A close-up photograph of a middle-aged man and woman embracing. The man is on the left, wearing a blue shirt, and the woman is on the right, wearing a red sweater. They are both smiling warmly. The background is a soft, out-of-focus orange and yellow gradient.

# **A Patient's Guide to TURP – Your Prostate Operation**

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**This booklet is intended to help you understand your prostate and  
what your operation will involve**

This is a booklet for men who are either considering treatment, or are due to be treated, for troublesome urinary symptoms by TURP (TransUrethral Resection of the Prostate). It also provides useful advice and information for their families. This book is one of a series that also contains relevant information on prostate cancer and its different treatment options. These books may be viewed and downloaded from the website: [www.prostatecancercentre.com](http://www.prostatecancercentre.com)

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# Contents

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<b>Introduction</b>	<b>1</b>
The Prostate Gland: What It Does and Where to Find It	1
Symptoms of Prostate Problems	2
<b>Coming into Hospital</b>	<b>4</b>
In Hospital	5
<b>At Home</b>	<b>8</b>
What Can You Do After the Operation?	8
Side-Effects and Consequences	11
Useful Website Addresses and Support Networks	13

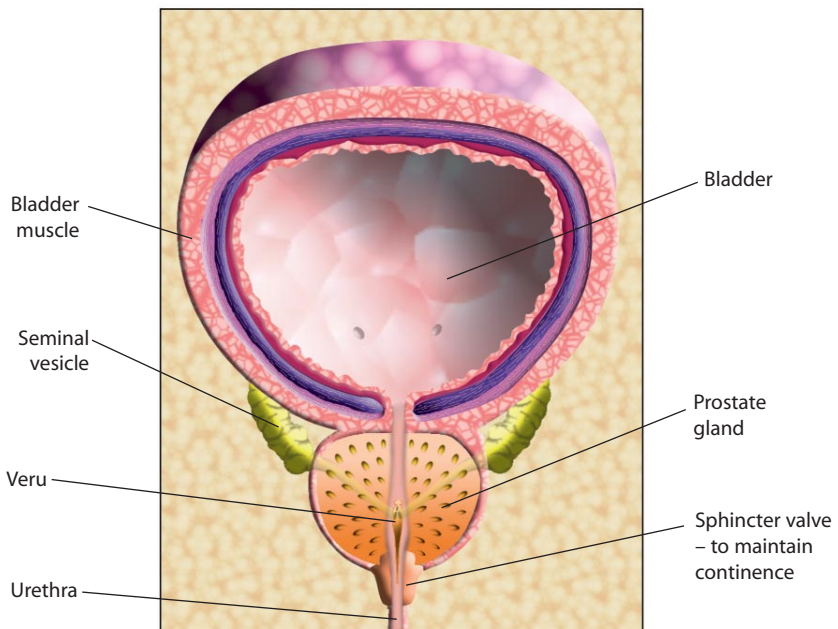
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# Introduction

## The prostate gland: what it does and where to find it



### Location of the prostate.

The prostate gland lies just below the bladder. Urine leaves the bladder, passing through the centre of the gland, and then through the sphincter muscle to enter the 'waterpipe' (urethra), to emerge at the end of the penis. The prostate makes much of the fluid you ejaculate.

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The ejaculate is made from the fluid stored in the seminal vesicles, sperm from the testicles and secretions from the prostate gland. At the time of orgasm, the fluid enters the urethra through 2 small holes in the veru, to be ejaculated by muscular contractions.

In younger men, the prostate is the size of a walnut. However, as men get older, the prostate can grow to the size of a small orange due to benign (non-cancerous) growth. This tissue is called benign prostatic hyperplasia (BPH). This may result in a narrowing of the urethra and outlet to the bladder, giving rise to symptoms you may have.

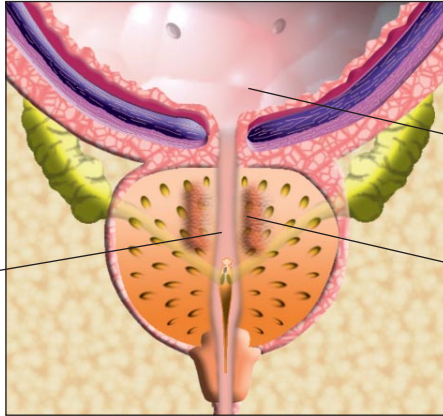
## Symptoms of prostate problems

These symptoms may include:

- getting up at night to pass urine
- passing urine more frequently during the day
- having to hurry to the toilet
- a delay before you can start passing urine
- a poor or interrupted flow
- a feeling that your bladder is not empty after you have finished passing urine
- dribbling, having passed urine

The operation involves removing the inner part of the prostate which was responsible for causing the narrowing in the urethra. The outer shell of the prostate is left behind.

