



TRANSURETHRAL RESECTION OF THE PROSTATE **(T.U.R.P.)**

This information is designed to help you prepare for your surgery. It will also help you plan how to take care of yourself in the weeks following your discharge from hospital.

WHAT IS A TRANSURETHRAL RESECTION OF THE PROSTATE (T.U.R.P.)?

A transurethral resection of the prostate (T.U.R.P.) is an operation for men who have problems passing urine because of a benign enlargement of the prostate gland. The prostate is a small but important gland of the male reproductive system. Its main job is to produce seminal fluid which protects and enriches the sperm. The prostate gland sits just below the bladder and surrounds the neck of the bladder and the beginning of the urethra (the canal from which you pass your urine).

The cause of prostate enlargement is unknown but it appears to be due to changes in the levels of male hormone in the blood in the aging male. When the prostate tissue enlarges inward it squeezes on the urethra causing some or all of the following symptoms...

- frequency, (the need to void often)
- urgency, (the need to void in a hurry)
- nocturia (the need to get up at night to void)
- weak stream
- incomplete emptying of the bladder.

The aim of the T.U.R.P. is to remove the prostate tissue which is causing the blockage, so you get relief of your symptoms.

PRE-OPERATIVE **(Before your surgery)**

Your surgeon needs to know your medical history to plan the best treatment. Fully disclose any health problems you may have had. Some may interfere with surgery, anaesthesia or aftercare.

Inform your Doctor of your current medications, especially anti-coagulants and anti-inflammatory agents, and natural therapy preparations, such as omega 3 supplements such as fish oil and krill oil. These will need to be stopped 7-10 days prior to your surgery as they increase bleeding during and after surgery. Your Doctor will advise you when to recommence your medications. These will usually need to be stopped 10 days prior to your surgery.

You will require a blood test prior to surgery or on admission to the hospital.

Ensure that you understand the admission process and fasting times for your operation.

An anaesthetist will see you prior to your surgery to explain about the type of anaesthetic that is best for you and the associated benefits and risks. Be sure to inform him/her of any previous drug allergies or anaesthetic reactions.

YOUR OPERATION

WHAT HAPPENS DURING A T.U.R.P.?

An instrument called a resectoscope is passed up the urethra. The resectoscope has irrigation fluid flowing through it that keep the camera view clear and flushes away blood and debris. An electro-surgical cutting loop is then passed through the resectoscope and works like a knife to cut the prostate into many small pieces, back to the level of the prostate capsule.

The small pieces of prostate tissue float back into the bladder and are removed by irrigation or the use of grasping instruments. The tissue is collected and routinely sent for laboratory examination. The areas from which the tissue is removed are also cauterised with the electro-surgical loop to minimise any bleeding.

After the procedure, an irrigating catheter is placed into the urethra to drain urine from the bladder during the initial healing period. The catheter also allows the bladder to be irrigated and cleaned with saline.

The operation can take anywhere from 30 to 60 minutes depending on the size of your prostate gland.

When the operation is completed you will go to the recovery room for a short while where you will be cared for until you are ready to be transferred to the ward.

POST-OPERATIVE **(After your surgery)**

ON THE WARD

Your nurse will check your blood pressure, pulse and temperature routinely

You will have an intravenous infusion (drip) in your arm to ensure your fluid intake is adequate until you are drinking normally.

You may eat and drink when you return to the ward

You will have a urinary catheter and bladder irrigation in place after surgery. The irrigation is to "flush" your bladder, and the catheter is to drain the urine from your bladder.

Even though you have a catheter in place, you may feel that you have to urinate. This is a normal sensation and will gradually decrease.

Your urine will be very bloodstained postoperatively, but will begin to clear within 24- 48 hours. After surgery it is important that you maintain a high fluid intake. You must drink at least 2-3 litres of fluid per day, not all water as this will lower your sodium level.

Ural sachets will be given to you to take 3-4 times per day to help prevent any burning or stinging.

Your catheter is usually removed early in the morning the second day after surgery, however, this will depend on the colour of your urine. Your urine output will then be monitored for several hours and your bladder scanned after each time you pass urine, to check for any residual urine in your bladder. If you are emptying your bladder well and your urine is not heavily blood stained you will be discharged later that day, after being reviewed by your Urologist or his nurse.

AT HOME

In the early post-operative period after the catheter has been removed all patients experience some of the following symptoms in varying degrees:-

- discomfort and stinging on urination
- frequent urination (frequency)
- urgent urination (urgency)
- occasional leakage of urine
- bloodstained urine, possibly with the passage of clots and debris.

The above symptoms will improve gradually and usually resolved by your four- six week follow up.

Please maintain a generous fluid intake for the first 2-3 weeks at home, as it will help flush out any blood or debris. You may notice an increase of blood in the urine 10-14 days post-operatively, if this occurs increase your fluid intake and rest until this settles.

Avoid constipation as this may cause blood in the urine. A laxative may be taken if needed.

You can do most things after your operation except for any heavy lifting, straining or strenuous activity, which should be avoided for 4 weeks after surgery. Apart from avoiding strenuous activities you will be able to continue with your normal daily routines as you feel able.

Driving is not advisable for two weeks following your surgery. If you have had a laser TURP you may drive after one week.

Even though you may not have a visible incision, you do have an internal wound that needs time to heal. So after discharge from hospital remember to “take it easy”!

A follow up appointment is required 4- 6 weeks after your surgery. Your doctor will confirm this prior to your discharge from hospital.

While you are in hospital we will do everything we can to make your stay as comfortable as possible. The nursing staff are always available to help with whatever needs you have. If you are worried about anything before or after your surgery, or if you have any further questions or would like more information, please do not hesitate to contact our practice nurse at Urology Sydney who will be more than happy to help.