

Having Trans Urethral Resection of Prostate (TURP)

Department of Urology

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Information for patients

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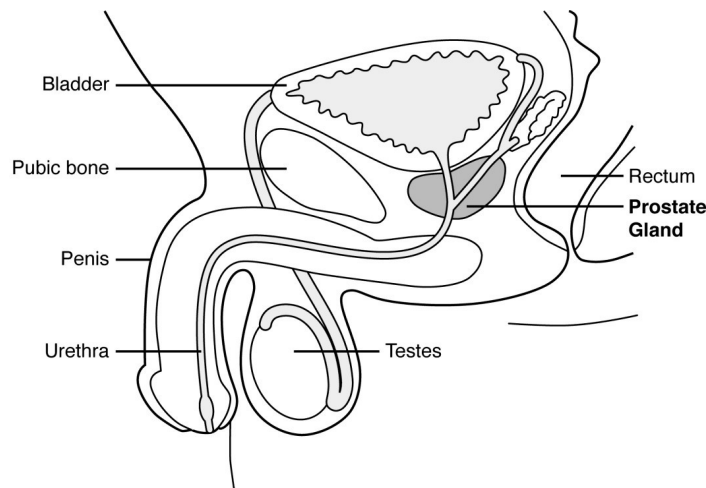
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The prostate

The prostate is a small gland which is found only in men. It is situated at the base of the bladder and surrounds the water pipe (urethra) which carries urine from the bladder through the penis.

The easiest way to imagine your prostate is to compare it to an apple which has had its core removed. The purpose of the prostate gland is to produce substances which assist with the passage of sperm.

The prostate gland in young men is approximately the same size as a walnut. However, it may get bigger as you get older: for most men this is entirely harmless, although it may affect your urinary flow.



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What is a TURP?

TURP stands for Trans Urethral Resection of the Prostate. This is an operation carried out under anaesthetic where a telescope is passed into the urethra (via the penis) and slivers are cut away from the prostate to make the passage of water easier.

What are the risks involved?

As with all operations, there are associated risks involved. These include:

- Haematuria (blood in the urine) may happen after the operation and may take several weeks to settle completely. It is rare for a blood transfusion to be needed.
- Urine infection - you will be given antibiotics during your operation as a precaution against this risk.
- Inability to pass urine after the procedure (retention).
- Pain in your lower abdomen (over your bladder). Any discomfort after the operation can be controlled with pain killers. If you are in discomfort, please tell the nurse looking after you.
- Perforation (making a hole) of the bladder - this is very rare.
- Damage to the ureters (tubes from the kidneys) - this is rare.
- Damage to the rectum (the bowel behind the prostate) - this is extremely rare.
- Damage to the urethra causing a narrowing of the tube where the urine comes out - this is very rare.
- Retrograde ejaculation (explained later in this leaflet).
- Incontinence
- Impotence
- Infertility

What do I need to do before the operation?

- You will be seen in a pre-assessment clinic at some time before your operation.
- At this appointment the nurse will fill in your admission forms, and provide you with more information about your operation.
- You will be told about the consent form. You will be asked to sign this when you come in on the day of your operation.
- This appointment is a good time for you to ask any questions you may have.
- Depending on your general health and your age, you may have some tests carried out. These will be discussed with you as necessary and may include an ECG (heart tracing) and blood tests.
- Details of when you need to stop eating and drinking will be on your admission letter.

What happens when I arrive on the ward?

On arrival please report to the ward receptionist situated within the ward area. You will then be allocated to a nursing team. Before you have your operation the anaesthetist will visit you.

What happens just after my operation?

From the operating theatre you will be taken into the recovery area where you will wake up. The time spent in theatre recovery varies with individual patients, but as soon as you are well enough a nurse from the ward will collect you, and take you back to the ward.

What happens when I return to the ward?

After returning from theatre and being settled into your bed, your blood pressure, temperature and pulse will be monitored regularly.

You may have:

A drip (intravenous infusion)

This will be in your arm or hand. It replaces any fluids that you may have lost during surgery or by fasting. The drip is usually removed later the same day once you are able to eat and drink. If it becomes painful please inform the nurse looking after you.

A urinary catheter

This is a tube which goes into your bladder and drains the urine out into a bag. After surgery urine can be heavily blood stained. This is nothing to worry about.

A large bottle of fluid called irrigation will be connected to your catheter; this is to wash the blood away after your operation.

It is common to feel the need to pass urine or have some minor discomfort whilst the catheter is in. If the pain is intense or worrying please inform your nurse.

What happens the next day?

You may get out of bed and resume your normal activities. However, you may feel dizzy and faint so please check with the nurse before getting up.

You will need to drink plenty of fluids; we recommend at least three litres (five pints). This will help to clear the blood from your urine. The doctors will see you and decide when the catheter is to be removed; the nurses then remove this. It should not be painful, but you may feel a pulling sensation as it is removed.

When the catheter has been removed it is necessary for you to pass urine in a urine bottle which will be measured and emptied at regular intervals by the nursing staff.

At first you may have some discomfort and pass urine more often. You may leak some urine. This will improve with time.

Once the catheter is removed you may not pass urine for a few hours: however if you become uncomfortable and cannot pass urine at all please inform your nurse.

What happens when I go home?

If you are passing urine well with good control you will be able to go home. This usually happens the day your catheter has been removed.

Your urine flow and control will continue to improve, but the need to pass urine frequently may last for a few months.

Fluid intake

Continue to drink 3 litres (5 pints) a day until your urine is clear. Try not to drink too much after 6pm, as you may find that you need to pass urine more often during the night.

Blood in your urine

Expect to see blood in your urine for about six weeks on and off. It may go totally clear for a day or so and then have blood or small clots in it again, particularly about ten days after your operation. This is normal. However, if the bleeding is very heavy thick blood or you are having problems passing urine, contact your GP.

Driving

Do not drive for **four weeks**, as this can cause pressure in the prostate area and lead to re-bleeding.

Exercise

You can go for short gentle walks but do not do too much exercise. Expect to feel tired for a few weeks and take an afternoon rest if necessary.

Medications

Before your operation you may have been started on medication such as tamsulosin or finasteride to help with the urinary symptoms caused by your enlarged prostate. After having a part or all of your prostate removed, you can stop taking these medications as your symptoms will get better after the operation. Your hospital doctor should have advised you to stop taking them. If not, please ask your GP or consultant about stopping these medications.

Sex

You can resume sexual activities four to six weeks after your operation. Most men develop retrograde ejaculation after the operation. This means that semen passes into the bladder during orgasm instead of out of the penis. This is not harmful and the semen will come out the next time you pass urine. This effect is permanent.

Fertility

Most men will be infertile after the operation. However, this is not a reliable method of contraception.

Work

Your consultant will advise you about going back to work. Above all, be sensible and remember you have had quite a big operation, even if you cannot see a scar.

Follow-up

You will be sent an outpatient appointment through the post. You may want to bring a relative or friend to this appointment.

I have some questions about my operation. What can I do?

This booklet has been written to answer many of your questions, but of course there may be others. If you have any questions you would like to ask before you come into hospital, you can contact the specialist nurses or the ward directly. See details below.

Urology Pre-assessment Nurses (Monday to Friday 9 am to 5 pm)

Telephone: 0116 258 4100

Outside these hours:

Urology Emergency Admissions (24 hours)

Telephone: 0116 258 4247

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