

# Goole Surgical Treatment Centre



## Transurethral Resection of the Prostate Day Surgery Unit



*Welcome and thank you for making  
Goole Surgical Treatment Centre your first choice*

## What is a TURP?

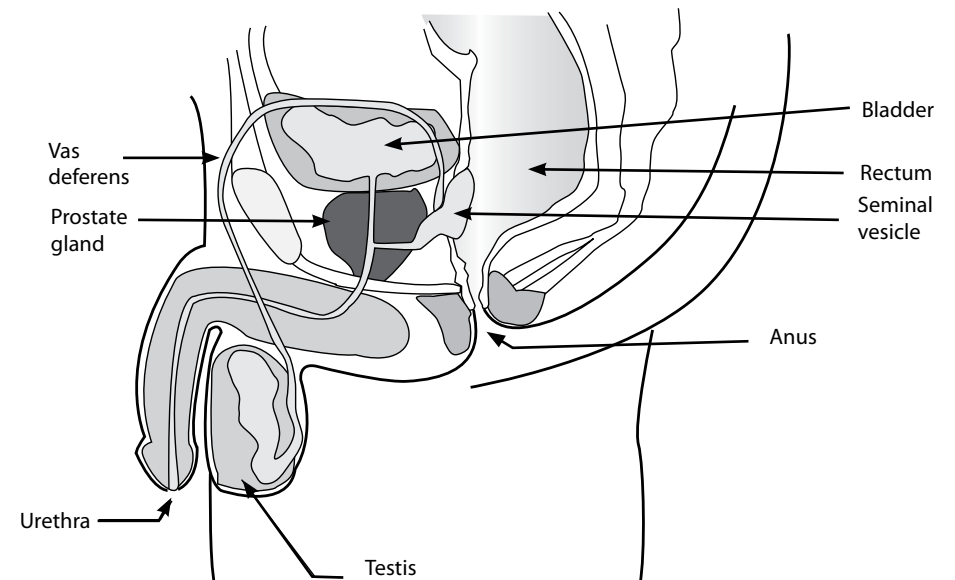
A TURP is a Procedure that involves “coring out” the Prostate to create a larger channel through the Urethra (waterpipe).

This is to enable you to pass urine more freely and can be performed either under a general or spinal anaesthetic.

## Why is the Procedure Necessary?

The Prostate is a gland situated inside the male body just beneath the bladder and surrounds the “waterpipe (urethra) as it leaves the bladder. As men age this gland may gradually enlarge and can press on the urethra affecting the flow of urine.

Some men do not experience any symptoms but others experience problems such as passing water frequently, not emptying the bladder fully and getting up at night to urinate. This condition is known as BPH (Benign Prostatic Hyperplasia).



## Before Admission

You will have an appointment in a pre assessment clinic where the planned surgery will be discussed, blood samples and consent for the operation will probably be taken at that point.

If you have any specific medical problems you may need to be seen by the anaesthetist on that day to discuss the type of anaesthetic most suitable for you.

There are some risks associated with any anaesthetic you may have. Please read the enclosed booklet which outlines these risks. "You and Your Anaesthetic"

You will need to bring all your medication (or a list) with you to this appointment.

## Admission Day

You can expect to be in hospital for between 1-2 days. (possibly slightly longer if necessary)

