

Urology_{west}

MR. KILIAN WALSH MB BCH (HONS), BAO, FRCSI, MSc (UROL), FRCSI (UROL)

Consultant Urological Surgeon

Tel: 091 767 487

Fax: 091 758 776

Web: www.urologywest.ie

Email: ethnea@urologywest.ie

Suite 6, Consultants Clinic

Bon Secours Hospital

Dublin Road, Galway

University Hospital Galway

Newcastle Road

Galway

Galway Clinic

Doughiska

Galway

INFORMATION LEAFLET: TRANSURETHRAL RESECTION OF THE PROSTATE (TURP)

TURP or transurethral resection of the prostate is an operation that people undergo to relieve the symptoms caused by an enlarged prostate. The symptom complex is known as lower urinary tract symptoms and typically comprises of people having nocturia (getting up often at night), frequency (passing water too frequently), poor flow (having a poor urinary stream), terminal dribbling (having dribbling towards the end of the stream) or hesitancy (taking a while for your urinary stream to commence). The procedure is designed to remove the central portion of the prostate and does not remove the whole prostate gland. It simply creates a larger cavity within the centre of the prostate to improve bladder emptying and urinary flow.

You will be admitted one night before the operation and will be asked to fast from midnight. If you are on any blood thinning products such as Aspirin, Plavix or Warfarin it is absolutely essential that they are stopped 1 week before the operation or we will not be able to proceed. You will be taken down to theatre. The operation can be done under two types of anaesthetic – a spinal anaesthetic whereby a needle is placed into your back and you are numbed from the waist down or a general anaesthetic where you are put asleep. There are no cuts on the skin or incisions during the procedure. Everything takes place via a telescope which is passed down through the centre of the penis.

With the aid of this telescope the central portion of your prostate is removed so that a new cavity is created at the neck of the bladder. Following the operation a catheter or a tube must be left in the bladder for about 2 to 3 days. Occasionally the bladder tube may be left in for longer depending on how big your prostate is, how long the operation was and whether there was any bleeding that took place during the procedure. Usually some fluid will be running through the bladder for 24 hours after the operation to stop clots forming within the bladder. After this irrigation fluid is taken down the catheter will be left in your bladder for a further 24 hours and removed by one of the nurses on the ward. When it is removed it is hoped that you will be able to void satisfactorily. However, in about 10% of cases you are unable to pass because of swelling at the prostate and a small catheter may need to be passed and left in your bladder for about 6 weeks post operatively to let the prostate and bladder rest. You will be then readmitted and have the catheter removed and the vast majority of people would void satisfactorily on that occasion.

Post Operative Complications

The two most noticeable features of a TURP are that it will be painful to pass water for a week to 10 days following the operation. This is called dysuria. Often we will send you home on some antibiotics which will help settle this discomfort. You may often notice some blood in the urine. A small amount of blood can be quite alarming as it makes the urine look very red but unless you are passing heavy clots, nothing needs to be done. If you are passing heavy clots you must come back into hospital where a catheter will be replaced into your bladder for a period of 24-48 hours and the bleeding will settle.

Longer Term

Before you undergo a TURP you must realise that because we are cutting away the bladder neck we will create a condition known as retrograde ejaculation. Retrograde ejaculation is a condition where your ejaculate will decrease in volume and make it less likely for you to have children.

The operation is highly effective and usually very well tolerated. I hope this information leaflet helps.