Trans Urethral Resection of the Prostate (TURP)

Introduction
This leaflet is for patients about to have a Trans Urethral Resection of the Prostate (TURP). Over 45,000 TURP operations are carried out each year in the United Kingdom, 400 to 500 of these are performed at Gloucestershire Hospitals NHS Foundation Trust.

Definition
The prostate is a gland that only men have, which sits around the urethra (water pipe) just beneath the bladder. It produces the fluid part of a man’s semen (also known as ‘the ejaculate). TURP is an operation carried out on patients who have developed an enlarged prostate. As the prostate enlarges, it squashes the urethra (a bit like putting your foot on a hosepipe) and this stops the bladder from emptying properly. If this is left untreated the bladder may continue to fill with urine, which could lead to a build-up of pressure which can cause damage to the kidneys.

This problem can occur in men aged below 60 years, but it becomes more common in men aged over 60. About half of men aged around 60 will have an enlargement of the prostate. This number rises to around 5 out of 6 men aged 80 and over.
Enlargement of the prostate is not cancerous (known as benign) in around 85 out of 100 cases. Any prostate tissue taken away during surgery will be analysed to exclude cancer.

Trans Urethral Resection of the Prostate (TURP) is the removal of the central part of the prostate gland which is squashing the urethra, using heat diathermy through a narrow telescope put into the urethra. The tissue is cut using an electrical current that heats a wire at the end of the telescope to cut the prostate tissue and reduce bleeding. This will be done under spinal or general anaesthetic. The operation usually takes 30 to 60 minutes depending on the size of the prostate.

At the end of the procedure, a catheter is inserted to allow urine to drain and to wash out the bladder if the urine is blood stained. The catheter is usually removed on the second day after the operation.

There are no cuts (also known as incisions) made in your abdomen during the procedure, so you will not have any scars that show.

The prostate can re-grow and it is important to note that if this happens, you may need to have the operation again. Around 10 in 100 patients need to have the surgery again, usually about 8 to 12 years after the first operation.

**Benefits**

The benefits we usually expect from this operation are:

- An improvement in the flow of urine
- Less frequent and less urgent passing of urine
- Fewer visits to the toilet at night time to pass urine
- If you have a permanent urethral catheter it will be taken out

It is important to note that your symptoms may have taken years to develop and may take several months to settle down completely after the operation.

The average length of stay in hospital for this procedure is 3 days.

**Risks**
Incontinence (leaking urine)

Less than 1 in 100 men having TURP have problems with incontinence after the operation. Some men find they need to empty their bladder more often, with urgency and ‘urge leakage’ following the surgery. This is due to the bladder becoming irritable as a result of the blockage at the prostate. Most patients with an irritable bladder will find that their symptoms improve over the first 3 months after the operation. Bladder re-training can be useful and in some cases medication may also help.

Impotence (inability to have an erection)

As few as 14 in 100 men having TURP have problems getting an erection (impotence) after the operation. If you decide to have this operation and impotence becomes a problem afterwards, please see your GP or discuss this at your follow-up telephone or clinic appointment. We have experienced practitioners who deal with this problem and can offer advice and treatment where needed.

Retrograde ejaculation (the ejaculate goes backwards into the bladder)

During the operation, the valve (sphincter) that stops the ejaculate going backwards into the bladder may be affected. This happens in 70 in 100 men who have had TURP and is a permanent condition.

During intercourse and climax, the majority of the ejaculate (semen) goes backwards into the bladder. It will remain in your bladder until you next pass water, when it will be passed out with your urine. This will not harm you, but it can affect your enjoyment of sex and can feel rather odd. It can also affect your ability to father children, but it should not be used as a form of contraception, as there is always a risk of some of the ejaculate coming out in the usual way.

Bleeding

Most surgical operations carry a risk of bleeding. We will take a sample of your blood and save the specimen in order to be able to give you a blood transfusion if needed, although the risk of this is low.
1 in 100 patients need to go back to theatre due to bleeding.

It is normal to see some blood in the urine for the first 1 to 2 days. Constipation can increase the risk of bleeding after TURP, as straining or passing a hard stool can cause pressure on your prostate. We advise that you try to eat a high-fibre diet with plenty of fruit and vegetables before and after the operation.

You will also need to drink about 2 litres of fluid (10 cups per day) after the operation while you are in hospital and for about 3 to 4 weeks after you go home. This will make sure that any debris in your bladder is washed out and help you to pass good amounts of urine.

**Perforation**

In rare cases, a hole may be made through the prostate. If this happens, urine could leak in to the pelvis and so a catheter is left in place until the hole has had time to heal.

**Infection**

Putting anything into the bladder carries the risk of infection, no matter how sterile the procedure. Signs of infection are frequency, urgency and having severe burning when passing urine, you may also have a raised temperature. You may feel the need to pass urine, even when there is no urine in your bladder. If you have an infection during your stay in hospital, you will be given antibiotics. If you continue to have all or some of these symptoms after discharge, please see your GP urgently to be checked.

