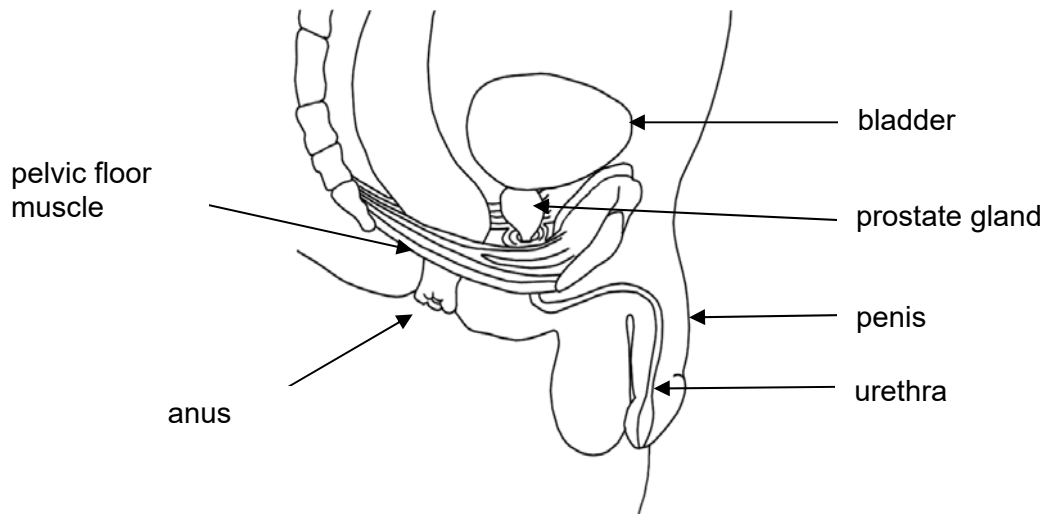


Having a trans-urethral resection of the prostate (TURP)

This leaflet gives you information about having a 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 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 may 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 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 prostate tissue, widening your urethra.
- **Use of a permanent catheter.** This is an option for men who do not want, or who are not suitable, to have a TURP.
- **Prostate arterial embolisation.** This is a minimally invasive procedure that blocks the arteries that supply blood to the prostate. The procedure is performed under local anaesthetic. A radiologist uses an x-ray camera to guide the delivery of small particles to block about 90% of the prostate arteries. The particles are injected through a catheter (thin tube).

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 may be asked to stop smoking, as it increases the risk of developing a chest infection or deep vein thrombosis (DVT) (blood clot in a deep vein). 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 telephone the NHS Smoking Helpline (details at the end of this leaflet).

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. If you would like more information about our consent process please ask us.

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 when 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 may 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. Do 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.
- **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.
- **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.
- **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). We attempt to combat this by using embolism stockings.

- **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, but 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 leaflet **Having an anaesthetic** – please ask the staff if you have not received this.

Please do not eat or drink anything (except non-fizzy water) for six hours before your appointment. This means that you cannot suck on sweets or chew gum. You are allowed to drink water up to two hours before your appointment. **If you continue to eat or drink after this, your surgery will be cancelled.**

You may have a drip connected, which is a bag of fluid connected to a small tube in your arm. 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 the anti-thrombus stockings. 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 resectoscope (small tube) up 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 if necessary. You will also be given or sent an appointment to have your catheter removed.

If you go home with a catheter you may have some discomfort from it. Some men experience bladder spasms caused by the catheter rubbing inside your bladder. The spasms result in urine passing down the sides of the catheter which may leak into your underwear. The spasms may also make you feel the urge to pass urine, which can be uncomfortable. These spasms are not dangerous to you, try not to strain during the spasms.

After your catheter is 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. When you are 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, and may increase your chances of getting a urine infection.

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 that formed on your prostate during 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 end of this leaflet) and try not to engage in strenuous exercise during this time.

When will I have a follow-up appointment?

You will have a follow-up appointment 8 to 12 weeks after your surgery – the date will be given to you before you leave hospital. Some of the investigations you had before the surgery, 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 (examination of tissue and cells) 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 (if you still have blood in your urine, wear a condom).

Heavy lifting. Do not lift anything heavy, such as a bag of shopping or a vacuum cleaner until one week after your surgery.

Driving

You should only drive again when you are free of pain and able to perform an emergency stop comfortably. You should check with your insurance company to make sure you are covered to start driving again as they may refuse to meet a claim if they feel you have driven too soon.

Contact us

For further information or advice, please contact Aston Key Ward **t:** 020 7188 0709 or 020 7188 0706 or Florence Ward **t:** 020 7188 8818. Or you can call one of the prostate nurse specialists **t:** 020 7188 7339 (to leave a message), **t:** 07500 814 939 or **t:** 020 7188 6783, or to bleep a prostate nurse specialist, call the hospital on **t:** 020 7188 7188 and ask for the bleep desk. Ask for bleep 1596 and wait for a response.

NHS Stop Smoking Service **t:** 020 7188 0995.

NHS Smoking Helpline **t:** 0300 123 1044.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

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

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.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

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