urology associates

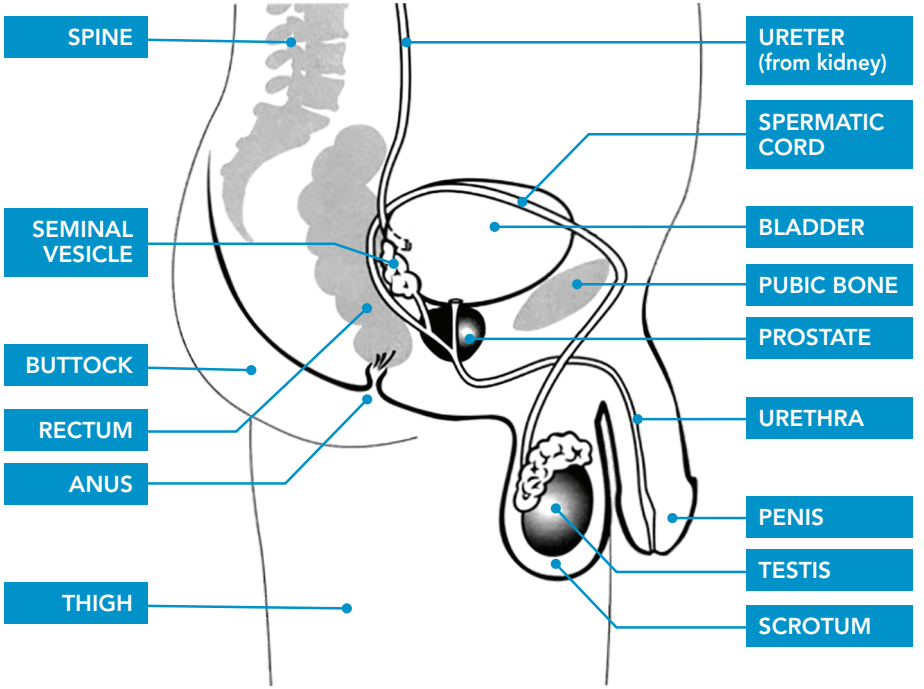
Information for Patients

TURP

What is the prostate?

The prostate is a gland about the size of a walnut that is only present in men. It is located just below the bladder and surrounds the urethra, the tube through which urine flows from the bladder and out through the penis.

The prostate gland contributes to the seminal fluid produced during ejaculation and has an important function in fertility.



What is a TURP?

A transurethral resection of the prostate (TURP) is an operation to treat urinary blockage caused by an enlarged prostate. When the prostate tissue enlarges, it squeezes inward on the urethra causing some or all of the following symptoms:

- Weak stream
- Incomplete emptying of the bladder
- Difficulty starting urination (hesitancy)
- Difficulty stopping urination (terminal dribbling)
- The need to get up at night to urinate (nocturia)
- The need to urinate often (frequency)
- The need to urinate in a hurry (urgency)
- Urinary retention (complete obstruction of the urethra, presents with severe pain and the inability to pass urine). Retention is temporarily managed with the insertion of a catheter to drain the bladder.

Why do I need a TURP?

- To improve urine flow and bladder emptying
- To treat acute retention and complete blockages
- To prevent kidney damage caused by pressure forcing urine back towards the kidneys
- To reduce bladder infections and bladder stones caused by poor bladder emptying

In some cases, the operation is necessary to prevent complications. In other situations it is one of a range of options to improve the symptoms caused by an enlarged prostate.

Deciding to have a TURP operation

To assist in the decision making process, your Urologist may:

- Get you to complete a symptom score questionnaire determining how bothersome your condition is
- Perform a digital rectal exam (DRE) to assess the size of your prostate
- Arrange a flow & residual test to record the rate at which you pass urine and to see if you are retaining any urine
- Ask for a urine specimen to check for infection
- Obtain PSA and creatinine blood tests to determine the likelihood of cancer and the health of the kidneys

Other factors including your general health will be taken into consideration when deciding whether to proceed with the operation.

What happens before my operation?

10 days before your operation, blood and urine test need to be done.

