

Information and Instructions

What is a T.U.R.P.?

The prostate is a small gland sitting below the bladder in men. Its function is to produce seminal fluid. The prostate is made up of two distinct zones, an inner and outer zone. The outer zone remains relatively stable in size and is the area where prostate cancer usually develops. The inner zone enlarges significantly from the age of 40 years but is almost always non-cancerous (benign) in growth.

Urine passes through a hollow in the centre of the prostate then down through the penis. As the inner zone enlarges this frequently causes obstruction to the flow of urine-slow stream, hesitancy, dribbling, incomplete emptying and night-time voiding are common.

T.U.R.P. is an operation performed entirely through a telescope to remove the obstructing inner zone of the prostate. This improves urine flow and associated symptoms and prevents complications such as complete blockage, urine infections, bladder stones and kidney damage.

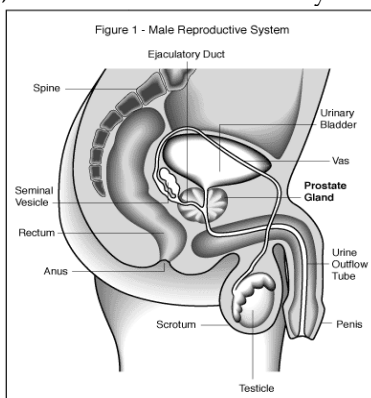


Figure 1: Male Anatomy

What type of Anaesthetic?

Spinal anaesthesia means the anaesthetist places a needle in the back to cause numbness in the area to be operated on. This is the most common type of anaesthetic used for TURP.

General anaesthetic means you are put to sleep for the whole operation. Sometimes a combination of techniques is used.

The anaesthetist will discuss these techniques with you before surgery.

What does the Surgeon do?

The surgeon passes the telescope through the urethra into the bladder. The blockage can be seen and surgically removed in small pieces. Great care is taken to avoid damage to the urethra beyond the prostate as this can lead to difficulties with urine control. When the inner zone has been completely removed a catheter tube is inserted into the bladder to drain away the blood and urine.

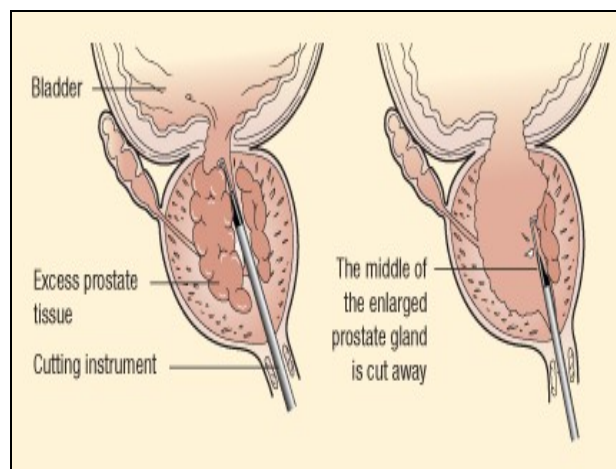


Figure 2: Excision of prostate gland

Are there any Complications?

As with any surgical procedure complications may occur. The major potential problems are post-operative pain, infection and bleeding. Rarely damage to the ureter or bladder may occur.

Intra-operative complications include bleeding and absorption of the excessive fluid used to assist vision during the procedure. Other early complications include breathing difficulties, allergies, cardiac problems, deep vein thrombosis and urine infections.

Long term complications include impotence (3-4%), retrograde ejaculation (80%), urinary incontinence (<1%) and strictures of the urethra or bladder neck (1-2%) It is common to have urinary urgency and burning for several weeks after surgery.

What to expect after the Operation

- Hospital stay is generally 2-3 nights.
- Some discomfort immediately post-operatively. You will be given pain relief as needed.
- You will have a catheter in place that will be draining the urine from the bladder, this will be blood stained, but do not be alarmed as this is expected. Fluid will be washed into the bladder to stop it blocking with blood clots. The catheter maybe uncomfortable and you may feel as though you need to pass urine all the time. You may pass blood clots, but this is to be expected.
- An Intravenous drip will be in your arm for 1-2 days. You will need to drink 2-3 litres of fluid per day.

TURP

Written by: Rosemary Neville

Approved/Updated: 25/04/2014

What to expect:

The day after the Operation

- IV drip removed if blood tests are clear
- If urine is clear the bladder washout will be discontinued, but the catheter will stay in
- You need to drink 2-3 litres per day
- You will be encouraged to walk around

Two days after the Operation

- Catheter removed, minimal discomfort
- There maybe burning, stinging and some urgency when you next pass urine. This is to be expected and will settle down

Three days after the Operation

- Discharged home
- An appointment will be made to see your surgeon in 4 weeks

Recovery at Home

Urinary Symptoms

- May experience burning, urgency and frequency, which should subside and may improve with increasing your fluid intake and taking Panadol or Ural as per instructions on packaging.
- Urine may be blood stained and have some small blood clots for 3-4 weeks. This is to be expected but ensure that the flow of urine is not obstructed or there is any heavy bleeding

Diet and Fluids

- Drink 2-3 litres of fluid per day until bleeding has subsided
- Avoid constipation and straining, you may need to increase fibre in diet

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Activity

- Avoid lifting, straining and activities such as gardening, lawn-mowing, golf and tennis for 3 weeks as this may cause bleeding
- You can drive a car 1 week after surgery
- Return to work:
 - Office work-2 weeks post-op (light duties)
 - Manual work-after 3 week post-op review with surgeon

Medication

- Check with doctor before recommencing aspirin/warfarin
- Take other medications as prescribed

Contact doctor if:

- Fever, shivering, shaking
- Excessive blood in urine
- Cloudy/offensive urine
- Difficulty or inability to pass urine

**DO NOT TAKE
ASPIRIN/WARFARIN/PERSANTIN
ONE WEEK PRIOR TO SURGERY**

TAKE USUAL MEDIACATION ON MORNING OF SURGERY (except aspirin/warfarin)

Admission Details:

* **Hospital** _____

* **Date** _____

* **Time** _____

FASTING FOR AT LEAST 6 HOURS BEFORE SURGERY

Patient Information Leaflet

**TRANSURETHRAL
RESECTION OF
PROSTATE
(TURP)**



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