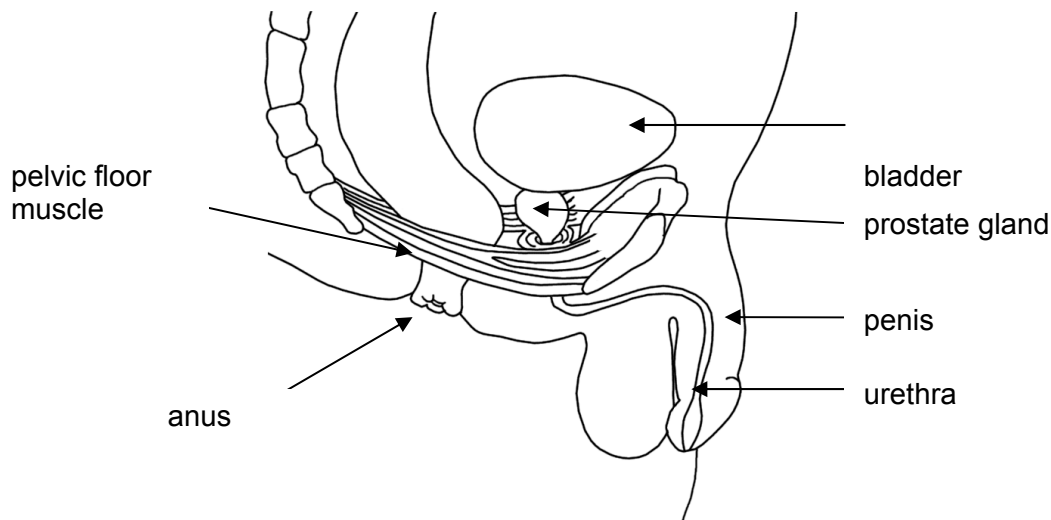


# Having a trans-urethral resection of the prostate (TURP)

This leaflet gives you information about having a trans-urethral resection of your prostate (TURP), which is an operation to treat an enlarged prostate gland. It explains the benefits, alternatives and risks of having the procedure and what it involves. If you have any questions, please speak to your prostate nurse specialist, who will be happy to help.

## What is the prostate?

Your prostate is part of your reproductive system. It is a plum-sized gland and is only found in men. It lies at the base of your bladder and surrounds your urethra (tube that takes urine from the bladder, along the penis and out of your body). Your prostate produces nutrients for your sperm and makes up part of the milky fluid (semen) when you ejaculate.



The male urinary system. Image supplied by Prostate Cancer UK.

## Why has my prostate enlarged?

As men get older the cells of the prostate begin to swell, which increases the size of the prostate. This is called **benign prostatic hyperplasia (BPH)**, which means extra growth of normal (non-cancerous) cells. This isn't usually serious, but sometimes the prostate grows so large that it puts pressure on your urethra. This can make it difficult for you to pass urine and may cause other urinary symptoms such as:

- not being able to empty your bladder completely, so you may need to go to the toilet more often (referred to as frequency)
- having a weak urine flow
- having to strain to pass urine.

Because of the squeeze on your urethra, you may have to use a lot of pressure to pass urine. In the long term, this can damage your bladder and kidneys.

## What is a TURP?

A trans-urethral resection of the prostate (TURP) is an operation to remove the parts of your prostate that are pressing on your urethra, to make it easier for you to pass urine. It involves a surgeon inserting a special tube down your urethra, through which a heated wire loop is passed. This wire loop is used to shave off the overgrown areas of your prostate.

## Why do I need a TURP?

Not everyone who develops an enlarged prostate will need treatment. However, your consultant or nurse specialist has recommended a TURP because of your symptoms. A TURP is the most common type of surgery for an enlarged prostate. It will make it easier for you to pass urine and may relieve your other symptoms, although it will not always resolve all of them. If you don't have treatment, your prostate will continue to grow, which may make your symptoms worse and increases the possibility of problems with your bladder and/or kidneys.

## Are there any alternatives?

There are several alternative treatment options outlined below, although they will not necessarily be appropriate for you. Your consultant or nurse specialist will discuss these with you if they are suitable for your situation:

- **Observation of your symptoms.** Some men may want time to think about surgery, or want to wait and see if their symptoms become any worse before opting for treatment.
- **Medicines.** There are two types of medicines available. They either shrink your prostate or relax the muscles in your prostate and bladder to improve the flow of urine. However, the effects only last as long as you take the medicines and you may have already tried this option without success.
- **Laser prostatectomy.** This is an operation to remove the parts of your prostate that are pressing on your urethra, to make it easier for you to pass urine. It involves a surgeon inserting a special tube down your urethra then using a laser to destroy the prostate tissue or cut it into pieces.
- **Open (traditional) surgery** (Millin's prostatectomy). This is considered if your prostate is too large to be removed via a TURP.
- **Prostatic stent.** This is where an expandable tube is inserted to push back the prostatic tissue, widening your urethra.
- **Use of a permanent catheter.** This is an option for men who do not want, or who are not considered suitable, to have a TURP.

