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# Prostate Operation

*(Trans-urethral Prostatectomy) (page 1 of 4)*

## Pre-Operative Assessment

You may be asked to attend the Preoperative Assessment Unit for an appointment. The purpose of this visit is to assess your fitness for the operation and to arrange for various tests to be done before your operation.

Please bring the following with you to the pre-admission clinic:

- a urine sample
- a list of your current medicines, with the dosage and how often they are taken (or you can bring the medicines with you).

Also, please make sure you have read this leaflet and noted down any questions you may have, so that you can ask the nurse at the clinic.

## What happens when I come to the hospital?

You will be welcomed to the Surgical Admission Lounge by one of the nursing team who will explain to you what will happen next.

## About the operation

Your doctor has suggested that you have a transurethral resection of prostate (TURP). This is an operation to remove some of an enlarged prostate gland. The operation can be done under a general or spinal anaesthetic depending on your general health. A spinal anaesthetic means having a small injection in your back to numb the lower half of your body so that you cannot feel anything. The operation may be projected on to a screen and you may watch it if you wish. The anaesthetist will see you before your operation and discuss the anaesthetic with you.

## What is the alternative to this operation?

Your surgeon will have discussed all the treatment options with you in the outpatient clinic and explained why this operation has been suggested. If you have any queries about this operation please discuss them with your surgeon or your GP.

## When do I stop eating and drinking?

You should have nothing to eat for six hours before your operation, but you may drink clear fluids until two hours before.

## What can I expect when the operation is over?

After a TURP operation you will have an intravenous infusion or 'drip' in  
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your arm to replace any fluid lost during the operation. You will have a tube called a catheter which drains the urine from your bladder and collects it in a bag which hangs on the side of your bed. Connected to the catheter will be a tube which allows fluid to be dripped into the bladder; this is called an irrigation set and will be used to flush out the bladder continuously, removing any clots and debris and preventing the catheter from blocking. The fluid draining into the bag will be very red, as it will contain some blood. This is quite normal.

## **Will it hurt?**

It is quite normal to have some discomfort and pain relief is always available.

## **How long before I can eat and drink?**

You may have fluids as soon as you can tolerate them without feeling sick, and you can start eating when you are tolerating fluids well. You will be eating and drinking normally later in the day of your operation. We encourage you to drink at least two to three litres of fluid a day.

## **When can I get out of bed?**

You will be encouraged to start moving as soon as possible and will be up and about within 24 hours.

## **When does my drip come out?**

As soon as you are drinking normally.

## **When does my catheter come out?**

As soon as your urine is clear and free from clots. This will be between 12 and 36 hours after your operation.

## **When can I go home?**

As soon as you are passing urine normally after your catheter is removed. This is usually one or two days after the operation.

## **Discharge advice**

### Physical activity

You need to avoid heavy lifting and strenuous exercise (such as golf, digging, mowing the lawn) for four to six weeks after the operation. The reason for this is that although there is no external scar you have an internal wound which needs time to heal. Gentle exercise such as walking will be beneficial.

### Driving

We advise you not to drive for at least two weeks or until your urine is clear of blood.

### Work

You can return to work two to three weeks after your operation unless your work involves heavy lifting, in which case you will need four to six weeks off.

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## Sex

You can resume sexual intercourse two or three weeks after your operation when you feel comfortable.

## Bathing

You can bath or shower as often as you like.

## Bowels

Avoid constipation by eating a high fibre diet (i.e. plenty of fruit and vegetables). This is important as straining to open your bowels can cause further bleeding since the prostate bed is close to the back passage.

## Fluid intake and urine output

You may experience blood in your urine 10 -14 days (sometimes longer) after your operation. This is due to the scabs coming off the prostate bed. When this occurs increase your fluid intake to flush the blood through (2-3 litres a day will be necessary). If the bleeding continues for more than 48 hours contact your GP.

At other times drinking about 1 - 2 litres (8 -1 0 mugs) will be sufficient. Alcohol may be taken in moderation.

You may need to pass urine more often than usual; this should resolve itself in time. If you were getting up at night to pass urine you may continue to do so for several months.

## **Is there anything I should look out for?**

Urine infections are not uncommon and you may feel quite unwell. If you have any of the following symptoms please contact your GP:

- shivering attacks
- flu-like symptoms
- low back-ache
- cloudy or smelly urine
- a burning sensation when passing urine.

A specimen of your urine will have been taken before you go home. If an infection is present you may need a course of antibiotics. If you are given antibiotics please send another specimen of urine to your GP (ask for specimen pot from the surgery) 2 days after finishing the course of tablets.

You may experience some dribbling of urine after your catheter is removed. This often settles quickly but can continue for some months. If it becomes troublesome contact your GP's surgery or speak to the Community Nurses.

Occasionally it may be necessary for you to go home with a catheter in place for a few weeks after the operation. While on the ward you will be shown how to look after the catheter and arrangements will be made for the Community Nurse to contact you at home to provide help and advice.

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## Common possible complications after this operation

**Retrograde ejaculation** - This means that during orgasm, the sperm goes backwards into the bladder rather than out of the penis as normal. The sensation of orgasm is changed a little after the operation.

**Fertility** - Because of retrograde ejaculation most men are infertile after this operation. However do not rely on this as an effective contraceptive.

**Erectile function** - Impotence occurs in about 10% of patients having a TURP. If you already have problems getting an erection it is likely to be made worse.

**Urinary tract infection** - This may occur after you go home and will need to be treated by your GP. A urine sample will be taken while you are in hospital and the results sent to your GP.

**Bleeding** - Although the urine might be clear of blood for a few days after the operation, blood in the urine is common 10-14 days after the operation and is known as secondary haemorrhage. This is nothing to be alarmed about unless you are having difficulty passing urine.

**No symptom improvement** - About 75% of patients find their symptoms are much improved to their satisfaction. The remainder of patients may not be entirely satisfied with their symptoms. There are a number of reasons for this and if there are any problems these will be explained by a member of the Urology Team.

## Uncommon possible complications

**Stricture Formation** - This is a scar resulting from the operation, which narrows the urethra and makes your urine flow slow. If this occurs you should speak to your GP.

**Unexpected finding of prostate cancer** - after analysis of the prostate gland that is sent to the laboratory, a small number of patients will be found to have prostate cancer. It is not always possible to detect cancer before the operation.

If this does apply in your case, you will be informed of the results, and further treatment will be discussed with you by a member of the Urology Team.

**Incontinence** - This occurs in a small number of patients and may only be a temporary problem. Advice and practical management will be given by the ward staff, Community Nurse or the Continence Nurse Specialists. Incontinence pads may be purchased from most chemists should they be needed.

## Where can I get further information?

We will tell your GP of your discharge from hospital but he or she will not automatically visit you when you go home. If you need any further advice you can contact:

Downton Ward, 01722 336262 ex 2547

Urology Specialist Nurses - Daphne Phillips, Kate Chadwick, Jonathan Borwell, Sandie Townsend, on 01722 336262 ext. 4866

Elizabeth Rice, Karen Redgrove, Sandy McNeilly, Continence Nurse Specialists, Central Health Clinic, Avon Approach. Salisbury, SP1 3SL . Tel: 01722 323196.

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