**Figure of prostate anatomy, showing the cause of BPH.**

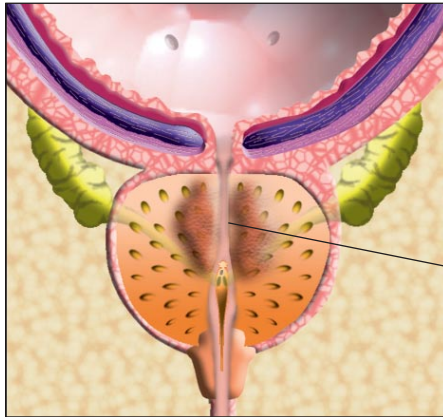


**EARLY BPH**

Bladder

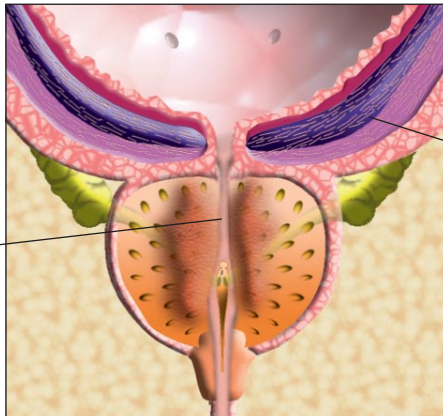
Enlargement of the prostate starts to constrict the urethra

Urethra



**MODERATE BPH**

Urethra becomes narrowed



**SEVERE BPH**

Thickened bladder wall due to obstruction of urethra

Urethra almost completely obstructed



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# Coming Into Hospital

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Normally, you will come to the Pre-Admission Clinic a week or so before your operation, where a member of the Urology Team will discuss your general health and carry out any necessary blood tests, heart traces and x-rays.



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## In hospital

### *On the day of your admission*

When you arrive on the ward, you will be seen by a member of the nursing staff and a doctor.

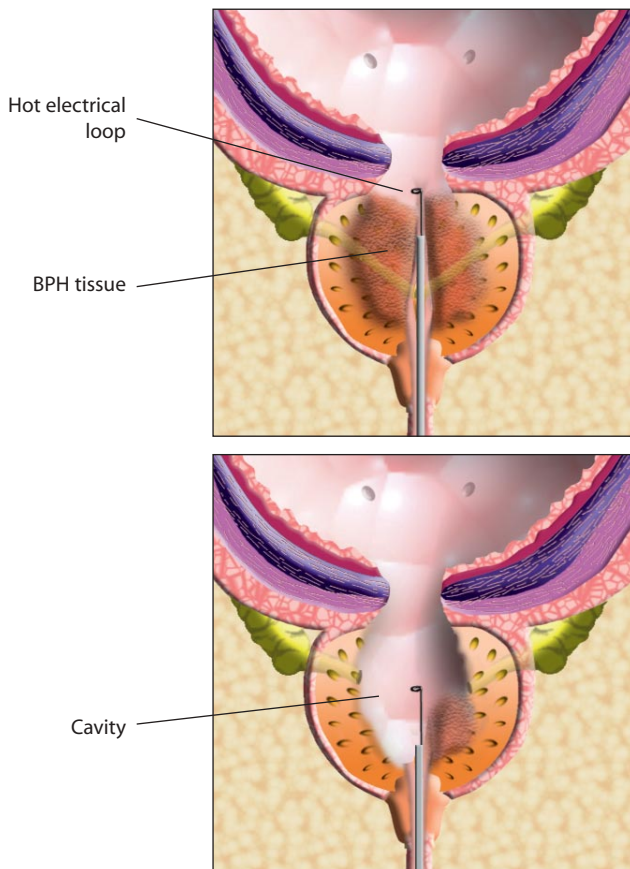
IT WOULD BE HELPFUL IF YOU COULD BRING ALL YOUR CURRENT MEDICATIONS WITH YOU.

Other items that you will need to bring include a wash bag, dressing gown, pyjamas and slippers. Please leave any valuables at home.

### *Your operation*

You will be asked to stop eating and drinking at least 6 hours before your operation. The operation will be performed with you either asleep (under a general anaesthetic) or awake and numb from the waist down (a spinal anaesthetic). The anaesthetist will decide which will be best for you and may visit you before the operation to discuss this with you.