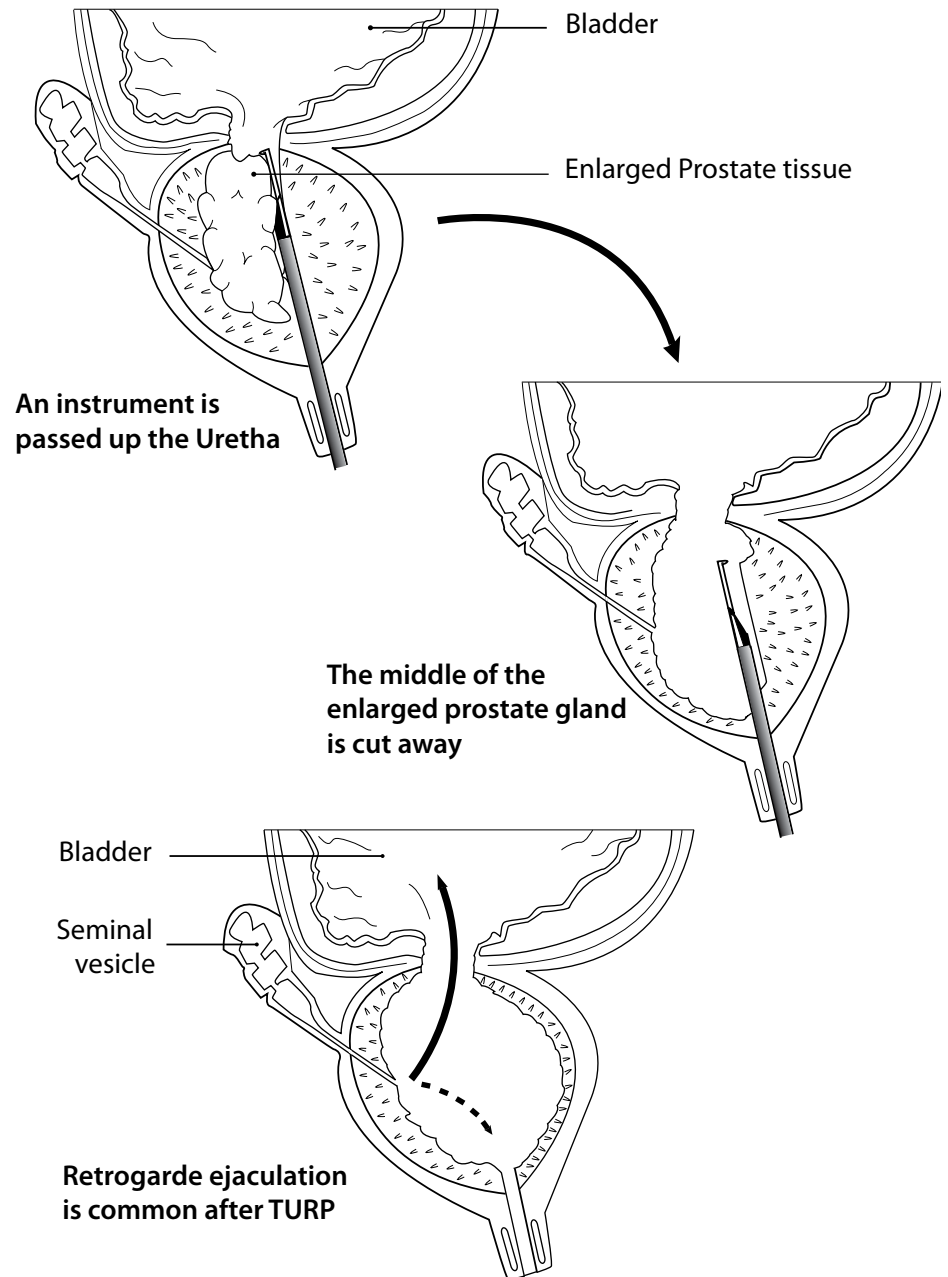
On the day of admission you will have been advised when to stop eating and drinking.

When you attend the ward you will be escorted to your bed area and a nurse will then prepare you for your operation,

You will then be seen by a doctor who will explain the surgery again and ask you to sign your consent form.

When it is time for your surgery you will be walked by a nurse to the anaesthetic room.

The following demonstrates how the operation is performed.



## After the surgery

After your surgery you will be transferred temporarily to the recovery room until the doctor is happy for you to go back to the ward.

You will have a catheter in draining the urine and possibly a bag of fluid (irrigation) which will be dripping through this same catheter into your bladder. This is to keep the urine flowing freely. You may also have a drip in your arm giving you fluid until you are able to start drinking again.

When you return to the ward you will be allowed to eat and drink when you are fully recovered.

The nurse will check frequently that your catheter is draining freely but if you should feel any discomfort you need to let the nurse know. Occasionally a clot can stick in the catheter and prevent it draining easily and there may be a need to flush the catheter with a fluid filled syringe. She can also supply you with the pain relief if you should need it.

