



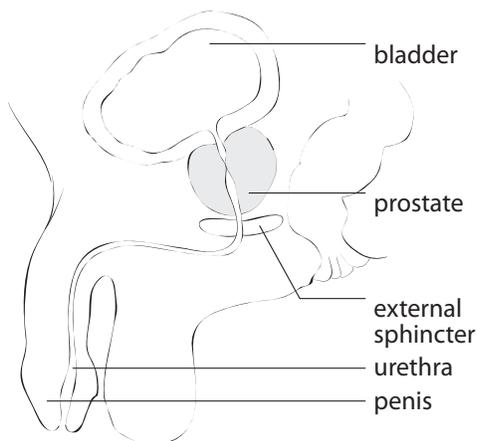
Transurethral resection of the prostate (TURP)

Transurethral resection of the prostate involves the surgical removal of part of the enlarged prostate to facilitate urination.

The prostate is a small gland, normally the size of a chestnut, surrounding a man's urethra ("urinary tube"), between the bladder and the control muscle (external sphincter).

The risk of bleeding is increased in patients taking blood thinners, aspirin, some arthritis medications, or many herbal supplements. These drugs normally should be stopped prior to surgery. Please discuss this with your doctor.

Anatomy of prostate, side view



With age, the prostate often increases in size and compresses the urethra making it more difficult for the bladder to empty. Your voiding (urinating) difficulty has been determined to be due to obstruction by the prostate (**benign prostatic hyperplasia** or **BPH**). After discussion and consideration of all the factors in your case, you and your urologist have decided that prostate surgery is the best option for you.

Most men can be treated safely and effectively by coring out the inner prostate with a special instrument placed through the penis: trans-urethral resection of the prostate, or TURP. This removes the obstruction, allowing the urine to flow more freely and the bladder to empty more completely.

Before your operation

Your surgery will be performed at the hospital. You will be contacted and given instructions concerning the time, date and location of the procedure and any necessary preoperative investigations. An anaesthesiologist may also meet with you preoperatively to discuss the best way to keep you comfortable during surgery.

Your surgery

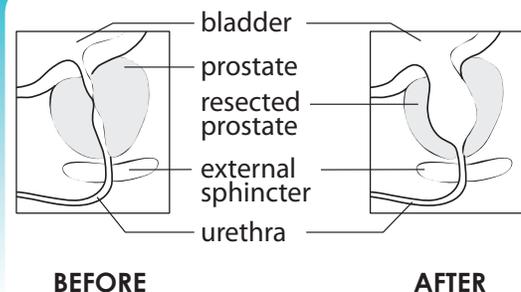
Most patients are admitted to hospital on the day of surgery. Your anaesthesiologist will have discussed the various options for preventing you from experiencing pain during the surgery, usually either by **spinal anaesthetic** ("freezing" you from the waist down with a needle in the back) or by **general anaesthetic** (putting you to sleep).

This operation is performed with an instrument called a resectoscope, passed through the urethra. No skin incision is required. The prostate core causing obstruction is removed. The entire procedure usually takes 1 to 2 hours. In some hospitals, this may be done with a laser to remove part of the enlarged prostate.

At the end of the operation, a **catheter** (drainage tube) is passed through the penis into the bladder. A water solution may be used to flush the bladder to wash out any blood.

All of the tissue removed at surgery is carefully examined to determine its precise nature. This procedure does not affect the risk of developing prostate cancer.

Anatomy of prostate before and after TURP



Transurethral resection of the prostate (TURP)

After your surgery

When the operation is completed, you will spend about one to two hours in the Recovery Room until it is safe to return to your room on the ward where you will be allowed to eat and drink. In some cases, you may be able to be discharged home the same day.

The catheter is usually left in place for one or two days until the drainage is fairly clear. During that time, you may continue to have the bladder flushed with a water solution. There is some discomfort, usually mild, associated with having the catheter in the bladder and there may be occasional bladder cramping. This can often be controlled with medication. When you are voiding satisfactorily, you will be discharged, usually about one to three days after your operation. Some men are sent home with a catheter which will be removed in a few days.

After the catheter is removed, you may find that the control of your urination is imperfect: you may have urgency, voiding discomfort, and urinary dribbling. This usually resolves in a few weeks when the inflammation clears and the control muscles strengthen.

When you go home

When you go home, you should avoid any heavy lifting (over 10 kg or 20 lb.), strenuous physical activity and sexual activity for about four weeks. It is also important to avoid becoming constipated. Don't be surprised to see blood in the urine or even small blood clots for up to six weeks after the surgery. Continue to drink large amounts of fluids (about 8 ounces every two hours while awake) to flush out the bladder regularly, unless advised otherwise by your doctor. By six to eight weeks after your TURP, you should notice a significant improvement in your voiding pattern and urine flow.

Risks and complications

There is a small risk of infection requiring treatment with antibiotics and, rarely, bleeding can require blood transfusion or the need to go back to the operating room.

Most men have no change in their ability to have an erection after a TURP. Frequently, the volume of semen is reduced due to backward flow into the bladder at orgasm: **retrograde ejaculation**. This should not affect your enjoyment or that of your partner.

On occasion, men may have persistent poor control of urination after a TURP. This may require treatment with medication or more surgery. Abnormal scarring or prostate regrowth occasionally may require further evaluation and treatment in the future.

Your TURP has been scheduled for:

Day: _____

Date: _____

Time: _____

Location: _____

Notes: _____

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