

Having a prostate operation

Your specialist has recommended that you have your prostate gland removed with an operation called a TURP. This leaflet provides some standard information and advice about the procedure. However, you should always follow the instructions of your own specialist

If you have any unanswered questions or concerns, please do not hesitate to ask your specialist or nurse for more information. It is natural to feel anxious, but knowing what to expect can often help.

What is a TURP?

A "trans urethral resection of the prostate", or TURP for short, is an operation to remove some or all of an enlarged prostate gland so that urine can flow more freely.

The surgeon uses a thin, tube-like telescope that incorporates specially adapted surgical instruments. This instrument, called a resectoscope, is passed through the urethra (the tube that carries urine out of the penis).

A TURP is usually performed under a general anaesthetic. This means you will be asleep throughout the procedure and will feel no pain. For more details, please see the separate leaflet on general anaesthesia. A TURP usually involves a hospital stay of around four days.

Preparing for your operation

Once at the hospital, you may be asked about your medical history and any previous experience of hospital treatment. Your answers will help them in planning your care whilst you are in hospital.

Before you come into hospital you will also be asked to:

- have a bath or shower at home on the day of your admission
- remove any make-up, nail varnish and bulky or sharp jewellery. Rings and earrings that you'd prefer not to remove can usually be covered with adhesive tape
- follow the fasting instructions in your admission confirmation letter. Typically, you must not eat or drink for about six hours before a general anaesthetic. However, some anaesthetists allow occasional sips of water until two hours beforehand

When you arrive at the hospital, your nurse will explain how you will be cared for and will perform some simple tests such as checking your pulse and blood pressure, and testing your urine. Your specialist and anaesthetist will visit you. This is a good time to ask any outstanding questions about your treatment.

Consent

You will be given a consent form to sign. By doing this, you confirm that you understand what the procedure involves, including the benefits and risks, and give your permission for it to go ahead.

Please see the back of this leaflet for further information about the risks of this procedure. You need to know about these in order to give your informed consent.

About the operation

Your specialist passes the resectoscope into the urethra to give a view of the prostate.

An attachment at the end of the resectoscope is used to "chip away" at the prostate, using a tiny loop of wire carrying electric current. The surgeon uses the same instrument, with a different type of electric current, to stem any bleeding.

During the procedure, the bladder is flushed with sterile water to remove the chippings of prostate tissue. A catheter is then inserted to allow urine to flow freely. The operation lasts about an hour.

After your operation

You will be taken from the operating theatre to a recovery room, where you will come round from the anaesthetic under close supervision. You will then return to your room.

Back on the ward

A nurse will help make you comfortable. He or she will assess the operation sites and monitor your blood pressure and pulse. You may find a drip in your arm. This provides fluid to help keep you hydrated and will be removed when you are able to drink fluid normally.

You will have a catheter in place. This is a thin, sterile pipe that is inserted through the urethra (via the penis) and into your bladder at the end of the operation. It consists of two or three tubular sections that allows fluid to pass into and out of the bladder simultaneously.

One or more bags of clear liquid, usually hanging above your bed, store liquid that runs slowly into the bladder via the catheter. A mixture of urine and this flushing liquid then flows out of another section of the catheter and is collected in a jar or bag beside your bed. With the catheter in place, you may feel that your bladder is constantly full.

You will need to rest on your bed until the effects of the anaesthetic have passed. If you are sore, you may require painkillers, which can usually be taken every four to six hours. Please discuss this with your nurse, specialist or anaesthetist.

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When you feel ready, you can begin to drink and eat, starting with clear fluids such as water or apple juice.

When the urine in the catheter runs clear, which is usually within two to three days, the catheter will be removed.

The first time you urinate normally, your urine may be cloudy. You may feel some discomfort and the constant urge to urinate. To start with, you may also find it difficult to control the flow and have leaks or dribbles of urine. However, you will normally regain control within 24 hours. You may still see clots or blood in your urine or experience stinging when you urinate. The volume of your urine will be recorded and the nurse will check that you have opened your bowels.

Going home

Before you are discharged, the nurse will give you a contact telephone number for the hospital, in case you need to ask for any further advice, and will arrange a date for a follow-up appointment with your specialist.

After you return home

If you need them, continue taking painkillers as advised by the hospital. A general anaesthetic can temporarily affect your coordination and reasoning skills, so you should avoid drinking alcohol, or signing legal documents for 24 hours afterwards.

Drinking at least two litres of fluid per day will help flush out the bladder and assist your recovery. It is common to have occasional blood clots in your urine or leaks of urine when you cough or strain for a number of weeks. To help with this you can wear an absorbent liner inside your underpants.

A full recovery from a TURP normally takes from four to six weeks. After this you can resume your normal activities, including sex, but you should avoid heavy work or strenuous activity for three months.

What are the risks?

TURP is generally a very safe surgical procedure. For most men the benefits, in terms of improved symptoms, are greater than the disadvantages. However, all surgery does carry some element of risk. This can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted but mostly temporary effects of a successful treatment. Examples include feeling sick as a result of the general anaesthetic and some discomfort from the catheter.

Most men find that a lasting side-effect of a TURP is dry orgasm (retrograde ejaculation), which happens because semen can travel back up into the bladder rather than out through the penis. However, this should not interfere with sex and, after recovery from the operation, most men return to the same level of sexual activity as before the treatment.

Complications

This is when problems occur during or after the operation. Most people are not affected. The main possible complications are excessive bleeding during or soon after the operation, a urinary tract infection, or an unexpected reaction to the anaesthetic. Rarely, it's also possible to develop a blood clot in one of the veins in your legs (deep vein thrombosis). Complications may require further treatment such as a blood transfusion or antibiotics for an infection.

It is possible to have some persistent urinary incontinence, even after the initial recovery period. Some men continue to have problems emptying their bladder, and some experience some degree of impotence. The chance of complications depends on the exact type of operation you are having and other factors such as your general health. You should ask your specialist to explain how these risks apply to you.

Further information

National Kidney and Urologic Diseases Information Clearinghouse http://www.niddk.nih.gov/health/urolog/pubs/prostate/index.htm#surgical

American College of Surgeons http://www.facs.org/public_info/operation/prostatc.pdf Healthwise (Health Information Resource Centre)

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This leaflet is for information only. For a detailed opinion or personal advice, please consult with your own doctor.

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