Transurethral Resection of the Prostate Gland (TURP)

Introduction

It is normal to have questions about your surgery. This handout gives you information about what will happen to you before, during and after your surgery. If you still have questions, ask your nurse or doctor for more information.

General Information About Surgery

Before Your Surgery

Before your surgery, a nurse will ask you questions about your health and your surgery. These questions may be asked during pre-admission testing, in your hospital room, or in the Ambulatory Surgery Unit.

Day Of Your Surgery

On the day of your surgery, a nurse will talk with you either in the Ambulatory Surgery Unit or in your hospital room. Your vital signs (blood pressure, pulse, temperature and breathing rate) will be taken at this time. Blood tests will be done, if needed. The nurse may put a needle into your vein (IV or Intravenous) to give you fluid. Dentures or partial plates, contact lenses, eyeglasses, hearing aids, and any other prothesis must be removed before going to surgery. Nail polish, make-up, jewelry, and hair clips also will be removed.

Your family will be allowed to stay with you until you go to the Pre-operative Holding Area. The nurse will answer any questions and tell your family where to wait while you are in surgery.

You will leave the Ambulatory Surgery Unit (ASU) or your hospital room on a cart. It is common to stop in the Pre-Operative Holding Area before going to surgery. While there, your anesthesiologist may talk with you. An IV will be started, if you do not already have one. Your hair will be covered with a paper hat, like the operating room staff wear.
During Surgery

All staff in the operating room wear special scrub clothes, caps, and masks. You will notice that the room has bright lights and is quite cool. Many pieces of special equipment and tables are set up with supplies and instruments.

A scrub nurse or operating room technician gets the instruments and supplies ready for your surgery. The staff will explain what will happen to you before they are done.

A nurse will be there to greet you and check your identification (ID) bracelet. You will be asked about allergies. Then you will be made comfortable on the operating room table. A safety strap will be put over your knees so you stay on the table. You will be covered with an extra blanket if you are cold and your arms may be tucked in at your sides or put on an arm board.

During your surgery your vital signs will be closely checked. Three leads used to monitor your heart will be put on your chest. They will be connected to a monitor that counts your heart rate. As the monitor counts your heart rate it makes a beeping noise. Your heart beat also may be seen on a screen. A small clip (pulse oximeter) is placed on your finger to measure your pulse and the amount of oxygen in your blood.

The time it takes for your surgery is estimated. Your surgery may take a longer or shorter time than you and your family were told. If your surgery takes longer than you were told, it does not mean that anything is wrong. Your family will be told how you are doing. After your surgery is over, the surgeon or an assistant will call or come to the waiting area to talk to your family.

After Surgery

After your surgery you will be moved on a cart and taken to the Post Anesthesia Care Unit (PACU). As you come out of anesthesia, a PACU nurse will watch you closely and will take your vital signs frequently. Your pulse and the amount of oxygen in your blood will be checked. If you need oxygen after your anesthesia, you will feel a tube on your face. When you first wake, up you may feel cold and you may shiver. This is normal if you have had general anesthesia. There will be other patients and a lot of activity and noise in the PACU. The nurse will try to wake you up during your time in PACU. If you have pain, ask your nurse to give you pain medicine.
When you are awake and your vital signs are normal, you will be taken to the Ambulatory Surgery Unit (ASU) or to your hospital room. Your vital signs, IV fluids and any drainage tubes and dressings will be checked. At this time, your family will be allowed to visit.

**Planning For Discharge**

Information on how to care for yourself at home and your medicines will be explained to you before you leave.

Before you go home, you should ask your doctor or nurse when you may do the following activities. Write in the answers in the spaces provided.

**When may I:**

- Climb stairs ________________
- Lift _____________________
- Do housework ______________
- Drive/ride in a car __________
- Take a shower / bath ________
- Have sex again ______________
- Go back to work ____________
- Go shopping _______________
- Do dishes _________________
- Do laundry _________________
- Vacuum ____________________
- Mow grass _________________
- Dig garden _________________
- Weed garden _______________
- Other _____________________
Information About TURP:

A TransUrethral Resection of the Prostate gland or TURP is a surgical procedure that decreases the size of the prostate gland.

