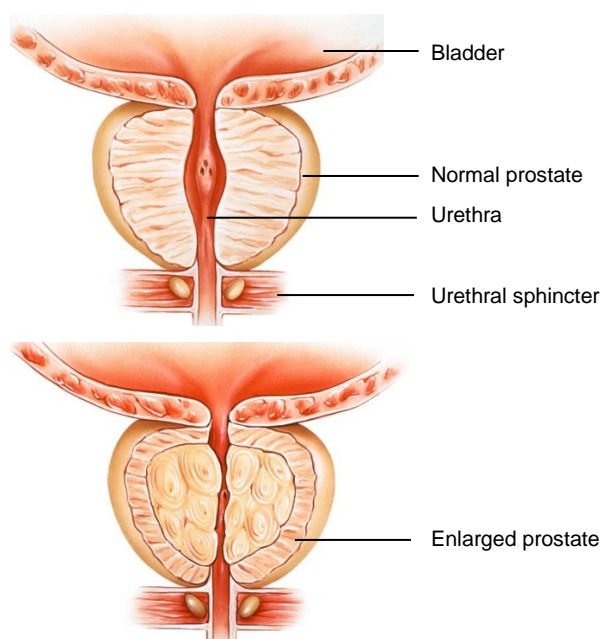


Transurethral resection of the prostate (TURP)

Procedure information

Transurethral resection of the prostate (TURP) (sometimes called a “re-bore”) is an operation to remove prostate tissue which is blocking the flow of urine from your bladder.

What is benign prostate enlargement?



The prostate is a gland in men which sits beneath the bladder and encircles the urethra (waterpipe). Its function is to make some of the fluid in semen.

Prostate enlargement is a benign (non-cancerous) process which occurs in most men as they get older.

As the prostate enlarges it narrows the urethra which restricts the flow of urine.

Why is TURP required?

TURP is used to treat urinary symptoms due to prostate enlargement.

These symptoms may include:

- Waking through the night to void.

- Needing to pass urine frequently.
- Having to pass urine urgently.
- Reduced urine flow.
- Difficulty starting urination.
- Stop-start flow.
- Dribbling after passing urine.
- A feeling of incomplete bladder emptying.

TURP can also:

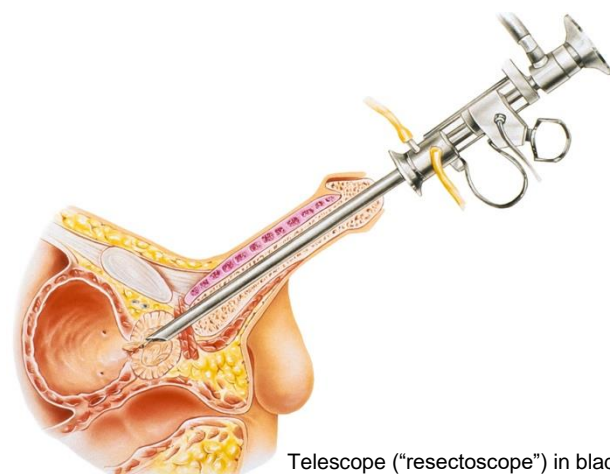
- Stop recurrent bleeding from the prostate.
- Reduce the frequency of recurrent urinary tract infections.
- Stop stones from forming in the bladder.
- Prevent long-term damage to the bladder and kidneys due to urinary retention.
- Allow you to get catheter-free if you have a catheter due to urinary retention.

TURP is not a treatment for prostate cancer but it is sometimes performed before having radiation therapy for treatment of prostate cancer.

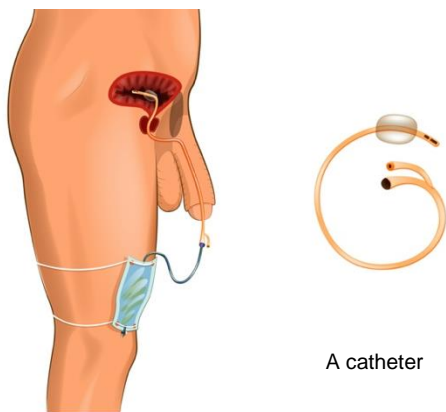
What does TURP involve?

