop a water infection but you will receive a short course of antibiotics after the operation.
Please discuss any concerns you may have regarding risk factors with your consultant and his team but remember the benefits of the operation usually outweighs the small risk involved.

**What anaesthetic will I have?**
You will be given a leaflet explaining about anaesthesia before you have your operation.

The anaesthetist will also see you before your operation and discuss the options available and the one best suited to your needs.

Usually a general anaesthetic (GA) is given, where you are asleep throughout the operation. You may be given a spinal anaesthetic, where the lower part of your body is numbed and you remain awake throughout the operation. The numbing effects may last for up to 4-6 hours after the operation.

**What can I expect after the operation?**
Immediately after the operation, you will be taken to the recovery area, where experienced recovery nurses will look after you until you are ready to return to the ward.

You may have a small tube in your arm with a bag of fluid attached to replace what your body has lost since you will not have eaten or drunk for a number of hours before your operation. Nursing staff on the ward will monitor how you are feeling so that you can eat and drink as soon as possible.

Occasionally you may feel sick especially after a general anaesthetic, but medication can be given to help you overcome this.

There will also be a plastic tube (catheter) inside your penis going up into your bladder. Attached to this will be a bag collecting urine. Do not be alarmed at the colour. This is due to internal bleeding and stops gradually.

If the bleeding causes clots to form then the catheter may stop draining as it will become blocked. You will feel discomfort and be aware of pressure build-up inside your bladder. If this happens then the catheter will be cleared by nursing staff to allow the urine to flow again. The catheter may cause you some discomfort and may give you the sensation of wanting to pass urine. If this happens then you will be offered pain killers to relieve the pain. You may also have urine leaking from around the end of your penis. This is not unusual and can be worse when you try to have your bowels open. Please let ward staff know if you have trouble opening your bowels as you may need medication to help you. It is important that you avoid straining as this often results in further bleeding.

**How much fluid should I drink after the operation?**
You will be encouraged to drink 2-3 litres of water plus tea/coffee daily for several days after the operation. The fluid you drink helps to clear the bladder of debris and blood. Once the urine clears, usually 24 hours after the operation,
the catheter will be removed.

**When can I go home?**
When you and the ward staff are confident that you are passing and controlling urine without problems, then you will be given a discharge letter to give to your doctor. You should expect to stay in hospital for up to five days.

You may see your consultant approximately 4-6 weeks after discharge, or you may receive a telephone follow-up from a urology nurse between 2-3 months after your discharge.

Ward staff will be able to tell you what to expect upon your discharge. You will also be given a specimen pot and a form when you leave. This is in order for you to provide a urine sample to check that you do not have a water infection. This needs to be done three weeks after discharge and taken to your doctor's surgery or to the outpatient department at your local hospital. The specimen will be sent off for testing and your doctor will contact you if there is a need.

**Can I expect complications at home?**
Principally there are two complications which you should be aware of, generally in the first 2-4 weeks after discharge.

**Blood in the urine.**
There may be colouration of the urine especially first thing in the morning. This is normal and as you drink during the day, the colour will fade. Avoid heavy lifting or extensive walking/jogging during this time as bleeding may also occur. Try also to avoid constipation.

If bleeding becomes excessive and does not seem to improve or you find it increasingly difficult to pass urine, then contact your doctor for advice.

**Discomfort on passing urine.**
Occasionally you may feel a burning or stinging sensation when passing urine. The urine may appear cloudy and have an unpleasant smell. You may also have a temperature and feel off colour. If this is the case, then you may have a water infection. This is the reason you have been given a sample bottle.

**General tips**
**Work**
If you are still employed you may wish to take 2-3 weeks off work to recover. Don't forget you have had an operation and your body needs time to heal.

**Driving.**
It is advisable not to drive for about a week after the operation. If you need to brake sharply, you may set off bleeding through pressure on your lower body. It is also wise to check with your insurance company regarding cover after a general anaesthetic.
Avoid sexual activity for 4-6 weeks after surgery to allow healing to complete. Contact your doctor if you experience erection problems for longer than 3 months after your operation.

Avoid too much alcohol, caffeine and spicy foods for a few weeks, as these may over-stimulate the bladder causing you to go to the toilet more frequently.

Call your doctor immediately if you develop unusual shortness of breath, chest pain, nausea or vomiting. These symptoms could become dangerous and may signify onset of a blood clot developing in your lung. Do not ignore these signs and do not delay seeking professional advice.

Hopefully this information will answer most of your questions but if you have more then please ask the ward staff on Mersea Ward - 01206 746251

For further information you can visit the following websites:
www.netdoctor.co.uk
www.nhsdirect.nhs.uk
www.mhm.tv

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