The prostate gland is located just below the bladder. It surrounds the urethra, the tube that urine passes through as it leaves the body. The prostate gland makes the milky fluid that carries sperm. Enlargement of this gland, which often occurs as a man gets older, is called benign prostatic hypertrophy (BPH). A slight enlargement causes no problems. A problem develops when the prostate gets so big that it squeezes the urethra and makes the normal flow of urine out of the bladder difficult.

A TURP is done with an instrument called a resectoscope. Its name comes from the word resect, meaning to cut and scope, meaning to look through. The resectoscope is put into the urethra. The doctor looks through the resectoscope and uses a small wire to scrape away the enlarged prostate tissue. This opens the urethra so urine can flow more freely from the bladder.

Routine Care

When you return to your room after surgery, the nurse will continue to check your condition. This will include your vital signs (blood pressure, temperature, heart and respiratory rate). Blood tests may be done to monitor your blood, urine and kidney function.
Care Of Your Catheter

- You will have a catheter, which is a thin tube that goes through your urethra and into your bladder. It provides a channel for the urine to pass through while you are healing. Your bladder will be rinsed out to remove any blood clots that might block the catheter. This is called continuous bladder irrigation. This irrigation will continue until your urine is clear of blood, usually in 1-4 days.

- Drink at least 8 cups of fluids a day to keep your urine clear.

- The nurse will check your catheter to make sure that it is functioning normally.

- Be careful not to pull on the catheter, especially when you get in and out of bed and walk.

- A nurse will show you how to clean around your catheter with soap and water. Clean around your catheter twice a day until it is removed. This helps prevent infection. It also will keep a crusty build up from forming around your catheter.

- The bag collecting the fluid from your catheter will be emptied at least every eight hours.

- While the catheter is in place you may have a feeling of pressure or bladder fullness.

- The first time you pass urine after the catheter is removed, a feeling of burning may occur. This often happens, but this burning will soon go away as healing takes place.
Fluid And Food
An IV will be placed in your arm or hand before surgery. It will provide you with fluids until you are able to drink the amount that you need each day. Regular food will be added to your diet when you can tolerate solid food.

Activity
You should be as active as possible both in and out of the bed. The nurse will help you get out of bed and walk around, probably on the same day as your surgery. Your IV and catheter will need to go with you. Walking 3-4 times a day and taking deep breaths will help you recover. Your nurse will show you how to cough and deep breathe properly. Do this every hour while you are awake to decrease the risk of lung infection.

Pain Control
You may have some pain while you are in the hospital. Pain medicine may be given through your IV or taken by mouth. Ask for the pain medicine when you need it. You may not be completely free of pain, but you should be comfortable. Only you know if you are comfortable or in pain.

Feelings About Surgery
Some men are concerned about their sexual function after this surgery. A TURP usually does not affect a man's ability to have an erection or orgasm. You should be able to enjoy sex as much as you did before surgery. Your doctor will tell you how long to wait after surgery before you resume your normal sex life.
After prostate surgery, however, most men do not eject semen during orgasm. The prostate gland cannot close off the opening to the bladder. The semen then goes backward into the bladder instead of forward through the end of the penis. Sperm cannot be ejected for pregnancy to occur. If you are planning to have children, talk to your doctor before surgery. Otherwise, sperm in the bladder is not harmful.

Home Care

- After you are home, you may notice a slight pink color in your urine. Slight bleeding may occur on and off for several weeks. Tell your doctor about this when you come for your appointment.
- Call your doctor if:
  - Your urine becomes bright red
  - You pass clots in your urine
  - You cannot pass much urine
- Drinking plenty of fluids can help prevent problems.
- Some men have difficulty controlling their urine after surgery. This may last for a few days, weeks, or months, but it will often improve with time. If it is very bothersome, let your doctor know. You also may pass your urine more often, like you did before surgery. This also will improve as you begin to heal.
- You may have to take some medicines for a while. A stool softener may be needed to make your bowel movements easier. This prevents straining that could cause bleeding. Some men may need to take antibiotics to prevent infections.
- Your doctor will give you specific information about returning to normal activities.