You will be contacted by the hospital regarding your admission time and to confirm fasting instructions.

Complete all your hospital admission forms at least 5 days prior to your operation.

What happens during the operation?

During the operation, a telescopic instrument called a resectoscope is passed up the urethra (the bladder outlet). This is used to 'chip' away the enlarged prostate tissue. This process is achieved by a wire loop that has an electrical current running through it. This loop both cuts and seals blood vessels.

After the operation, the bladder is flushed with a solution to remove the chippings of prostate tissue. A catheter is then inserted through the urethra into the bladder to drain your urine into a catheter bag. The operation usually takes from 30-60 minutes, depending on the size of the prostate gland.

What to expect after your operation

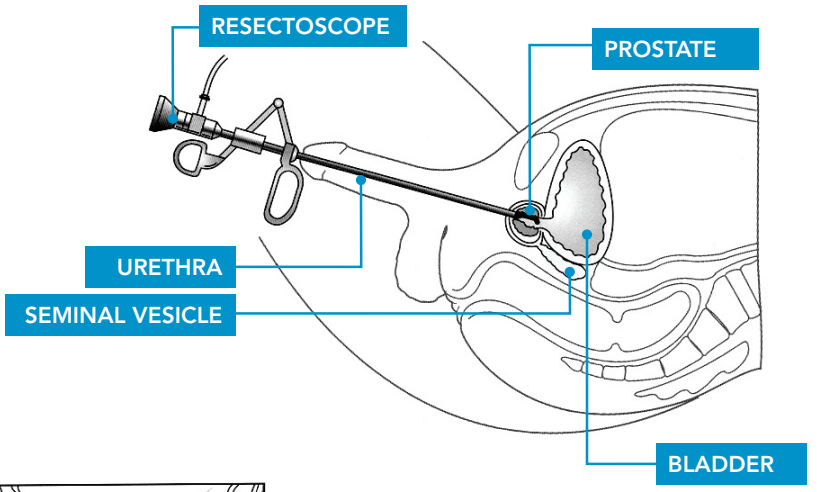
You will probably be in hospital for 1 night following this type of surgery. Occasionally 2 nights are required.

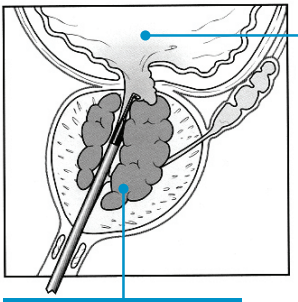
When the operation is completed, you will go to the recovery room for a short while where you will be cared for until you are ready to be transferred to your room. When you wake up it is common to feel an urgent desire to pass urine. This is due to the catheter in your bladder.

Your nurse will monitor your catheter drainage, which is likely to be blood stained for the first few days. You will have continuous bladder irrigation (instillation of sterile fluid into the bladder, flushing blood and debris out through the catheter).

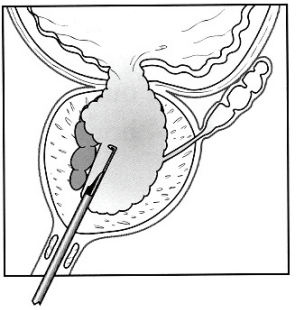
The bladder irrigation continues until the morning after surgery at which time it is usually removed. Occasionally a blood clot may block the catheter requiring your nurse to clear it.

Your catheter usually is left in overnight and removed 1 day after surgery.

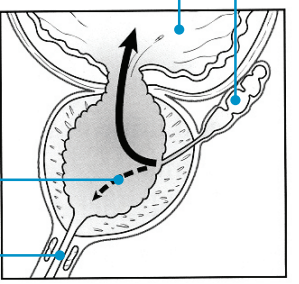




An instrument is passed up the urethra



The middle of the enlarged prostate is cut away



Retrograde ejaculation is common after TURP

After surgery, you may or may not experience some of the following symptoms:

- A burning sensation and a strong desire to go to the toilet. These symptoms are due to the passage of urine over the healing area of the urethra following the removal of the prostate tissue. This can be easily treated with mild pain relievers and medication, which change the acidity of the urine. These symptoms should resolve after a 6-8 weeks.
- A stinging or burning sensation at the tip of the penis, where the catheter enters. This is generally due to irritation and may be relieved by increasing fluid intake or ensuring the catheter is well supported.
- Bladder spasms (short, sharp, grabbing pains). This is due to the bladder trying to expel the catheter because of irritation. These are easily treated with medication.

