

# Having Bipolar Trans Urethral Resection of Prostate (TURP)

Department of Urology  
Information for day case patients

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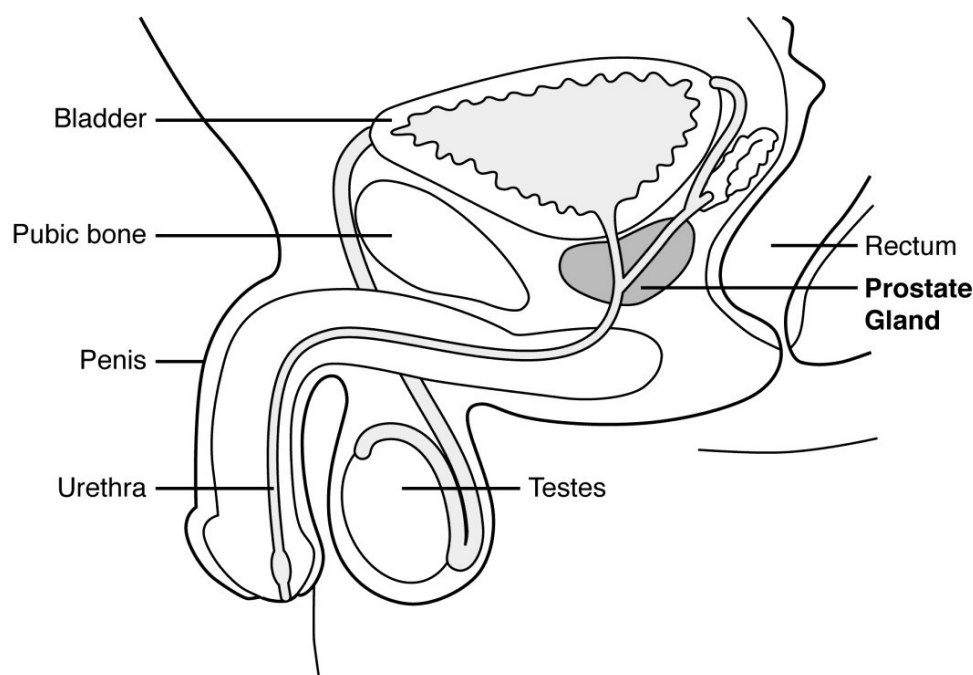
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## Introduction

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

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, and for most men this is entirely harmless, although it may affect your urinary flow.



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## What is a Transurethral Resection of the Prostate (TURP)?

Trans Urethral Resection of the Prostate is a procedure 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.

We use the bipolar system as it minimises bleeding after day case surgery.

## What are the risks involved?

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

- Haematuria (blood in the urine) may happen after the procedure 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 the procedure 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 procedure 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 happens before my procedure?

You will be seen in a pre-assessment clinic before your procedure, to make sure you are fit for day surgery. At this appointment you will fill out your paperwork with the nurse and you will be given information about your procedure.

You will be told about the consent form that you will be asked to sign in order for the procedure to go ahead. This appointment is a good time to ask any questions you may have (please write these down if it will help).

Depending on your general health and age, you may have some tests carried out. These will be discussed with you, and may include an electrocardiograph (heart tracing/ECG), swabs and blood tests.

Please bring in all medication you are taking.

## What arrangements must I make before my procedure?

Before you can have day case surgery, you need to plan the following things:

- You must be collected by an adult, who must take you home either in a car or taxi following your procedure.
- You must have a responsible adult at home with you for at least 24 hours after your procedure.
- You must have a telephone at home.

**You must not cycle, operate machinery or drink alcohol, for a minimum of 48 hours after your anaesthetic.**

You will not be able to drive for **four weeks** after your procedure.

**Important: Driving after an anaesthetic is a criminal offence, and will affect your insurance cover.**

## What do I need to do before my procedure?

- Read your admission letter carefully.
- Do not eat or drink anything from the time stated in your letter.
- Do not wear contact lenses.
- Do not wear any jewellery, except for a wedding ring.
- University Hospitals of Leicester NHS Trust cannot accept responsibility for loss or damage to personal belongings. Please do not bring any valuables with you into the hospital.
- Do have a bath or shower before you come into hospital.
- Do wear comfortable clothing and footwear to go home in.

## What do I need to bring with me on the day of the procedure?

- Appointment letter - the time you are given to arrive is not the time of your procedure. The surgeon needs to see you before the start of the session, so you may be waiting for your procedure for between two and four hours.
- Any drugs, medicines or inhalers you are using. Please take your necessary medication before attending. The pre-assessment nurse will advise you when you should take your medication.
- A contact number for your lift home
- A dressing gown and slippers, if you have them.
- Something to do while you are waiting, such as a book, or magazine to read.

## What will happen while I am on the day surgery unit?

- Please report to reception on the day case surgery unit.
- Your details will be checked and you will be directed on to the ward or to the waiting room where a nurse will collect you.
- The nurse will talk to you about your procedure and ask you a few questions.
- You will meet one of the surgical team who will ask you to sign a consent form. Please ask your surgeon if there is anything you do not understand before you sign the form.
- You will be visited by the anaesthetist. This is the doctor who will look after you while you are asleep.
- You will need to change into a theatre gown. the nurse will tell you when to do this, and then take you to theatre.

**Expect to wait on the unit before your surgery.**

## 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. The day ward staff will make sure you are comfortable, and provide you with refreshments. If you have any discomfort or sickness please let the staff know so that they can help you.

**You may also 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 may be connected to your catheter; this is to wash the blood away after your procedure. 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.

You will recover on the ward until your nurse is happy that you are well enough to go home. You will need to eat and drink before you can go home.

You will have the catheter in when you go home. The nurse will show you how to empty it before you go home. There will still be blood in the urine and it is very important that you drink plenty of fluids (2-3 litres/4-5 pints per day) to flush your bladder.

You will need to return to the hospital to have the catheter removed after a couple of days. You will be given an appointment for this before you go home.

## What happens when I go home?

### Pain

Any discomfort after the bipolar TURP can usually be controlled with paracetamol (or a similar pain killer). If you are unsure, contact us for advice using the numbers on the back page of this booklet.

### Diet

You can eat and drink as normal straight away, but do not drink alcohol for 48 hours. It is best to drink plenty of fluids, at least 2-3 litres (4-5 pints) in the first 48 hours. This will make you pass more water, flushing your bladder regularly.

### 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 avoid too much exercise. Expect to feel tired for a few weeks and take an afternoon rest if necessary.

### Sex

You can resume sexual activities 4-6 weeks after your procedure. Most men develop retrograde ejaculation after the procedure. 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 procedure. 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 procedure, even if you cannot see a scar!

### 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.

### 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 procedure. What can I do?

This booklet has been designed 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 pre-assessment nurse or the ward directly. See details below.

### For further information please contact:

Day Case Unit 1: 0116 258 4192

Day Case Unit 2: 0116 258 8130

### Emergency Contact Number (24 hours, seven days a week):

Urology Unit 0116 258 4247

### Your notes:

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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