Please note that the first few times that you pass urine after the operation, you may find it quite sore and/or painful. At first you will probably notice some frequency and urgency of passing urine. This may take several months to settle down completely.

**Practical guidance**

**Before the operation**

In the pre-admission clinic, we will check that you are fit and well enough to have the operation.
You will be given instructions on diet and advised on what items to bring in with you. You should also try to arrange for an adult to be with you for the 24 hours following your discharge.

If this is not possible, please make sure that the nursing staff are aware before the operation so they may begin making any additional arrangements needed for your discharge.

On the day of your operation

You will not be able to eat or drink for 6 hours before your operation (this includes chewing gum). This is to make sure that we can safely give you an anaesthetic.

An anaesthetist will see you before your operation and check to see if you are well enough to have an anaesthetic. There are generally 2 types of anaesthetic that are used for this operation, general anaesthetic and spinal anaesthetic. These will be discussed with you, and the anaesthetist will decide which one is safest for you, taking your medical history into consideration.

After the operation

During the operation, a drip will have been inserted into a vein in your arm to give you fluids. You will also have a catheter in your urethra which is a tube to drain your bladder. This is held in place by an internal balloon which will stop it from falling out. The day after your operation, you should be able to move around the ward with the catheter in place.

Your urine may be quite bloody after the operation. This is normal. The prostate has thousands of tiny blood vessels supplying it.

In order to stop the bleeding, the blood vessels are sealed (cauterised) as the prostate is cut away, but it is impossible to seal all of these.

For 12 to 18 hours after the operation, the catheter will have irrigation fluid going into it in order to wash the bladder out and prevent blood clots blocking the exit of the bladder. When the urine starts to clear, the irrigation will be stopped and the catheter is usually taken out 18 to 24 hours later. You will then stay in hospital until we are sure that you are passing your urine with a reasonably good flow. Nursing staff on the ward will scan your bladder with an ultrasonic scanner (this is painless), in order to make sure that you are emptying it properly.
Up to 18 out of 100 patients will find that their first trial without a catheter is not a success. If this happens, we will send you home with a catheter. You will be shown how to look after the catheter. Arrangements for the catheter to be taken out will be made for about 2 weeks after discharge.

**At home**

On discharge from the hospital, you should have an adult with you for the first 24 hours in case you have any difficulties passing water or with bleeding. If this is not possible, please make sure that the nursing staff are aware of this.

**Bleeding**

About 2 weeks after the operation, the scabs on the prostate will come away and you may have some bleeding. This may happen on and off for up to 3 months after the operation. Please note that if the bleeding becomes heavy and clotted, there may be a risk that a blood clot will block the exit of the bladder and you would not be able to pass urine. Please contact your GP if you are concerned.

**Driving**

Do not drive or do any heavy lifting for 2 weeks. If you do drive and have to brake suddenly, or if you lift a heavy object, you may cause bleeding from the prostate and this may result in you being admitted to hospital.

**Sex**

It is safe to have sex 4 weeks after your operation, although climax may feel different due to the retrograde ejaculation mentioned earlier. Some men experience pain or discomfort for the first few times.

**Time off work**

We suggest that you are off work for 2 weeks. We will give you a fitness to work certificate when needed.
Alternatives to TURP:

Medication

1. Alpha blockers, for example tamsulosin, help to relax the bladder neck muscle to improve flow. Side effects include retrograde ejaculation in 7 out of 100 patients, low blood pressure and difficulty getting an erection.
2. 5-alpha reductase inhibitors, for example finasteride, which reduce the size of the prostate gland by 20 to 30%. Side effects include difficulty with erections.

This is a procedure to remove parts of the prostate via a telescope in the urethra and is done under general or spinal anaesthetic in a similar way to TURP. A laser is used to cut the enlarged prostate away. A catheter is left in place at the end of the procedure. The procedure usually takes 45 to 90 minutes. The catheter is then removed the following morning. We have 1 surgeon who performs this procedure at Cheltenham General Hospital.

Open Retropubic Prostatectomy This is an ‘open’ operation meaning that a cut is made into the abdomen (stomach), this is done when a patient has a very large prostate. In these cases, a TURP is unlikely to be enough to improve symptoms. The enlarged prostate is removed, leaving the surrounding capsule in place. A catheter is inserted and must remain in place for 1 to 2 weeks after surgery.

Further sources of information

The British Association of Urological Surgeons (BAUS) patient leaflet:
www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/TURP_benign.pdf

NHS Choices’ TURP information page and video:
www.nhs.uk/Conditions/resectionoftheprostate/Pages/Introduction.aspx

Contact information

If you have any further questions or problems following your operation please contact your GP or:
Advanced Nurse Practitioners for Urology
Cheltenham General Hospital
Tel: 0300 422 5193
Monday to Friday, 8:00am to 5:00pm