After discharge

You will receive a follow up appointment to see your Urologist about 6 weeks after your operation.

You will be asked to drink extra fluids after your surgery and for a few weeks after you are discharged. This helps flush the bladder, clears up bleeding and washes away debris.

It takes time for the surface inside the prostate cavity to heal. Until it does you may have some discomfort passing urine, and experience some urgency, frequency and nocturia. These symptoms will subside as healing progresses and can be relieved with the help of mild pain relievers.

You may notice that you pass blood when going to the toilet, this is usually at the beginning of the urine stream. This is normal after this surgery and may last for up to 10 weeks.

If you have fresh heavy bleeding that does not stop or if you are unable to pass your urine at all it may be due to a blood clot blocking the urethra. If either of these unlikely events should occur you should contact Urology Associates or your GP immediately, or go to your nearest Emergency Department.

You can do most activities after your operation except any heavy lifting, straining, playing golf, intercourse or strenuous activity – which should be avoided for 2-3 weeks after surgery. You will be able to continue with your normal daily routines as you feel able.

Results of your operation

Most patients can expect a significant improvement in flow and some reduction in frequency.

The symptom of getting up at night to pass urine may remain. This symptom may have become habit. Also, as you get older you tend to make more urine at night.

The frequent passing of urine usually gets less as the bladder wall returns to normal and the swelling from the surgery disappears. This can take up to 6 months to stabilise after surgery.

The delay in starting your urinary stream normally disappears early after the operation.

The return of good size and force of the stream is variable. It is usually noticeably improved but sometimes not for several weeks after the operation.

Possible complications

Bleeding

Bleeding severe enough to bring you back to the hospital is rare. This risk disappears when healing is complete, 10 weeks after surgery. If you notice an increase in bleeding or are unable to pass urine, contact your GP. If bleeding causes a blockage, contact Urology Associates or visit the nearest Emergency Department.

Infection

Uncommon post-TURP. Symptoms are fever, cloudy and/or smelly urine, burning or stinging with urination. Contact Urology Associates if concerned and you will have a urine test to check for infection and may be treated with antibiotics.

Incontinence

Incontinence, or leakage of urine without control, may occur temporarily and last for a few weeks. Urgency is common.

If you have any incontinence after your operation you will be given information and instructions about exercises that you can do to strengthen the pelvic floor muscles. These can help you with management of any leakage. Only very few patients have incontinence which lasts beyond the first few months.

Urethral Stricture

In a small number of cases narrowing may develop in the urethra. This may occur either near the tip of the penis or further up the urethra, several months after the operation. You may notice your urinary stream, which was better after the operation, slows down again. Please mention this problem to your Urologist. If detected early and treated with gentle stretching under local anaesthetic most strictures resolve. An operation to cut open the tight area may be appropriate.

Sexual Function

If you are sexually active before the operation, this is likely to remain unchanged. 8 out of 10 men notice no change, 1 out of 10 men seem better off and 1 out of 10 men do have a decrease in erection ability.

The term impotence is often confused with sterility (the ability to father a child). They are not the same and while sexual potency usually is unchanged, most times a man who has had a prostate operation is unable to father a child. This is because after surgery the seminal fluid is discharged backwards into the bladder. It then passes with the next passage of urine. The sensation of intercourse is the same and no harm is done by this 'backwards ejaculation' (known as retrograde ejaculation).

Who to contact if a problem occurs:

- GP - Minor burning, increased frequency
- Urologist - Bleeding, blockage, feeling feverish or unwell
- Emergency Department - Severe bleeding, blockage

Remember, you have a follow-up appointment in 6 weeks, most urinary symptoms should have settled by then.

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