



TRANSURETHRAL RESECTION OF PROSTATE (TURP)

Removal of part of the inner prostate via the urethra (hole that you pee through)

This procedure is usually performed under general anaesthetic but can also be performed under spinal anaesthetic.

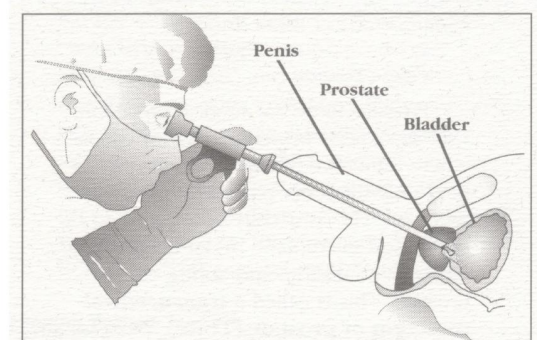
INTENDED BENEFITS

Relief of urinary obstruction symptoms (poor flow, getting up at night to empty bladder or a sensation of incomplete emptying) due to prostatic enlargement or narrowing

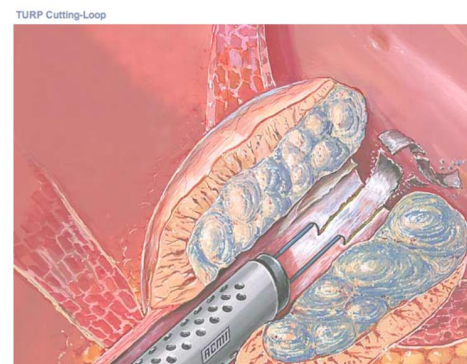
TECHNIQUE

The operation involves the following steps:

- A small telescope (cystoscope) is passed through the urethra via the penis to the prostate and bladder – both are inspected.
- Using electrical current to heat a wire loop, small slivers of prostate tissue are scooped away from inside the prostate gland.
- When the prostate has been cored out sufficiently, the pieces are sucked out of the bladder and any bleeding is controlled with diathermy current (heat).
- The bladder is checked for any prostate pieces, clots are flushed out and a catheter is inserted. The catheter has two channels: one for irrigation and one for drainage – it is left in place for on average 48 hours.
- Once the bleeding has settled and no clots are seen, the catheter is removed
- After the catheter is removed your bladder emptying will be watched carefully by the nurses on the ward. Provided you are able to urinate freely and without too much bleeding, you will be sent home.



Transurethral Resection of the Prostate (TURP)





POTENTIAL RISKS/COMPLICATIONS

Common	Moderate penile discomfort for a few days. Reduction in volume of ejaculate or absence of ejaculation. Ongoing symptoms of needing to rush to the toilet or even urinary control issues (leakage) for a few weeks to months. Bleeding in the urine without symptoms for a few weeks post op.
Occasional	Bleeding & clots requiring flushing of the catheter or possibly a return to theatre. Temporary persistence of pre-operative symptoms, or difficulty emptying the bladder. This is usually due to swelling inside the prostate after the operation that takes a few weeks to settle.
Uncommon	Bleeding requiring transfusion. Need for a catheter for longer than 48 hours. Recurrent blockage symptoms due to prostatic tissue regrowth or residual prostate tissue. It usually takes 10 years for the prostate to grow back to the point that it can cause problems. Persistent inability to empty the bladder (chronic retention). This is usually due to a weak bladder from many years of prostate blockage. Development of scar tissue in the urethra or at the site of the operation.
Rare	Erection problems (provided normal function pre-op). Permanent incontinence (leakage of urine). Absorption of excess irrigation fluid leading to pulmonary oedema (fluid on the lungs) or neurological complications. Blood clots in the legs (DVT)

Complications occur more commonly in patients who are smokers, diabetic, overweight or have previous problems with urinary continence, control or chronic urinary retention

POST OPERATIVE TESTING

You will be reviewed in the rooms after your surgery. We advise avoiding any straining or heavy lifting that might lead to bleeding for at least two weeks, ideally six. It is best to avoid driving for two weeks after any operation.

It is normal to have some mild persistent symptoms for up to 6 months after surgery while the bladder recovers. Persistent bleeding in the urine (hematuria) can be normal for up to a month after TURP.

The tissue removed during a TURP is sent for analysis – if analysis of this tissue shows cancer, you may require further investigation with blood tests and radiology. Your surgeon will advise you.

If you have any further questions, please ask – we are here to help you. You have the right to change your mind at any time, including after you have signed the consent form (attached).