

UR01TURP

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What causes prostate problems?

Your prostate gland is an organ that lies under your bladder and surrounds your urethra (tube that carries urine and semen to the tip of your penis). Prostate problems are caused by the growth of your prostate gland. As the gland grows, it can narrow your urethra.

Your surgeon has suggested a trans-urethral resection of the prostate (TURP). However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What are the symptoms of prostate problems?

It is normal for your prostate gland to get larger with age. If the gland tightens around your urethra it can interrupt the flow of urine from your bladder. This results in the following symptoms.

- The need to pass urine more often.
- Slow flow of urine, often with dribbling.
- Having to wait longer than usual before starting to pass urine.
- The feeling of not having fully emptied your bladder.
- Sudden urges to pass urine.

What are the benefits of surgery?

You should get a better flow of urine and improved bladder emptying, and not need to pass urine as often during the night. The worse your symptoms are, the more likely you are to benefit from surgery.

Are there any alternatives to surgery?

For most men an operation is not essential. There are medications available to treat the condition but this is rarely a permanent solution.

However, for a few men an operation is vital and your surgeon will tell you if this is the case. For most men the aims of the operation are to improve their lifestyle by relieving the symptoms and to

reduce the risk of permanent changes to the bladder and kidneys.

What will happen if I decide not to have the operation?

Prostate symptoms can come and go. 1 in 3 men will find that their symptoms improve, 1 in 3 will find that they stay the same and 1 in 3 will find that their symptoms get worse.

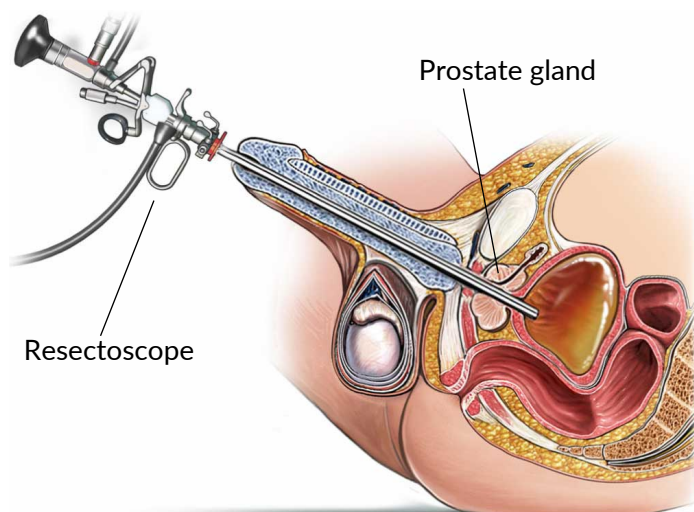
If your symptoms get worse, you may get urinary infections or bladder stones. In severe cases the flow of urine can become completely blocked (risk: 1 in 50 over a year). Urine will build up in your kidneys, increasing the risk of kidney failure. You will need an emergency procedure to drain the urine. It is usually best to treat symptoms early before these complications happen.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general or spinal anaesthetic. Your anaesthetist will discuss the options with you. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes less than an hour.

Your surgeon will place a resectoscope (a small operating telescope) with lubricating fluid into your urethra and remove enough prostate tissue to relieve the pressure on your urethra.



A TURP

In some hospitals the prostate tissue is removed by laser energy that is passed through the resectoscope. This is more likely if you are taking blood-thinning medication.

Your surgeon will place a catheter (tube) in your bladder. This will allow you to pass urine easily and for your bladder to be washed out with fluid to prevent blood clots.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death (risk: 1 in 400).

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. Most men will notice blood in their urine. Usually there is little bleeding. The healthcare team can flush water into your bladder through the catheter to wash out any blood that may collect or to remove any blood clots in the catheter. If the bleeding is heavy, you may need a blood transfusion (risk: less than 1 in 20) and, rarely, another operation. Drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation as this can increase the risk of bleeding.
- Infection. You may need treatment with antibiotics (risk: 1 in 10). The risk is higher if a catheter is placed in your bladder before surgery.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in

your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Feeling breathless or confused, due to too much irrigating fluid from the cystoscope being absorbed into your bloodstream (risk: 3 in 200). Your doctor can treat this with medication.
- Problems having an erection (risk: 1 in 20). This is more common in older men who may already have problems with impotence.
- Difficulty passing urine (risk: 1 in 50). You will need a catheter again for 1 to 2 weeks. If the problem continues, you may need to learn how to use a catheter until you can pass urine in the normal way.
- Incontinence, which can happen for a short while. This often involves passing small amounts of urine before reaching the toilet and you may need to wear a small pad. This is normal and you should notice an improvement in the 6 to 12 weeks after surgery. However, this can be permanent (risk of new, permanent incontinence: less than 1 in 50).
- Needing to pass urine more often and sudden urges to pass urine. This may improve with pelvic floor exercises or medication. The risk is higher if you have laser treatment.
- Reduction in fertility caused by 'retrograde ejaculation', where the fluid produced at ejaculation passes back into your bladder rather than coming out of the end of your penis (risk: 9

in 10). Do not rely on this as a method of contraception. You still get the feeling of orgasm.

- Narrowing of your urethra (stricture) caused by scar tissue forming. You may need another operation (risk: less than 3 in 100).

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. Your bladder will no longer be washed out with fluid after 1 to 2 days. Once your urine is clear, the catheter will be removed.

You will feel a stinging pain the first few times you pass urine. Drink plenty of water as this will help you to pass urine more easily and will reduce the risk of blood clots.

You should be able to go home after 2 to 3 days. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Any pain usually settles within 2 weeks. The area where the tissue was removed from the prostate will be raw for a few weeks. This usually gives a sensation of discomfort that travels down your penis towards the end of passing urine. If drinking enough water does not help and the discomfort gets worse, contact your doctor.

For up to 4 weeks, it is normal to pass blood and small clots when you pass urine. Do not worry as a little blood can look like a lot, especially when it is mixed with urine. This is more common 10 to 14 days after surgery.

A clot or scab will cover the raw area and, as it heals, small pieces will break away and pass with the urine. If you pass a lot of clots and find it difficult to pass urine, contact your GP. You may need to come back to the hospital to have a blood clot removed using a catheter.

Even though there is no external cut, you will have had an operation and it is normal to be tired for at least 2 weeks. Do not do strenuous exercise during this time.

After 2 weeks build up your activity level gradually. You should be able to return to work after 4 to 6 weeks, depending on your type of work. Check with your GP first.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

Most men make a good recovery, with a large improvement in their symptoms. Progress is most rapid in the first 6 weeks but improvement can continue for many months, particularly if your bladder has become overactive.

Your prostate gland can grow larger again and symptoms can come back and be worse. You may need another TURP (risk: 1 in 16).

Summary

Prostate problems are common. If your medication does not help or symptoms are severe, prostate surgery should relieve your symptoms.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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