The operation, which is called a **TURP** (TransUrethral Resection of the Prostate), involves passing a narrow metal telescope up your urethra through the penis. The inside of the prostate gland is cored out, using either a hot electrical loop or a laser. The pieces removed are sent off to the laboratory to be examined under a microscope. The operation takes about an hour, although you will be in the operating department longer than this, recovering from the anaesthetic.



**In a TURP:  
the inside of  
the prostate  
gland is  
cored out,  
using a hot  
electrical  
loop...**

**...leaving a  
cavity that  
subsequently  
heals and re-  
lines itself  
over 4-6  
weeks.**

At the end of the procedure, a tube (catheter) is left in the bladder, coming out through your penis. It has two tubes connected to it: one allows fluid in, to continuously wash out the bladder, and the other is an outflow for this fluid. After the operation, the bladder will continue to be washed out whilst you are on the ward and you will notice that the fluid coming down the catheter tube is bloodstained. You may also notice blood on the outside of the catheter and at the penis tip. You do not need to



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worry, as this is quite common following surgery to the prostate.

Some patients feel that they need to pass urine when the catheter is in place. This is because the bladder tries to expel the catheter, but this sensation should pass within a few minutes. However, if this is troublesome, please let your nurse know and you can receive medication for this. Occasionally, a small blood clot can block the catheter and therefore if you feel your bladder is full, please let a nurse know.

The operation is usually painless. However, if you do experience any discomfort, let a nurse or doctor know and you will be given some painkillers.

### ***The days in hospital following your operation***

The day following surgery, a blood sample will often be taken to check you are not anaemic. A small number of men (about 7%) will require a blood transfusion. Usually, the day after your operation the fluid washing out the bladder will be stopped. You will be required to drink 2-3 jugs of water to flush through your bladder. 1-2 days later, your catheter will be removed. This is a painless procedure and will allow you to pass urine normally. We will check that you are able to pass your urine satisfactorily by performing a scan of your bladder on the ward. You can expect to be discharged home 3-5 days after the operation.

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# At Home

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## What can you do after the operation?

- You will need to keep your fluid intake up for the first week at home. Drinking plenty of fluid will help produce more urine, which will wash away the blood and stop infection.
- A diet of fresh fruit, vegetables and other high fibre foods is recommended. This will help to avoid constipation. Try to avoid straining when opening your bowels, as this may cause the internal wound to bleed.
- Avoid caffeinated drinks (i.e. tea, coffee and cola) for the first 4 weeks after the operation, as these may aggravate urinary frequency and urgency.
- You may wash, bathe and shower as you would normally.
- You should continue with any medication your doctor has given you unless told otherwise. Patients taking aspirin may be asked to stop taking this for two weeks before and two weeks after surgery. If you have been given a course of antibiotics, make sure you take all



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the tablets as instructed. This will help to ensure that any infection does not recur.

## **Common post-operative events**

### **a) Bleeding**

The urine will clear after a few days, but it is common to see more blood in the urine 7-14 days after surgery. This is due to small clots in the prostate peeling away and is all part of the normal healing process. Drink plenty of water to flush the system. If you notice heavy bleeding or blood clots which block your flow of urine, you should contact either your GP or the ward staff for advice.

### **b) Infection in the urinary tract**

An infection in the urinary tract may occur and result in a burning sensation when you pass water, smelly or cloudy urine, or an increase in frequency/urgency (your need to go to the toilet). If you have any of these symptoms, you should contact your GP or the hospital ward, who will arrange to test your urine and prescribe antibiotics, if necessary.

### **c) Urinary frequency**

After your prostate operation, there is a healing area where the bladder joins onto the prostate and this can make the bladder irritable. Most men find they regain full control of their urine flow very quickly after the catheter is removed. Others find it may take several days, or even weeks, for their 'waterworks' to settle back to normal. Frequent visits to the toilet during the day and night and a need to go to the toilet urgently are also common, but will slowly settle down over the following weeks. If frequency is

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a problem, you should continue to avoid drinks which contain caffeine and also fizzy, sugary drinks like lemonade. Medication can also be prescribed to relieve frequency, if required.

### **Activities**

Although you have no visible external scar, you have had a significant operation internally and you need to take things gently. You may find that you are quite tired for the first few days at home, but it is important to walk about as much as you feel able to. You should aim to increase the amount you do until you are back to normal after 4-6 weeks. When you return to work depends on what you do: light office work may be resumed after 2-3 weeks, heavier manual work should not be re-started for 4-6 weeks.