## Preparing for surgery

You will be offered a choice of dates for your surgery. It is important that you attend your pre-admission appointment, which is given to you when you are offered a date for surgery or sent to you in the post. We no longer offer a routine appointment service – patients walk in from clinic. We will assess your suitability for surgery and anaesthetic at this appointment. You will not be able to have surgery until you have been deemed fit for surgery at the pre assessment clinic.

You will come into hospital either the day before your surgery or arrive at the surgical admissions lounge (SAL) on the day (you will be advised of your arrival time). You should expect to stay in hospital for two to four days. When you arrive on the ward you will be seen by a nurse who will show you around the ward and take some of your details, fill in any paperwork needed and carry out any further tests requested by your consultant's team. If you arrive at the SAL the nurses there will prepare you for surgery.

If you smoke, you should try to stop, as this increases the risk of developing a chest infection or deep vein thrombosis (DVT), explained in the risks section. Smoking can also delay wound healing because it reduces the amount of oxygen that reaches the tissues in your body. If you would like to give up smoking, please speak to your nurse or call the **NHS Smoking Helpline** on **0800 169 0 169**.

**Please continue to take all your medicines unless you are told otherwise and remember to bring them into hospital with you.**

## Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form by your consultant or one of his team to confirm that you agree to have the procedure and understand what it involves. It is your right to have a copy of this form. You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask us for one.

## What are the risks of a TURP?

There are risks associated with any operation. Your consultant will explain the specific risks for a TURP, outlined below, in more detail before asking you to sign a consent form.

- **Retrograde ejaculation.** This is where your semen travels to your bladder when you ejaculate rather than out through your penis. This is not harmful; the semen will leave your bladder the next time you pass urine and will make your urine appear cloudy. Three-quarters of men will experience this after a TURP. This is a long-term side effect. You will still be able to have an erection and orgasm, but your fertility may be affected. However, you should not rely on this as a form of contraception.
- **Erectile dysfunction.** The nerves that control your erections are very close to the prostate gland. If these are damaged during surgery you may have difficulty getting an erection afterwards. This happens to less than one in 10 patients having a TURP.
- **A urine infection.** This can cause symptoms such as pain or burning when passing urine, but can be treated with antibiotics. This happens to about three in 100 patients.
- **Bleeding.** If the bleeding is severe you may need a blood transfusion or another operation to stop the bleeding. This happens to about three in 100 patients having a TURP.
- **Self-catheterisation.** Occasionally, if your bladder is weak as a long term result of BPH, you may need to use a catheter to empty your bladder. If this risk applies to you, your consultant will discuss this with you in more detail.

- **Prostate re-enlargement.** Your prostate continues to enlarge even after surgery and in the future and you may need a repeat procedure if your symptoms return. This happens to about one in 10 patients within ten years of their TURP.
- **Deep vein thrombosis.** (DVT) Any surgery carries the risk of DVT. This is where a blood clot can form in the veins or arteries, most commonly in the legs (this happens to less than one in 100 people).
- **Injury to the urethra,** causing delayed scar formation. This does not delay your recovery, but can lead to urethral stricture, which is where a section of the urethra narrows, reducing the flow of your urine. This happens to about two in 100 patients who have the procedure.
- **Loss of control (incontinence), frequency and urgency of when you urinate.** This can be temporary or permanent and occurs in about one in 100 patients.
- **TUR syndrome.** This is where the fluids used to flush your bladder are absorbed into your blood stream. This can cause a salt imbalance in your blood, which can make you confused, feel sick, unsteady on your feet or cause heart failure. This is a rare complication; however, you should tell a member of staff immediately if you experience these symptoms.

## What happens before my surgery?

The evening before or morning of your procedure the anaesthetic team will visit you and review your suitability for anaesthetic. You will be given either a general or a spinal anaesthetic. A general anaesthetic is where you are asleep for the whole procedure, so you will not be aware of anything until you wake up after the treatment has finished. A spinal anaesthetic is where you are awake, but your body is numb from the waist downwards and you do not feel pain. You will be able to ask the team any questions you have about your anaesthetic at this time. You should have been given the **Having an anaesthetic** leaflet – please ask the staff if you have not received this.

You will be able to eat and drink as normal the evening before your surgery. However, you will need to fast before your operation. Fasting means that you cannot eat or drink anything (except water) for six hours before surgery. We will give you clear instructions about when to start fasting. This is also explained in **Having an anaesthetic** leaflet. It is important to follow the instructions. If there is food or liquid in your stomach during the anaesthetic it could come up to the back of your throat and damage your lungs.

You may have a drip, which is a bag of fluid connected to a small tube in your vein. This is because you will not be able to drink anything for several hours and it will make sure you do not become dehydrated.

On the morning of your surgery, you will be asked to take a shower, change into a clean gown and put on anti-thrombus stockings. These help to prevent blood clots from forming in your legs during surgery. You will need to be ready at least one hour before your operation. When everything is ready, you will be taken down to theatre by one of the nurses.

## **What happens during the procedure?**

You will be anaesthetised so you will not feel any pain. You will then be taken through to the operating theatre. The surgeon will insert a special tube (called a resectoscope) down your urethra, through which a heated wire loop will be passed. This heated loop will be used to shave or chip away the overgrown portion of the prostate. The pieces of removed prostate will also be looked at under a microscope to check there are no abnormal cells.

