

**PROSTATECTOMY  
OR TRANSURETHRAL RESECTION  
OF THE PROSTATE  
(TURP)**

**AN INFORMATION LEAFLET**

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## **The Prostate Gland**

The prostate gland is situated just below the bladder and surrounds the urethra (tube that drains urine from the bladder to the outside of the body). If the prostate becomes bigger, it may press on the urethra and cause the following symptoms;

- difficulty starting to pass urine
- the flow is slow or keeps stopping and starting
- dribbling towards the end of the stream when passing urine
- passing urine more often than usual during the day and night
- the bladder does not completely empty to start with.

## **What Is A Prostatectomy / TURP?**

A prostatectomy or TURP is carried out, either under a general anaesthetic (when you are asleep) or a spinal anaesthetic (when the bottom half of the body is numbed). A small telescope is inserted into the penis and the inside of the prostate gland is removed. This is sometimes described as being similar to the coring an apple. The pieces of prostate removed are sent to the pathology laboratory for analysis.

Removing the inside of the prostate gland relieves the pressure on the urethra (the tube you pass urine through) and allows the urine to flow more easily.

## **What are the Benefits?**

The aim of the operation is to improve the flow of urine from the bladder and relieve the symptoms listed above.

## **Are There Any Risks Involved?**

General anaesthetic; you may feel normal soon after you wake, but you will be drowsy and your reactions sluggish for twenty four to forty eight hours.

Absorption of irrigating fluids used during the surgery which can cause confusion and/or heart failure (known as TUR syndrome)

Blood in the urine. There may be a small amount of blood in the urine which normally settles down within one to two weeks after the procedure. A very tiny amount of blood in the urine is enough for it to look blood stained. There is a small chance of requiring a blood transfusion if there is moderate blood loss during the operation.

Discomfort passing urine for the first few weeks after the operation. Most patients experience some mild discomfort in the tip of the penis when passing urine for a week or so after the operation. For men who had larger prostates, this can last slightly longer.

Urine infection. If you have continued pain passing urine, your urine smells offensive or you have a high temperature, please contact your own GP as you may have a urine infection that needs treating with antibiotics.

Scarring of the urethra leading to a narrowing of the passageway caused by injury during the

operation.

**Impotence.** About five percent of patients may find it difficult to get an erection after a prostatectomy. If you experience erection problems, please inform your doctor, as there may be treatment available.

**Incontinence.** Some urgency (rushing to the toilet to pass urine) may be experienced after the procedure. This normally settles a few months after the operation, and you may be taught how to perform pelvic floor exercises to help with your urgency symptoms. Less than 4% of patients will have long term problems with incontinence (leaking urine) although this is more likely if you have similar symptoms before surgery.

**Prolonged catheterisation.** Some patients who experience difficulty emptying their bladder or have a permanent catheter inserted before the operation due to difficulty passing urine, may continue to have problems with bladder emptying after this procedure and may have to have a catheter in for a longer period of time. Very occasionally, the catheter may be required permanently or it may be possible to learn how to insert a catheter intermittently yourself to drain the bladder.

**Retrograde ejaculation.** This means that when you ejaculate, you will have a normal sensation but semen does not come out. Instead the semen goes back into the bladder and will be passed next time you pass urine, turning it a milky colour. Retrograde ejaculation is completely harmless but decreases your chances of fathering children naturally. If this would be a problem for you, please discuss it with your doctor or nurse. Approximately 75% of patients experience this after TURP.

**Regrowth of the prostate.** Although we remove a lot of the prostate, the prostate gland can grow back again, causing the original problem to return (usually after five to ten years). If this happens, you may need to have another operation.

**Analysis of the prostate.** In most cases enlargement of the prostate is harmless but in some patients the enlargement may be due to cancer. The part of the prostate that has been removed will be sent to the laboratory for analysis under a microscope and you and your GP will be informed of the results. This can take up to four weeks.

- **Hospital-acquired infection**

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.01% - 1 in 10,000)
- MRSA bloodstream infection (0.02% - 1 in 5000)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

## **What Are The Alternatives to this Operation?**

You may already have tried medications to either reduce the size of your prostate or to relax the muscle within the urethra, or both. If these are not effective, TURP surgery may be advised.

A permanent catheter to continually drain your bladder.

Observe / do nothing, although if your bladder is unable to empty effectively, your kidney function may be affected.

## **How Long Will I Be In Hospital For?**

Patients usually stay in hospital for approximately 2 to 3 days but no two patients are the same.

## **What Happens To Me When I Arrive At The Ward?**

Your operation will be performed at Stepping Hill Hospital, Stockport.

You will not have had anything to eat or drink for at least six hours before your operation. If you would normally take tablets during this time, please ask at the pre-operative assessment clinic which you should continue to take.

You may undergo some routine blood or clinical tests, such as blood pressure, pulse or temperature.

An anaesthetist will visit you on the ward, to discuss the anaesthetic and any risks involved.

## **What Happens After The Procedure?**

After the operation you will have an intravenous drip (tube that drains fluid into a vein in your arm) to make sure you do not get dehydrated. You can usually eat and drink within a few hours of the operation.

You will have a catheter in your penis to drain the urine out of your bladder. An irrigation drip will be attached to the catheter for approximately 24 hours to wash any blood or tissue out of the bladder. The urine will contain blood at first but this will clear as time goes on. When there is no fresh bleeding, usually 36 to 48 hours after the operation, the catheter will be removed. You may find that it stings a little when you pass urine and you may have to hurry to get to the toilet, when the catheter is first removed. This normally settles down after a couple of days and the nurses on the ward can teach you pelvic floor exercises to help with the urgency to pass urine.

Early mobilisation is encouraged to avoid problems, such as DVT or chest infection.

## **Discharge Arrangements**

You will be able to leave hospital when you can pass urine naturally and are able to completely empty your bladder. If you go home with a catheter, you will be referred to the district nurses to help you care for this at home.

It is necessary to arrange for a responsible adult to collect you from hospital and take you home.

We will send your doctor a letter with details of your progress, treatment and any follow-up required.

Any necessary follow-up outpatient appointments will be sent to your home address via a letter and will be at your local urology department.

The ward staff can give you a sick note to cover you while you are in hospital and your GP can provide one for while you are recovering.

## Day To Day Living

Even though you cannot see a wound, there is a wound inside where the prostate used to be. This must heal, before you will feel entirely well and feel the full benefit of the operation and may take between 4 to 6 weeks.

- **Weeks one and two**

There may be some blood in your urine for up to two weeks, especially at the beginning and end of your stream, when passing urine.

Around 10 to 14 days after the operation, you may have some unexpected extra bleeding. This is normal and is due to the scab coming away from the healing tissue inside the urethra. Drink plenty of fluids, as this will help to avoid blood clots. If the bleeding is heavy or you cannot pass urine, then call your GP immediately or attend A and E.

You will probably feel tired due to the effect of the operation and the anaesthetic. This is quite normal and you should take things easy, resting when necessary.

Do not drive long distances, check with your car insurance company to ensure you are covered.

Take gentle exercise.

After 5pm just drink what you feel like, so you are not up all night going to the toilet. Continue with your pelvic floor exercises.

Eat lots of fruit and fibre, to avoid constipation.

- **Week three**

Gradually go back to your normal activities.

### **If there is a Problem?**

Contact your GP if you have any problems.

### **Other Useful Contacts or Information**

If you have any questions you want to ask, you can use this space below to make notes to remind you.