You must not drive for **1 week** after your operation. It is not the operation that makes this unsafe, but because the anaesthetic can make your reactions slower. Before driving, you should practice performing an emergency stop with the engine turned off, to ensure you do not suffer any discomfort.

Sports such as golf and swimming may be resumed after a month or so. You should avoid any vigorous activity, such as digging or lifting, for up to 6 weeks after the operation.

You should avoid having sexual intercourse for 2-3 weeks after the operation, as this may cause the internal wound to bleed. After this time, you should

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be able to resume normal sexual activity. Some men do experience a drop in their desire to have sex, but this is not unusual. It is nothing to worry about and will return when you have recovered. Erections cannot be avoided, especially at night, and will do no harm.

Alcohol may be consumed in moderation after you have been discharged from hospital.

## **Side-effects and consequences**

The majority of patients are delighted with the results of the surgery and have no problems following a TURP. It is important, however, that you are aware of some possible consequences of the surgery, so that you are able to make an informed decision.

### ***a) Retrograde ejaculation***

One consequence of the operation is a 'dry orgasm' (retrograde ejaculation). This occurs in about 65% of men who have a TURP. When you ejaculate, the semen will be directed backwards into the bladder instead of coming forward through the penis. This is not harmful and you pass the semen in your urine (which may be cloudy as a result). Your sex drive and orgasm will be unchanged after you have recovered from the operation.

### ***b) Urinary catheter***

Occasionally, it is necessary for some patients to go home with a catheter after the operation. This will be removed 10-14 days after you have been discharged home from hospital, once the prostate has healed.



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### **c) Erectile dysfunction (impotence)**

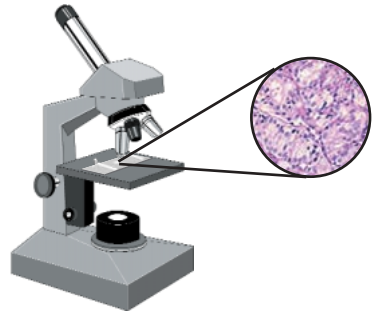
If you have had normal erections before the operation, once you have got over the effects of the surgery, your erections should return. If you are having difficulties with your erections, most men will respond to medication like Viagra. If you did not have satisfactory erections before, then it is unlikely that the TURP will improve the situation.

### **d) Bladder neck scarring/prostate regrowth**

Occasionally, as the prostate heals, it can cause a narrowing of the 'waterpipe' again. This occurs in less than 5% of patients who undergo a TURP and is correctable by surgery. As the prostate does not stop growing after a TURP, some patients may require another TURP. However, only 15% of men will require further prostate surgery within 15 years of their first TURP.

### **e) Cancer**

A TURP is usually carried out for benign (non-cancerous) enlargement of the prostate. Occasionally, cancer is picked up when we examine the tissue removed under the microscope. When we see you in the Outpatient Clinic, we can discuss whether any treatment is required.



**IF YOU HAVE ANY QUESTIONS AT ANY STAGE,  
PLEASE DO NOT HESITATE TO SPEAK TO EITHER THE  
NURSING STAFF OR ONE OF THE DOCTORS WHO  
WILL VISIT YOU ON THE WARD.**

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## Useful website addresses and support networks

### **The Continence Foundation**

*'For people with bladder and bowel problems.'*

[www.continence-foundation.org.uk](http://www.continence-foundation.org.uk)

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### **The Prostate Cancer Centre**

*'Providing a single point of referral to specialists at the forefront of the treatment of localised prostate cancer.'*

[www.prostatecancercentre.com](http://www.prostatecancercentre.com)

Mr John Davies - Cryotherapy and high intensity focused ultrasound (HIFU).

Mr Christopher Eden - Laparoscopic radical prostatectomy.

Professor Stephen Langlely - Brachytherapy.

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### **The Prostate Cancer Charity**

*'Prostate cancer is our sole concern.'*

[www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)

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### **The Sexual Dysfunction Association**

*'To help sufferers of impotence (erectile dysfunction) and their partners.'*

[www.impotence.org.uk](http://www.impotence.org.uk)

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### **The Prostate Project**

*'A local charity promoting male health.'*

[www.prostateproject.org](http://www.prostateproject.org)

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THE  
PROSTATE  
PROJECT  
FOUNDATION



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