Once you are eating and drinking normally again the drip will be removed from your arm. You will need to drink plenty of fluid to keep the urine draining freely.

When your urine is clearing with no signs of blood clots the irrigation will be stopped and the catheter will be removed the following morning.

Once the catheter is removed you will need to monitor how much urine you pass. You will be expected to use bottles to allow the nurses to measure each time you pass urine, you will also need to continue drinking plenty of fluid (3-4 pints / day).

Once you are passing urine in good amounts you will be allowed home. The nurse may do a bladder scan on you

before you leave to check you are emptying your bladder sufficiently.

You will receive advice from your nurse before you leave the hospital and a letter which outlines the procedure that has been performed ( a copy of this letter will also be sent to your GP) a follow up appointment will be made for you to return to see the surgeon within 3-4 months.

## At Home

It may take several weeks for you to fully recover from your operation.

A bit of bleeding on passing water is common within the first few weeks you will need to continue to drink plenty of fluid to flush the system.

Should the bleeding become heavier or persist then you may need to contact your GP.

You also need to contact your GP if urination becomes difficult or your urine becomes smelly or cloudy this may indicate you have developed an infection.

Most men feel they are able to return to work after around approximately 3 weeks but you need to check with your doctor. Avoid strenuous exercise driving or lifting within these first few weeks. You should be able to return to usual sexual activity after 4 weeks.

If you have any problems after your discharge you may contact the following:

**Goole Ward 6: 01724 290030**

Or your own GP.

## Side Effects

Side effects are the unwanted but usually mild and temporary effects of a successful procedure. Examples can include feeling sick from the anaesthetic and some discomfort from the catheter. There are also some side effects which are specific to this operation.

- **Difficulty Passing Urine when the catheter is removed.**

This is not uncommon and you may need to be sent home fitted with a catheter. You will return within a week or two to try without the catheter again.

- **The urine contains blood**

The urine will contain blood for several days this is normal and will gradually clear.

## Complications

- TURP is a commonly performed operation with generally low complication risks.
- However some of the problems you may experience following the surgery are:-
- Uncommonly developing a blood clot in the vein of one of your legs (DVT). To help prevent this you may have injections of anticoagulant medication and antiembolic stockings to wear.
- There is a slight chance you may need to be given a blood transfusion at some point during your stay. This will be avoided if possible.
- A more lasting effect of TURP is dry orgasm (retrograde ejaculation). This happens because the surgery makes it possible for semen to travel back into the bladder instead of through the penis as normal at the time of orgasm.
- This should not interfere with sexual activity and most men return to the same level of sexual activity as before the operation.
- There is a < 10% chance of suffering with impotence.
- One in 200-300 men may suffer some degree of incontinence.

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Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth. Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

## **Concerns and Queries**

If you need further assistance, the Patient Advice and Liaison Service will be able to help.

They can be contacted on:

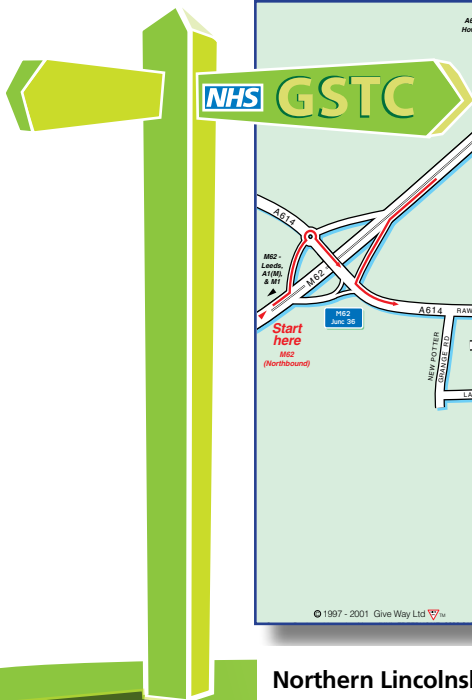
### **Goole & District Hospital**

PALS Administration Manager 01724 290172

or by email: [pals@nlg.nhs.uk](mailto:pals@nlg.nhs.uk)

# Contact Number:

## Ward 6 - Goole: 01724 290030



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