York and Scarborough Teaching Hospitals
NHS Foundation Trust

Transurethral Resection of the Prostate (TURP)

Information for patients, relatives and carers

ⓘ For more information, please contact: Ward 14 on telephone number 01904 726014

Department of Urology
York Hospital, Wigginton Road, York, YO31 8HE
Tel: 01904 631313

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The following information is a guide as to what to expect before, during and after your prostate operation.

Everyone is different and recovers at different rates; therefore it is impossible to put everything in writing. This leaflet covers the most common questions patients have about their recovery and aims to give you some reassurance as to what can normally be expected. Your doctor can answer any questions you might have which you feel are not covered in this leaflet.

How is my operation carried out?

This is one of the commonest operations performed in this country, normally undertaken for men who are having problems passing urine. Nobody is certain as to the function of the prostate, but it is probably involved in fertility. Men can manage perfectly well without the prostate. The prostate lies at the base of the bladder.

The majority of prostate operations are now performed via the urethra (the water pipe) using a special telescope and a special cutting instrument to remove the tissue (TURP).

Open Surgery

Rarely, if the prostate is very large an operation where the lower abdomen has to be cut may have to be undertaken.

The surgeon decides which is appropriate once you are anaesthetised. In both operations only a proportion of the prostate tissue is removed, thus the outer rim of prostate tissue is left behind.

Before your procedure, please telephone the Department of Urology immediately on 01904 726518 or 01904 725707 if you have any of the following...

- An artificial heart valves
- A coronary artery stents
- A pacemaker or defibrillator
- A regular prescription for blood thinning drugs, such as Warfarin, Clopidogrel, Apixaban, Rivaroxaban, Edoxaban or Dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

What are the benefits of having this operation?

The aim of this operation is to improve urinary symptoms, relieving any urinary obstruction and the improvement of urinary flow. This is necessary either because urinary symptoms have deteriorated despite the use of drugs to improve symptoms, or because a complication of an enlarged prostate has developed (such as inability to pass urine (or ‘urinary retention’), recurrent urine infections, bladder stone formation or kidney failure as a result of back pressure from impaired bladder emptying).

The overall chance of success of the operation and you being happy with the outcome of the operation are in the region of 90-95%. Occasionally, despite the operation, the bladder may still not function properly an either a permanent indwelling catheter or intermittent self catheterisation may be needed. Your surgeon will discuss this with you before your operation.

What are the risks of having this operation?

Postoperatively patients typically experience significant improvement in their symptoms. As with any operation, complications do exist.

With TURP and open surgery the following complications may occur.

	TURP	Open
Urine infection	15%	13%
Bleeding requiring transfusion	<5%	8%
Impotence	2-10%	5-17%
Retrograde ejaculation	75-90%	20%
Incontinence	<1%	<1%
Urethral/bladder neck stricture	2-4%	2-4%
Re-do procedure in 5 years	5-10%	2%

There is also a rare complication occurring <0.5% called TUR syndrome. This occurs when excessive amounts of fluid used during the operation are absorbed into the bloodstream. This can result in loss of consciousness and treatment in the Intensive Care Unit (ICU), but leads to no long term problems in itself.

Other risks include:

Common (greater than 10%)

- Temporary mild burning
- bleeding and frequency of urination after procedure
- May not relieve all prostatic symptoms

Occasional (between 2 and 10%)

- may need self catheterisation to empty bladder fully if weak
- failure to pass urine after surgery requiring a new catheter

Rare (less than 2%)

- Finding unsuspected cancer in the removed tissue and this may need further treatment
- absorption of irrigating fluids causing confusion

Hospital-Acquired Infection

- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

General side affects you may experience in any operation

General problems can include the following:

- Excessive bleeding that requires a blood transfusion
- Infection (4%)
- Blood clots in the legs (DVT) and/or lungs (pulmonary embolus, PE) – less than 1%
- Allergic reactions to drugs or anaesthetic – less than 1%
- Breathing difficulties – less than 1%

The likelihood of a complication increases if you are:

- Over 70 years old
- Overweight
- A smoker
- A heavy drinker

What are the alternatives to having a TURP?

There are a few alternatives to TURP, although current evidence does not suggest any particular long-term benefits of any of them over TURP. These include: drug treatment, use of a catheter, observation or an open operation.

Other alternatives include HoLEP (Holmium laser enucleation of the prostate), Urolift procedure, Prostate steam therapy (Rezum), Green-light laser prostatectomy, Prostate Artery Embolisation PAE, Open retropubic prostatectomy, drug treatment, long-term indwelling bladder catheter, observation.
At present, Urolift procedure and PAE (Prostate Artery Embolization) are offered in York.