TURP is performed under general anaesthetic (completely asleep) or spinal anaesthetic (numb from the waist down).

A telescope is passed into your bladder through the urethra (waterpipe).



A cauterising loop is used to remove tissue from the prostate and to stop bleeding. The prostate tissue which is removed is sent for further testing (histopathology).



A catheter

A catheter (a soft flexible tube which drains urine from the bladder via the urethra into a bag) is inserted at the end of the procedure. The catheter is continuously flushed with fluid after the operation to remove blood and debris.

The catheter is usually removed two days after the operation but occasionally needs to stay in longer. You will then have a 'trial of void' to ensure you are emptying your bladder.

You will usually be in hospital for two to three nights after the operation.

What is the recovery after TURP?

After TURP your urinary flow usually improves within the first few weeks of the operation. Urinary frequency, urgency, and waking at night to pass urine will initially be worse after the operation and may take several months to improve.

You may have blood in the urine for several weeks after the operation. The blood will often go away and then return a week or two after the operation – this is normal.

You will have burning/stinging when passing urine after the operation. This will usually resolve after a few weeks.

You can usually return to sedentary work approximately two weeks after the operation. If your job involves physical work, please discuss this with your doctor.

You can start doing gentle exercise such as walking approximately one week after the operation. You will need to avoid strenuous

exercise and heavy lifting for at least four weeks after the operation.

You can usually return to driving approximately two weeks after the operation.

You can resume sexual activity when you feel comfortable doing so. For most men this will be at least four to six weeks after the operation.

What are the risks of TURP?

Most patients

- Temporary burning when passing urine, frequent urination, and blood in the urine.
- After TURP you may not ejaculate when you orgasm (retrograde ejaculation). This may make you infertile.

Common risks (1/2 – 1/10)

- TURP may not relieve all your urinary symptoms.

Occasional risks (1/10 – 1/50)

- Inability to pass urine after the catheter is removed requiring re-insertion of the catheter.
- Urinary tract infection requiring antibiotics.
- Temporary swelling of your penis and scrotum.
- Difficulty achieving or maintaining an erection.
- Recurrence of your urinary symptoms in the future requiring further treatment.
- Scarring of the urethra, prostate, or ureters (tubes from the kidney to the bladder) requiring another operation to correct.
- Prostate cancer may be found in the tissue which is removed from the prostate. This may require further investigations or treatment.

Rare risks (1/50 – 1/250)

- Severe bleeding requiring a blood transfusion and/or another operation to correct.
- Urinary incontinence which may be temporary or permanent.
- Irrigation fluid entering your bloodstream during the operation, causing confusion,

temporary visual changes and very rarely a seizure.

The risks of anaesthesia have not been listed here.

What are the alternative treatment options?

- Surveillance – no treatment.
- Lifestyle changes.
- Medications.
- Rezum®.

- UroLift®.
- Greenlight laser photovaporisation of the prostate.
- Holmium laser enucleation of the prostate (HoLEP).
- Open or robotic simple prostatectomy.
- Prostate artery embolisation.
- Other surgical treatments are available but are not currently recommended.

See www.brisbaneurologyclinic.com.au for information regarding these alternative treatment options.

For more information please visit www.brisbaneurologyclinic.com.au.

This is general information only. Please consult your doctor for more information and treatment options.

For appointments and enquiries please contact 07 3830 3300.

References:

British Association of Urological Surgeons (2017) Transurethral prostatectomy (TURP) for benign disease.

Urological Society of Australia and New Zealand (2016) Surgical treatment of an enlarged prostate – a guide for men with BPH.