The operation usually takes about 30–40 minutes. When it is finished, a catheter (thin flexible tube) will be placed into your urethra and saline fluid (salt water) will be inserted into your bladder via the catheter to flush out any blood clots or prostate tissue that have been removed. This solution will then be drained out of your bladder with your urine, through the catheter.

## **After your surgery**

Once you have recovered from the anaesthetic you will be taken back to your ward. If you feel well enough you may eat and drink, but we suggest you try something light, such as tea and toast before attempting to eat a full meal.

The catheter will remain in your urethra and will be connected to two large bags of saline fluid next to your bed. Your bladder will usually be flushed with the saline fluid for around 12 hours, or until the day after your surgery.

If you had a fluid drip, this will be removed when you are drinking enough to replace your own fluids and the blood in your urine has reduced. We encourage you to drink about two and a half litres (about five pints) per day while there is still blood in your urine.

You should not have any pain from the operation, but you may have some discomfort from the catheter and your urethra may feel sore. Some men experience bladder spasms (contractions) caused by the catheter rubbing against the trigone (muscle) inside of your bladder. The spasms result in urine passing down the sides of the catheter or make you have the urge to pass urine, which can be uncomfortable. If you experience these spasms, please tell a member of staff, as they can often be relieved in a number of ways.

When your urine is suitably clear, your catheter will be removed. At first, you will need to pass urine into containers, so your urine output can be measured. You will also have a scan of your bladder to make sure you are able to empty it properly. This is usually two days after your TURP.

## **What problems might I experience after the surgery?**

You may experience a mild burning feeling or find it a little uncomfortable to pass urine at first. This is because your urethra will be swollen and sore from the surgery and having the catheter in place. This is normal and should not last long.

Some men find that they cannot pass urine when the catheter has been removed. If this happens, a new catheter will be inserted into your urethra and you may need to keep this in for several weeks to allow your bladder to rest. If this happens to you, you will be taught how to look after the catheter and we will arrange for a district nurse to visit you at home. You will also be given or sent an appointment to have your catheter removed.

It is common to have less control passing urine for a short time after surgery. If you experience this, please tell your nurse, who will explain how to perform pelvic floor exercises to improve your control. Once you can pass urine comfortably, you will be allowed home. Once home please make sure you drink enough (about one and a half to two litres per day), as poor drinking habits may make it more difficult to regain control of your bladder. It also helps to avoid the possibility of a urine infection. Please ask a nurse on the ward for a copy of the **Fluid intake** leaflet.

It is normal to have blood in your urine for a couple of weeks. This may increase about 10 to 14 days after your TURP, as the scab formed on your prostate due to surgery falls off. At this time your urine will be very bloody, this is normal and should only last for about 24 hours. Drinking a few extra glasses of water should help to clear this. If it lasts longer than 48 hours, please contact your ward for advice (contact details at the back of this leaflet).

## **When will I have a follow-up appointment?**

You will be followed up about eight to 12 weeks after your surgery. This appointment will be given to you before you leave hospital. Some of the investigations you had previously, such as flow rate (you will need to attend this appointment with a full bladder) and symptoms score sheet will be repeated to see the improvement in your symptoms following the surgery.

You will also be given any histology results then, which will show whether the tissue removed was cancerous or not.

## **When can I go back to my normal activities?**

**Sex.** You should be able to have sexual intercourse soon after surgery, as long as there is no bleeding and you and your partner both feel ready.

**Heavy lifting.** You should avoid heavy lifting for the first week or so following the procedure. However, return to light exercise and work activities should be possible within a week or so.

It is important to note that there is a small risk of erectile dysfunction (on page 3 under risks). There is also the possibility that you will have retrograde ejaculation. This is where your semen travels to your bladder when you ejaculate rather than out through your penis. This is not harmful; it will pass out of your bladder the next time you pass urine and will make your urine appear cloudy.

**Driving.** Please discuss this with your consultant before you leave hospital. You should also check with your insurance company that you are covered after having anaesthetic.

### **Contact us**

For further information or advice on having a TURP, please contact Aston Key Ward on 020 7188 0709 or 020 7188 0706 or Florence Ward on 020 7188 8818. Alternatively, you can call one of the prostate nurse specialists:

**Sharon Clovis** on **020 7188 7339/07500 814 939** or bleep **1005**  
**Elaine Hazell** on **020 7188 6783** or bleep **1596**

**Pharmacy Medicines Helpline**

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

**Patient Advice and Liaison Service (PALS)**

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

**e:** 020 7188 8801 at St Thomas'      **t:** 020 7188 8803 at Guy's      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**Knowledge & Information Centre (KIC)**

For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.

**t:** 020 7188 3416

**Language support services**

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

**t:** 020 7188 8815      **fax:** 020 7188 5953

**NHS Direct**

Offers health information and advice from specially trained nurses over the phone 24 hours a day.

**t:** 0845 4647      **w:** [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

**NHS Choices**

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

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**t:** 0848 143 4017      **e:** [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)      **w:** [www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk)

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