**Trans-urethral resection of the prostate (TURP)**

At Golden State Urology we understand that having an operation can be a very stressful experience. This aims to alleviate some of your concerns in keeping with our Mission to offer compassionate, quality care that promotes dignity whilst responding to patients’ needs. It explains briefly what to expect before you come to hospital, the events that may occur during your visit and the things to expect when

You are discharged from the hospital.

The following information should supplement what your doctor has already discussed with you regarding your operation and is simply providing you with summary of information

Transurethral resection of the prostate is the operation carried out primarily to relieve obstruction of urine passing from the bladder through urethra.

In most cases a general anesthetic is given. Your anesthesiologist will discuss this with you pre-operatively.

The operation is performed by passing a telescopic instrument in through the penis along the urethra and into the area where the prostate gland is obstructing. A special electrode is used to cut away the prostate tissue for Bipolar TURP or classis TURP. A green light laser TURP is done by Laser evaporation of tissue. At the end of the procedure, a catheter is placed and usually kept in place from between one to three days after surgery. While the catheter is in place irrigating fluid flows in and out of the bladder through the catheter. The purpose of the fluid is to keep the operated area and bladder clean and free of clots

While the TURP offers high success rates, like any other surgery there are still risks that need to be considered.

**Risks**

Bleeding: the risk of having significant bleeding is very small and it is very uncommon to need a blood transfusion. It is not uncommon though, to have blood in your urine for up to a couple of weeks after the operation and if you do see blood you should:

 Increase your oral fluid intake to at least two to three liters of fluid per day (unless you have medical reason not to do so) reducing fluids when your urine clears

 Reduce your mobilization and increase your rest time.

**Seek medical advice if you are passing heavy blood or clots.**

**Infection**: There is a small risk of developing an infection in the urine. This risk is however minimized by routine administration of antibiotics at the time of surgery.

**Retrograde ejaculation**: most men will experience retrograde ejaculation following a TURP. This means the semen goes into the bladder instead of down the urethra during ejaculation. The semen is passed out when you empty your bladder.

**Irritative urinary symptoms**: following surgery it is usual to have frequency of urination and urgency. Initially you might even find it difficult to reach the toilet in time. It is often thought that drinking less will resolve the frequency and urgency symptoms however it can add to the problem. It is therefore important to maintain the recommended fluid intake amount while you are experiencing these symptoms. Over the counter remedies such as Azo Dye and Pyridium may assist in relieving these symptoms.

**Incontinence**: in less than 0.5 per cent of cases incontinence can occur.

**Penile erection**: approximately one to two per cent of men who are sexually active before surgery will lose their ability to have a penile erection—however there are effective treatments available if this does occur.

**After your operation**

 You will stay in the recovery room after the operation while you waken from anesthetic. You will be transferred on your bed to your

room in the ward if you had a classic TURP, usually a Green Light Laser TURP may go home the same days with a catheter room in the ward if you had a “classic” TURP.

It is important that you remain on bedrest following your surgery until the next morning. Reducing your activity allows your body to recover from the anesthetic and reduces the possibility of bleeding.

The following exercises help prevent complications such as chest infections and blood clots in your legs. You should do the below **every hour**  that you are awake while resting in bed.

**Breathing exercises**: take five long and slow deep breaths. Each breath should be deeper than the previous breath. Think about getting the air to the very bottom of your lungs.

**Circulation exercises**: firmly move your ankles up and down to stretch and contract your calf muscles.

 You will have a urinary catheter in place draining blood-stained urine. Irrigation fluid will be attached and is used to flush the bladder of any blood or clots. Blood in the urine is normal after this type of operation. Irrigation fluid and increased oral fluids help flush the bladder and clear away any clots or blood.

While the catheter is in place you may experience bladder spasms or contractions. This can be caused simply by the bladder reacting to the catheter being in place or because the bladder is not emptying properly. The spasms make you feel like you need to pass urine and may cause leakage around the catheter. These spasms are unpleasant but do not cause long-term damage. NB: If your bladder feels **full** please notify your nurse. They will be able to assist your observations of your vital signs (e.g. pulse and blood pressure),  will keep checking the color of your urine and that the catheter is draining freely.

 Your nurse will assist you to have a wash sometime after you return to the ward.

 It is best to introduce food and fluids slowly following your surgery as the anesthetic can cause you to feel nauseated. Begin with sips of water and ice then progress gradually to a normal diet, as tolerated. When you can tolerate fluids, it is important for you to drink plenty to help flush any blood out of the bladder. You will have IV fluids to help re-hydrate you.

Your IV is usually removed the day after your operation. Please tell your nurse if you have pain or nausea. There are treatments that can be given to relieve this.

It is essential you do not become constipated or strain when opening your bowels. This may cause bleeding. Constipation can be avoided by fluids, diet and aperients.

**In preparation for your discharge**

Your catheter is usually removed day one or day two after surgery.

 After your catheter has been removed your nurse will monitor your urination by

 Measuring your urine each time you pass it (you will be needing to use a bottle).

 Performing bladder scans randomly to check how your bladder is emptying. Time to readjust to ‘working properly’. Drinking large volumes of fluid at one time can cause the bladder to overfill. It is recommended that you keep maintaining the two to three liters of fluid however it is important to divide the amount over the entire day. Once your catheter has been removed your bladder needs

 You will be encouraged to mobilize depending on the amount of blood in your urine.

 You will be encouraged to shower, and assistance will be provided if you need it.

 You will be eating normally.

 You will be given your medications and advised when to recommence those that have been stopped.

 Your IV drip will be removed before you go home.

**If you are going home with a catheter you will**

Receive education and written instruction on the care of your catheter

 Spare catheter bags

 Instructions for when and where you will be having your catheter removed.

**Discharge advice following TURP**

Even though you do not have an external visible scar it is important to remember you do have an open wound that is still healing therefore the following discharge advice is very important to understand and follow:

 Initially you may experience burning during urination, a loss of some control of urination or need to urinate frequently. These symptoms re normal and will eventually settle down.

**What to expect**

Approximately nine to fourteen days after your surgery the scab which forms on the healing prostate surface will begin to peel away. You may notice some tissue and fresh blood in your urine at this time which is normal. However, if you have trouble passing urine you should report the emergency center.

**What to avoid**

 Strenuous activity and heavy lifting for six to eight weeks

 Strenuous activities, including heavy lifting (over 4.5 kg), long walks, sports or sexual intercourse until healed or as directed by physician

 Straining during bowel movements.

Avoid constipation by eating a diet in fiber

Drinking two to three liters of fluid per day

 Do not take codeine-based analgesia.

**What to do**

 Rest for the first two days after you are discharged from hospital. Bleeding is most likely to occur between days 9–14 post-op due to the scab on your wound coming away. Avoid any unwise activity currently.

 Ambulate around the house and yard for the first two weeks, then begin going for short walks of five to ten minutes.

 Your activity level should gradually increase and be guided by the presence of blood in your urine.

**Please contact the on-call physician if you experience any of the following after discharge:**

 **the amount of blood in your urine increases**

 **you cannot pass urine**

 **you develop a fever >101 F**

**209-464-3627 or 916-245-8888**