



TURPS

Transurethral Resection of the Prostate (TURP) This operation is carried out on a man's prostate to relieve his symptoms. These can be:

- slowness in starting
- poor stream
- dribbling at the end of passing urine
- getting up at night to pass urine
- blood in the urine
- urinary leakage when coughing or sneezing
- difficulty in getting to the toilet in time when the desire to go occurs.
- Complete stoppage of urine
- The procedure is usually carried out under general anaesthesia. That is, the patient is completely asleep.
- Sometimes the procedure may be carried out under regional anaesthesia. That is, when the patient is usually given an

injection into a vein to make him feel drowsy. Another injection is then placed in the patient's back so that he has no feeling of pain below the waist. The patient may be awake but should not feel any pain.

TURP is carried out with an endoscopic instrument passed up through the opening of the penis and the centre of the prostate gland is removed, rather like taking out an apple core. It is important to note that the prostate is not completely removed and occasionally symptoms recur as the result of either scar tissue, re-growth of prostate tissue or the development of prostate cancer. A complete removal of the prostate (called Radical Prostatectomy) is an operation done with either a cut on the abdomen or with "keyhole" surgery and only done for certain men with certain types of prostate cancer.

Side Effects

1. Approximately 80% of the men having this procedure will find that at the time of ejaculation no sperm comes out. They get much the same feeling but it is a so-called "dry" ejaculation. This is because a portion of the prostate has been removed and the muscle controlling ejaculation is affected by the surgery. The sperm usually passes out when the man empties his bladder. This is not harmful. It reduces his ability to become a father naturally but is not a guaranteed method of contraception.
2. Generally a man's potency (ability to get and hold an erection) is the same after the operation as it was before. A paper from the British Journal of Urology International (March 2012) has shown that no sexually active patients became impotent after TURP. Furthermore, approximately 15% who had pre-existing erectile dysfunction reported improved sexual activity and erection quality. Their partners agreed with the assessment. (Mishriki et al. 109,745-750)
3. Occasionally after the operation urination may become urgent immediately after catheter removal. This usually settles down within the first 24-48 hours. If it persists, it may be necessary to be prescribed 1-2 tablets a day to help it settle.
4. In some patients, thickening of the healing wound occurs and that narrows the opening to the bladder. In that case, it may be necessary to make a further cut in that scar tissue at a later date to help the urine pass more easily. That occurs in approximately 3% of patients.
5. Some patients develop scar tissue in the penis as a result of irritation of the instrument on the catheter. This is called a stricture. This occurs in approximately 5% of patients and may require a further procedure to make a cut to "release" it.

Admission

The patient must bring ALL his medications to hospital with him.

Before Theatre:

The admitting nurse will take down the history and prepare you for theatre. This may include:

- Blood tests if ordered
- MSU (mid stream urine sample) is collected as needed
- A bladder scan may be taken after you have passed urine
- Strict measuring of all fluid consumed and passed as urine
- A shower with careful attention to the genital area
- N.B. soap only, no powder or deodorant

It will include:

- Dressed in theatre attire (provided by Cairns Day Surgery upon admission)
- Consultation by the Anaesthetist and pre-med given if ordered
- Nursing staff will escort you to theatre
- You continue to remain fasting until after the operation which means nothing to eat or drink, including lollies and chewing gum.
- Please do not smoke prior to your anaesthetic.
- NOTE: 2 days prior to surgery take Normacol Plus, 2 heaped teaspoonfuls or 1 dessertspoon daily with a glass (200ml) of water. This can be continued for a week post-operatively as well to ensure continuation of regular bowel movements.

After the Operation

When the operation is over, the patient will be looked after in the recovery room where the nurses will monitor you closely.

The staff will take your pulse, blood pressure and temperature regularly for the first couple of hours. This is routine.

The patient will have an I.V. (drip). There will also be an irrigation system going through a catheter into the bladder, washing it out and then draining back into the catheter bag. The prostate area is very vascular, so do not be alarmed by the blood stained urine. This will clear in a few days.

Once awake the patient may eat and drink normally. Two-three (2-3) litres of fluid is encouraged each day to help clear blood stained urine.

The patient may be given a course of up to seven (7) days of antibiotics and Normacol (a mild laxative described before).

The nursing staff will remove the I.V. and irrigation system if all is well. While most times catheter removal is usual it may be necessary for it to stay in overnight if for example, it is necessary to carry out an Internal Urethrotomy which is a small cut (2mm) in the tip of the penis to allow the instrument to be passed freely.

From then the patient should use a bottle (urinal) for each time you pass urine. A clean bottle should be used each time and the nurse notified so it can be recorded. This is so the urine can be measured accurately.

Patients who have a residual urine of 200mL or more of urine in their bladder, measured by ultrasound before the operation are unlikely to be able to empty their bladders completely when the catheter is removed immediately post-operatively.

Those patients are likely to be sent home with a catheter in place draining into a bag attached to the leg which can subsequently be emptied down the toilet. This is usually for a period of 2-3 weeks. This enables the bladder to regain its "muscle power" and improve the likelihood of emptying when the catheter is removed. See "Management of Catheter".

It will be necessary for the patient to drink 2-3 litres of water each day. That is, 1 glass every hour or a mouthful every 10 minutes. If urine is passing well without any problems, the patient will be allowed to go home after review by Dr Gordon.

Discharge From Hospital

- Drink 1.5-3 litres of fluid daily. Drink most of this during the day and taper off towards the evening, so your sleep is less interrupted. It is normal to get up 2-3 times per night to pass water for 4-6 weeks after the operation.
- No more than 3 caffeine containing drinks such as tea, coffee, cola per day.
- Avoid constipation. Keep bowels regular.
- Avoid alcohol for the first 2 weeks. Alcohol dilates your blood vessels and could result in further bleeding.
- Do not sit bolt upright.
- Do not drive for 3-4 weeks unless given the ok by Dr Gordon.

- Do not travel long distances (i.e. more than 100km) for the first couple of weeks. On discharge if you have a long distance to travel, stop each 45 minutes to pass urine and have another drink.
- Gentle exercise, but no heavy lifting or straining, no bowls, golf or lawn mowing. If traveling do not lift luggage > 10kg.
- The antibiotics Triprim or Noroxin if commenced in Hospital need to be taken as prescribed until finished.
- The patient should continue to take aspirin if it has been previously ordered for other medical conditions. It may be noticed that the bleeding takes a little longer to settle. It is better to have that than a heart attack or stroke.
- Please discuss medication with Dr Gordon.
- Some urgency to pass urine may persist. This will settle.
- Some bleeding may occur in the urine after bowel actions. This is normal. Drinking and lying down helps the bleeding to settle.
- Full benefits of the operation are not usually experienced until 8-12 weeks following the operation.
- It takes approximately 6-12 weeks for the prostate cavity to heal (the skin to grow back).
- If the patient is unable to pass urine, or experiences difficulty, seek medical advice.
- Please ask if a medical certificate is required.
- No intercourse for 4 weeks following the operation.
- Recovery will be aided by following the above instructions.
- IT WILL BE NECESSARY TO PROVIDE A URINE SAMPLE AT THE REVIEW CONSULTATION FOLLOWING THE OPERATION.
- At follow up consultation after the Removal of Catheter, an ultrasound will be carried out to assess bladder emptying. It is necessary to attend with a full bladder for this to be done. If there are any questions or problems following the procedure please phone the surgery on (07) 4041 0700 for assistance.