

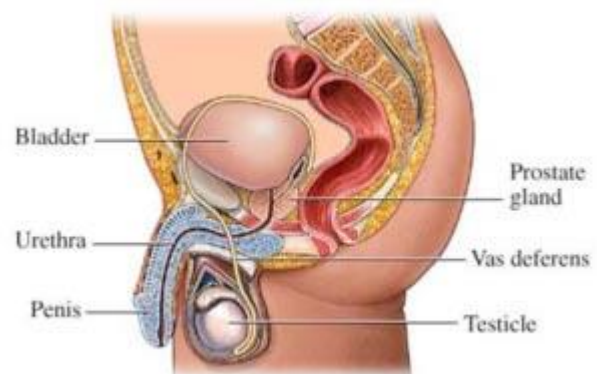
Transurethral Resection of Prostate (TURP)

Patient Information – Urology Service

The prostate gland

The prostate gland is usually about the size of a walnut. It is situated just below the bladder and surrounds the neck of the bladder and the top part of the urethra (tube from the bladder that empties the urine).

The main function of the prostate is to produce seminal fluid. With enlargement of the prostate gland, the urethra sometimes becomes narrower, making it difficult to pass urine.



Symptoms of enlarged prostate gland

- A weak urinary stream
- Difficulty starting urination (hesitancy)
- The need to urinate often (frequency)
- The need to urinate in a hurry (urgency)
- Stopping and starting while urinating
- The need to get up at night (nocturia)
- Incomplete emptying of the bladder
- Urinary retention* (complete obstruction of the urethra).

***Retention is temporarily managed with the insertion of a catheter to drain the bladder.**

Why do I need an operation?

Due to the prostate gland squeezing on the urethra and causing obstruction, your bladder may not be able to empty completely. Over a length of time, this build-up of urine can overstretch the bladder.

Occasionally, this can prevent the kidneys from draining properly. This can lead to kidney damage, which can have a large impact on your general health.

Usually, however, the operation is needed because of the severity of the symptoms listed above and the impact on your day-to-day living.

It is thought that all older men have some prostate enlargement but presently approximately one man in eight requires an operation.

What happens before my operation?

The surgery and outcomes will be explained to you by your surgeon before the surgery. When you feel comfortable that you understand what is to be done and have had all your questions answered, you will be asked to sign a consent form. This consent form should be signed by both yourself and your surgeon and forwarded to the hospital prior to your admission.

A blood test will need to be performed and a urine sample may need to be taken a few days prior to your surgery.

If you are over 60 years of age or have other medical conditions, you may also have an electrocardiogram (ECG) prior to surgery to check the health of your heart.

You will be advised when to stop eating and drinking before surgery. This includes water and chewing gum. You can swallow tablets with a small sip of water.

You should bring your own medications with you to hospital.

It is important to avoid constipation. Try to establish and maintain a regular, soft bowel habit leading up to your surgery. Identify the foods that can help you maintain a regular bowel habit for your post-op period.

You will be taught how to perform pelvic floor exercises to help you regain control of your bladder.

Please inform your surgeon if you are taking anti-coagulant (blood thinning) medication (e.g. warfarin, clopidogrel, dabigatran, rivaroxaban or ticagrelor), or any medication for diabetes. Your surgeon will advise when to stop and restart these medications. If you are taking aspirin, it is okay to continue taking this.

What happens on the day of my operation?

You will go to Christchurch Hospital on the day of your surgery. On arrival, the staff will guide you through what is required prior to your surgery.

You will have a clean hospital gown and protective stocking fitted.

An IV (intravenous) line will be placed in a vein in your arm or hand that will be used to supply fluids or medications during the surgery.

You may be given a medication to prevent blood clots.

You will be encouraged to commence deep breathing and coughing exercises pre-operatively. This prevents any breathing complications or chest infection from occurring, following the surgery and anaesthetic.

The choice of spinal (lower half of your body is numbed) or general (you are completely asleep) anaesthesia will be decided after a discussion with the anaesthetist. If you're having a general anaesthetic you will need someone with you, so they can take you home and stay with you

overnight. If your surgery is performed under general anaesthesia, the anaesthetist will discuss this with you before your surgery.

Just prior to your surgery, you may be given a pre-medication tablet to relax you.

What happens during my operation?

The most common operation is called a TURP (transurethral resection of prostate). A telescopic instrument called a resectoscope is passed up the urethra. An electrosurgical loop is then passed through the resectoscope and works like a knife cutting the excess prostate into small pieces, leaving a thin shell of normal prostate tissue. The area is also cauterised by the electrosurgical loop to minimise any bleeding. Irrigation fluid flows through the resectoscope flushing away blood and debris.

