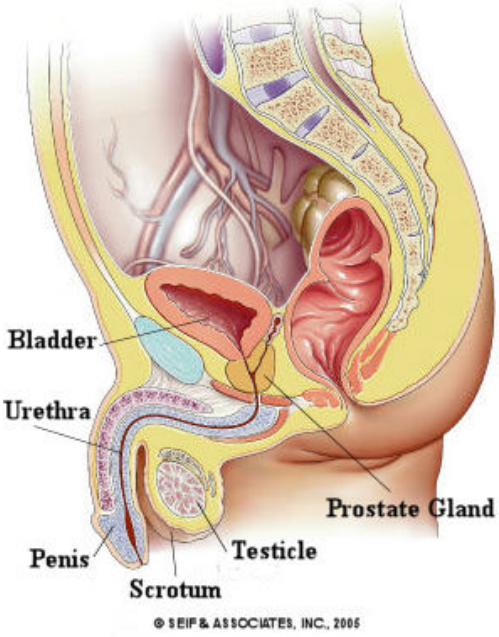
TURP, Transurethral Resection of the Prostate

Transurethral Resection of the Prostate (TURP) is often treatment for non-cancerous (benign) prostatic hyperplasia (BPH) or prostate cancer. BPH commonly begins in middle aged men and can cause symptoms at any age thereafter. The complications that stem from these problems, such as recurrent infection and bladder control and emptying problems, are often helped by this procedure.



Both conditions usually cause the prostate to increase in size. TURP is a major surgery that removes part of the prostate gland. The goal is to remove enough prostate to allow for unobstructed flow of urine.

BEFORE THE PROCEDURE

- You may be asked to temporarily adjust your diet. If so, your caregiver will give you specific recommendations.
- If you are on blood thinners, stop taking them before the operation, or as your caregiver advises.
- You should have nothing to eat or drink after midnight prior to your surgery or as suggested by your caregiver. You may have a sip of water to take medications not stopped for the procedure

LET YOUR CAREGIVERS KNOW ABOUT:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or Novocaine.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Previous prostate infections.
- Other health problems.

PROCEDURE

This operation is performed after you have been given a medication to help you sleep (*anesthetic*), or with a spinal block. The spinal block keeps you awake but numb from the waist down.

No cut or incision is needed. During the operation, your surgeon passes a viewing and cutting instrument (*resectoscope*) through the penis into the prostate gland. The instrument contains an electric cutting edge. From inside the prostate, this cutter is used to remove part of the prostate.

RISKS & COMPLICATIONS OF THE PROCEDURE

- Rare injury to the bowel (*intestine*).
- Rare injury to the bladder or adjacent blood vessels.
- Intestinal/bowel obstruction.
- Scarring called “stricture” that cause later problems with the flow of urine.
- Bleeding and the need for blood transfusion (more common in those with prostate cancer and those who have previously received radiation therapy).
- Inability to control your urine (*incontinence*). This is more common in those with prostate cancer and those who have received radiation therapy.

- Injury to one of the *ureters* (tubes that drain the kidneys into the bladder) and/or *urethra* (the tube that drains the bladder).
- Injury to the capsule that holds the prostate. This can lead to leakage of fluid and urine into the belly (*abdomen*).
- The operation can possibly lead to impotence. This is the inability to get an erection. Treatments are available for these types of problems.
- Rare over absorption of the fluids used during the operation. This can then cause low blood levels of sodium, brain swelling, strain on the heart, and fluid accumulation in the lungs. This is more common in long procedures.
- Infection.
- Blood clots in the legs.
- As with any major surgery, there is always the rare chance of a complicating stroke, heart attack, or other complications that will be discussed with you by the surgeon and anesthesiologist.

TREATMENT (TURP & TUIP)

This surgery (TURP procedure) is done using an instrument like a narrow telescope to look into your bladder. This is then used to remove enlarged pieces of your prostate, one piece at a time. This removes the blockage and makes it easier for you to urinate. This is called a transurethral resection of the prostate.

A lesser procedure is sometimes done. In this procedure, small cuts are made in the prostate. This lessens the prostates pressure on the urethra. This is called a transurethral incision (cut by the surgeon) of the prostate (TUIP). You will probably be comfortable soon after the operation, but it will take 10 to 12 weeks, or longer, for your prostate to heal after you leave the hospital.

HOME CARE INSTRUCTIONS

For your own protection, observe the following precautions for 10 days after your operation.

- You may go home with a catheter. Take care of it as directed. You will receive instruction on catheter care.
- After catheter removal, empty the bladder whenever you feel a definite desire. Do not try to hold the urine for long periods of time.
- For 10 days, avoid all lifting, straining, running, strenuous work, walks longer than a couple blocks, riding in a car for extended periods, and sexual relations.
- Take 2 tablespoons of heavy mineral oil or Metamucil® night and morning for 3 or 4 days. After that, gradually reduce the dose to one or two teaspoons twice daily. Stop it after the stools have been normal for a week. If you become constipated, do not strain to move your bowels. You may use an enema. Notify your caregiver about problems.
- Even after complete healing, you may continue to urinate once or twice during the night.
- In addition to your usual medications, you may be given an antibiotic to take for 10-14 days. Notify your caregiver if you have any side effects or problems with the medication.
- Avoid alcohol and caffeinated drinks for 2 weeks, as they are irritating to the bladder. Decaffeinated drinks are fine.
- Eat a regular diet, avoiding spicy foods for 2 weeks.
- You may continue non-strenuous activities. It is always important to keep active after an operation. This lessens the chance of developing blood clots.
- You may see some recurrence of blood in the urine after discharge from the hospital. Even a small amount of blood colors the urine very red. If this occurs, force fluids again as you did in the hospital. This is generally not a concern.

SEEK MEDICAL CARE IF:

- You have chills, fever, night sweats or an unexplained oral temperature above 100.5º F (38.1º C).
- You are leaking around your catheter or have problems with your catheter.
- You develop side effects that you think are coming from your medications.

SEEK IMMEDIATE MEDICAL CARE IF:

- You are suddenly unable to urinate. **This is an emergency**.
- You develop shortness of breath or chest pains.
- Bleeding persists or clots develop.
- An unexplained oral temperature above 102º F (38.9º C) develops.
- You develop pain in your back or over your lower belly (*abdomen*).
- You develop pain or swelling in your legs.
- You develop swelling in your abdomen or have a sudden weight gain.
- The problems get worse rather than better.

Document Released: 03/28/2007 Document Re-Released: 10/15/2010
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