Your doctor will help you decide between the advantages and risks of this operation.

What happens before the operation?

You will be asked to sign a consent form (FYCON70-1 Transurethral incision or resection of the prostate (TURP)) to confirm that you agree to the procedure and understand the information given to you. This form will be kept in your Patient Notes, and you will also be offered a copy for your own records.

As you will be having an anaesthetic, you will be given a leaflet that contains more information about anaesthetics and preparing for surgery.

Just before surgery, you will be asked to change into a hospital gown. Your personal details, consent form and identity will be checked as part of the safety procedures. It is now unusual for patients to be given what is known a ‘premed’. In fact most patients walk to the theatre or if this is not possible, they are taken by wheelchair. Support stockings may also be worn on the legs to prevent blood clots forming in the leg veins.

What can I expect after the operation?

Patients are often given an injection of a drug called Dalteparin (Fragmin®) which is used to reduce the risk of clots forming in the veins of the leg. These injections are given daily until you are discharged from hospital.

Post-operatively, a catheter (tube) is left draining the bladder via the penis until the urine is running clear (usually one to three days). Initially in the immediate post-operative period this is connected to large bags of saline (salt water) that flush out the bladder continually to stop blood clots forming within the bladder. This catheter can give a strong desire to pass urine, but this is not necessary as the urine drains down the catheter. It is perfectly normal for a variable amount of blood to drain via this catheter. Occasionally blood drains around the catheter – this is also normal.

Once the catheter is removed it can sometimes be painful to pass urine, but this soon settles. Also once it is removed, many men find they have urgency (having to rush to the toilet) and even a little leakage of urine. This is due to over activity of the bladder muscles that have been working against a blockage for many years. It will reach an acceptable level within a day or two, though it can take up to nine to 12 months for the bladder to settle completely.

You should be discharged one to three days after the operation; this time is very variable and has no long-term influence on the success of the operation. Once you are at home, please continue to drink more fluid than normal - about one to two litres a day extra. After three weeks just drink your normal amount.

Many patients experience intermittent bleeding for up to six weeks. This is due to the scab coming off the raw surface. It is not serious, but if it becomes heavy and persistent you should contact your doctor or the hospital on telephone number 01904 726014.

What are the long-term effects of having this operation?

Prostatectomy will not affect your sexual desire or performance, but you will develop what is known as retrograde ejaculation. This means that at the end of intercourse the semen instead of coming to the end of the penis will reflux up into the bladder. It is then passed out next time the bladder is emptied. This will not affect the intensity of the sensations at all, but it will mean that you will almost certainly be sterile.

When can I return to my leisure or domestic activities?

It is important that you do something. Sitting or lying around all day can hinder your recovery and can lead to problems such as formation of blood clots in your legs. Once at home you should just potter about the house and garden for a few days, then returning totally back to normal by three to four weeks post-operatively. We advise against heavy strenuous work or golf for three to four weeks.

Walking is good for recovery after most operations; try a short distance at first and then increase day by day. Remember listen to your body, it will tell you when you've had enough. Rest throughout the day as and when you feel tired. You may find this disturbs your night-time sleeping, but it is important to respond to your body, and not to wait until you're completely exhausted. Aim to return to your daily activities gradually by doing a little more each day.

If you are sexually active, you can resume sex when you feel comfortable.

What should I look out for when I get home?

There should of course be no stitches. You should seek advice from your own doctor (GP) or practice nurse if you experience any of the following:

- Heavy and persistent bleeding
- Unable to pass urine
- You feel generally unwell or feverish
- Increasing pain passing urine

Will I be in any pain?

After discharge you should have very little pain. Should it become painful to pass urine you should see your GP.

When can I have a bath or shower again?

You may bath or shower as normal, without causing damage.

When can I return to driving?

You will be able to drive as soon as it is comfortable for you to sit for a period of time and have free range of movement in your arms, legs, neck and tummy. You should be confident with all movements needed, including an emergency stop. The authorities (DVLA) state that “it is the responsibility of the driver to ensure that he or she is in control of the vehicle at all times”.

When can I return to work?

This is again very dependent upon your job. It would be normal for you to return to work within four to eight weeks, depending on how active your job is and how you feel. If you require a sick note, please ask the ward staff.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: Miss Ivana Rakin, Consultant Urologist, Department of Urology, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01723342132

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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