After all the fragments of prostate have been removed, a catheter (a small drainage tube that passes through the urethra into the bladder) is inserted to drain your bladder. Usually this catheter also has an extra opening to allow fluid to continually run into your bladder to help flush out any ongoing bleeding and prevent the formation of clots which may block your catheter. This is called continuous bladder irrigation.

What to expect after my operation?

The bladder irrigation is usually stopped the morning after your operation when the urine is clear or just a light pink colour. If the drainage is moderately or heavily blood stained, then the irrigation will be left running longer. The catheter is normally removed the following morning. You are usually ready for discharge on the day the catheter has been removed.

For the next few weeks, it is important to drink plenty of fluid. This helps flush the bladder, which clears up bleeding, washes away any debris and helps prevent infection. You should drink two to three extra glasses of fluid a day, on top of your normal intake. There is no need to drink excessive amounts of fluid—once your urine is clear of blood, drink enough to keep your urine a pale-yellow colour.

It is important not to lift or strain while your urine is blood stained after surgery.

What to expect after discharge?

It is important to remember that the raw area inside the prostate cavity will take about six to eight weeks to heal completely. Initially you may have some discomfort passing urine and experience some urgency and frequency.

These symptoms pass as healing takes place.

If you experience any burning, fever or cloudy urine (possible urinary tract infection), please contact your GP immediately.

Possible complications

All procedures have a potential for side effects. You should be reassured that, although these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Bleeding

It is also common to pass small amounts of blood during the healing process. This is normal and nothing to worry about. Bleeding severe enough to bring you back to the hospital is rare. This risk disappears when healing is complete, six to eight weeks after surgery.

However, there is a small risk of severe bleeding occurring. If you have fresh, heavy bleeding that does not stop, if you have severe pain with passing urine or if you are unable to pass urine at all (possible blockage), please visit the Emergency Department at Christchurch or Ashburton Hospital.

Such bleeding is more likely if you carry out strenuous activity. For two to three weeks after the operation, you should not indulge in any activity that requires physical straining. Such activities are:

- Digging the garden
- Playing golf
- Lifting heavy weights
- Sexual intercourse
- Straining to pass a bowel motion.

Remember to keep your urine flowing freely by drinking plenty of fluid during the day.

Infection

There is also a risk of infection. Symptoms can include:

- Going to the toilet more often
- Burning and stinging when passing urine
- High temperature
- Feeling hot and cold or shivery
- Cloudy or offensive smelling urine
- Generally feeling unwell.

Please contact your GP immediately as you might need antibiotics to treat an infection.

Outcome of the operation

Will I end up incontinent?

Incontinence (uncontrollable leakage of urine) sometimes occurs temporarily for a few days, up to a few weeks. This may be associated with urgency (sudden feeling of needing to pass urine).

Similarly, coughing or sudden movement can cause a small amount of leakage.

Doing pelvic floor exercises will strengthen the pelvic floor muscles. These muscles help with the control of your urine flow. Toning these muscles helps to maintain your continence. There is a booklet available on pelvic floor exercises.

Will this operation make me impotent?

If you are sexually active before the operation, this is likely to remain unchanged. About 10% of men may have a change in their potency (ability to have an erection).

One effect is you will most likely have dry ejaculations. This is because after surgery to your prostate, the seminal fluid is discharged backwards into the bladder. This is known as 'retrograde ejaculation'. The sensation of intercourse is the same and no harm is done by this retrograde ejaculation, however it does cause you to become infertile.

Are there any other long-term side effects?

In approximately 5% of men, scarring may occur at the site of the operation, or further down the urethra (stricture).

This may cause some renewed symptoms of obstruction, e.g. poor flow of urine. If detected early and treated with gentle stretching (dilatation), most strictures resolve. Occasionally surgery may be required to cut through this scar tissue. This is a simple procedure with a short recovery time.

Follow-up

You will receive an appointment in the mail to attend the Urology Outpatient clinic. This is usually about six weeks following your surgery. At this visit, you will see a nurse and your symptoms will be reviewed.

A letter will also be sent to your own doctor about your operation.

Contact information

For more information about:

- Hospital and specialist services, go to www.cdhb.health.nz
- Your health and medication, go to www.healthinfo.org.nz
- NZ Continence Association, go to www.continence.org.nz

For information on parking, how to get to the hospital, and visiting hours, please visit www.cdhb.health.nz