

Transurethral Resection of the Prostate (TURP)

What is the Prostate?

The prostate is a gland that sits below the bladder in men. It surrounds the urethra – the tube that drains urine from the bladder. Its main function is to produce seminal fluid which is the main component of semen.

Benign Prostatic Hyperplasia (BPH)

The prostate is about the size of a walnut. When men reach their 40s, the prostate begins to enlarge. This is called benign prostatic hyperplasia (BPH). For some men BPH causes urinary symptoms such as

- Difficulty starting urine flow (hesitancy)
- Poor urinary flow
- Needing to urinate frequently at night (nocturia)
- Leaking of urine
- Needing to pass urine more frequently (frequency)

Medical Treatment of BPH

Your Urologist may prescribe medication to treat your BPH. This medication works by either relaxing the muscle in the prostate (eg Flomaxtra) or by shrinking the prostate (eg Duodart). If medical treatment fails to relieve your symptoms, surgery may be recommended.

What is a TURP?

Transurethral resection of the prostate (TURP) is performed to remove the part of the prostatic tissue that is obstructing or blocking urine outflow.

The operation takes approximately an hour and is often performed under spinal or epidural anaesthetic. During the operation an instrument like a telescope is inserted through the penis, down the urethra. The obstructive prostatic tissue is resected away (shelled out with a loop a bit like a cheese wire), relieving the pressure on the urethra.

Before the procedure if you are taking a blood thinning medication, even aspirin, and it is safe to do so, you will be asked to stop it. Please also stop any fish oil or complementary medicines like glucosamine 10 days before the operation. You will be asked to have some pre-operative tests including a urine specimen. You will be given fasting instructions and told which medications to take on the days of surgery. If you have any questions before the procedure, please ask me or one of the Urology Nurses (see contacts at end) or the rooms staff to clarify.



What to expect after surgery

If you have had a spinal anaesthetic your legs will be numb for a few hours. You will have an IV drip to assist hydration until you are drinking sufficiently on your own.

You will have a catheter in place to drain urine from the bladder. Your urine may heavily blood stained requiring continuous irrigation of saline via the catheter. This will gradually clear and the irrigation will be ceased. When the bladder irrigation is stopped you will need to increase your fluid intake to maintain a light rose to straw coloured urine.

You may experience bladder spasms while you have the catheter in place. This gives you a either a burning feeling at the tip of the penis or a strong desire to void. Occasionally medication may be required to ease these symptoms. The catheter is usually removed by 1-2 days after surgery. You will be discharged from hospital 2-3 days after surgery. You may be prescribed a course of antibiotics.

Bladder function after Surgery.

After your catheter is removed you may develop discomfort or burning when passing urine initially, occasionally leakage of urine and/or frequent or urgent urination. This should settle with time and is related to the bladder getting used to the lessened resistance to the passage of urine. To ease symptoms, take Ural with Panadol 4-5 hourly for the first 24 – 48 hours. It is advisable to wear a pad initially after the catheter comes out.

Blood and clots in the urine, urine infection and fluid absorption

It is normal for blood to be occasionally present in your urine for 1-2 weeks. You should drink plenty of water to 'flush' your bladder free of debris when it appears, and rest until it clears. Please contact your me if your urine becomes heavily blood stained and does not clear with increased fluid intake.

You need to avoid strenuous activity for 2-3 weeks after your TURP as this may cause some bleeding. Sometimes around 2 weeks the internal scar/"scab" on the prostate bed lifts off and this can cause bleeding, increase your fluids and avoid heavy lifting and straining at this point. If the problem persists, contact me.

There is a very low rate of blood transfusion (2% or 2 in 100) with the procedure. You will be consented to receive blood unless you object, but it is very unlikely to be required.

Rarely at the time of the procedure you may develop severe urine infection requiring IV (via the vein) antibiotics. Your urine is checked before the operation and antibiotics are given at the time of the operation to prevent this occurring. Occasionally after the procedure you can get a urine infection that can also involve the kidneys or testicles and that may require longer courses of oral antibiotics.



At the time of surgery a fluid is used to irrigate the bladder than can result in extra water being absorbed into the bloodstream. This can result in temporary confusion and rarely visual changes or fitting. Some of these problems can be watched for early if you have a spinal anaesthetic and remain conscious during the procedure. Some of the newer ways to do the procedure avoid these issues.

Sexual function after surgery

You may experience retrograde ejaculation. This means that some semen may move backwards into the bladder as the operation takes away the "valve" that makes it go forward. The semen is passed when you next urinate. You may not be able to have children as a result but it is not a recommended form of contraception. Some men find the loss of their ejaculate more concerning than others, you need to think about your own situation. You should not experience loss of erections more frequently after the procedure than is seen in the general population at the age you have your operation. For some older men the rate of erectile dysfunction at their age is quite high.

Follow up - You will need to see me approximately 6 weeks after discharge.

Acute Urinary Retention

Occasionally blood clots may obstruct the neck of the bladder so that you cannot pass urine. Please contact me if you are unable to pass urine and becoming increasingly uncomfortable. This may mean a short period in hospital again with a catheter and irrigation.

Chronic Urinary Retention

Chronic Urinary Retention may develop if your bladder has been over-stretched over a period of time. Please contact me if you feel that you are not completely emptying your bladder and have large amounts of urine left behind.

After discharge

Remember to take it easy. For the first week you should avoid driving. For the first 4 weeks the following should be avoided:

- Constipation
- Excessive alcohol consumption
- Strenuous activity
- Sitting for prolonged periods
- Sexual activity.
- Bladder retraining



Long term complications

Aside from the sexual function changes, after a TURP you are at risk of developing a scar in the urethra or regrowth of the prostate tissue or a scar where the prostate joins the bladder. This may mean another procedure is required and this occurs at about a rate of 15% or 15 per 100 men over your lifetime, the younger you have the procedure, the more likely you are to be affected.

There is a small (less than 2 in 100) risk of damaging the "on/off" valve or sphincter in the urethra at the bottom of the prostate and this would result in stress incontinence or leakage when you cough, sneeze or increase your intra-abdominal pressure. If this is severe, further surgery may be required. A very rare complication is rectal damage during the surgery which would require further more invasive surgery.

Who to contact

During the working week, Simone or Chloe, the practice Urology Nurses can answer most questions. Please call 9890 7222. If they cannot help you they will contact me. If it is an afterhours emergency please call me on 9387 1000 and leave a message and I will call you back.

Alternatively, if for some reason you cannot make contact, you can come to the Cabrini Malvern or Epworth Richmond Emergency Departments.

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