


Urology

Rockhampton


TURP TRANS URETHRAL RESECTION OF THE PROSTATE




MATER HOSPITAL
Rockhampton QLD 4700
ROCKHAMPTON UROLOGY

Dr Antonio Vega Vega
M.B.B.S., PhD, FRACS (Urol)
UROLOGIST

Ph: (07) 4931 3324
Fax: (07) 4931 3360



FRACS
Fellow of the
Royal Australasian College of Surgeons



UROLOGICAL SOCIETY OF
AUSTRALIA AND NEW ZEALAND

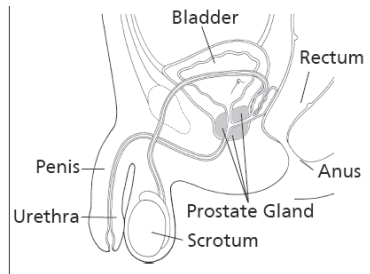
The information contained in this booklet is intended to assist you in understanding your prostate and what your operation will involve. Some of the information may or may not apply to you. Feel free to discuss any issues and questions you may have about your surgery with the medical and nursing staff looking after you.

WHAT IS THE PROSTATE GLAND?

The prostate gland **lies** below the bladder between the pubic bone and the rectum, and in shape like a doughnut with the urethra running through the hole in the centre of the gland. The urethra is the tube which carries urine from the bladder to the end of the penis. The normal role of the prostate gland is to produce secretions that help to nourish the sperm.

The prostate reaches his adult **size**, walnut size, by age 20. Typically growth stops at this time, then begins

again at about age 45 and continues throughout life. By the age of 60 enlargement of the prostate gland occurs in one in ten men and becomes more common as age increases. Since it surrounds the urethra, the increasing size of an enlarged gland can constrict the urethra making it difficult to pass water



WHAT CAUSES POSTATE PROBLEMS?

Middle aged and elderly men often experience slowly increasing urinary obstruction. This can occur from different causes and more than one cause can be present in an individual problem.

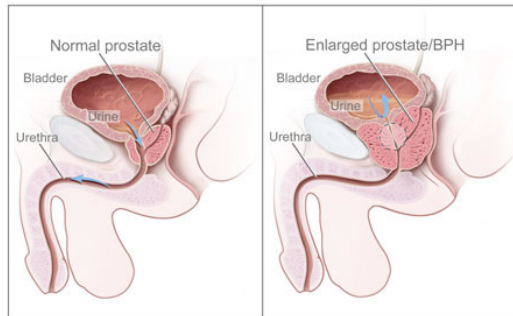
BLADDER NECK RIGIDITY

This can start early in life and progress slowly over 20-40 years. Elasticity is lost in the bladder outlet and becomes increasingly difficult for the bladder muscle to pull the outlet open

BENIGN (NON-CANCEROUS) ENLARGEMENT

This usually starts about middle age and progresses slowly over 20 years. The degree of obstruction bears little relation to size and is more dependent on loss of bladder neck elasticity. Symmetrical balls of muscle tissue (adenoma)

grow beneath the lining of the urethra as it passes through the prostate. They grow inside the prostate, expanding it and compressing the urethra.



MALIGNANT (CANCEROUS) ENLARGEMENT

Cancer becomes common in the prostate with increasing age. When it does become malignant, it can be adequately treated by surgery, hormonal therapy, radiotherapy or a combination of these.

SYMPTOMS OF PROSTATE PROBLEMS

These symptoms may include:

- Straining/difficulty or a delay to start urination
- Slow urine flow, poor or interrupted urine stream.
- Stopping and starting (hesitancy) while urinating.
- Increased frequency of urination both day and night.
- Waking frequently at night to urinate (nocturia).
- Difficulty postponing urination (urgency)
- A feeling that your bladder is not empty after you have finished passing urine (incomplete emptying)
- Residual dribbling after the bladder has been emptied.

WHAT TREATMENTS ARE AVAILABLE FOR PROSTATE ENLARGEMENT?

Can be treated in a number of ways depending on the severity of the symptoms.

WATCHFUL WAITING

Many men are willing to tolerate the symptoms of BPH if they have been fully informed about the pros and cons of all treatment options. This option is only suitable for men with mild disease and no complicating factors.

MEDICAL MANAGEMENT, DRUGS

Drugs available are alfa blockers (Pressin, Flomaxtra) or 5 alpha reductase inhibitors (Avodart, Proscar). Medical treatment may

at a later date no longer help and symptoms may return. If medical methods are unsuccessful the urology consultant may advise surgery to the prostate gland. Prostate tissue is removed to enable you to pass urine more easily and relieve the symptoms you are having.

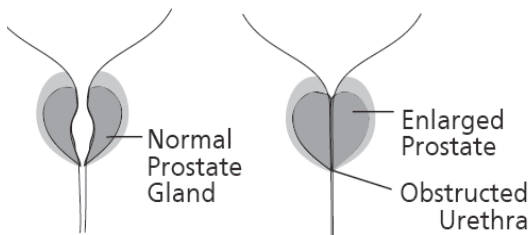
TRANS-URETHRAL METHODS

Many techniques have been tried over the years to relieve the obstruction from an enlarged prostate, such as: prostatic stents, hyperthermia treatments, laser treatment, trans-urethral needle ablation and hypothermia treatment. Many of these methods are not suitable for the majority of men or produce a limited improvement in symptoms.

TURP (Trans Urethral Resection of the Prostate) remains the “gold standard” operation for treatment of benign hypertrophy of the prostate and is used in about 80-90% of prostate surgery cases.

OPEN SURGICAL METHODS

When the prostate is very big, trans-urethral methods are unable to remove the prostate efficiently and an open operation could be necessary. The prostate is accessed through a 10 cm incision of the lower abdomen.



TURP (TRANS URETHRAL RESECTION OF THE PROSTATE)

EXPECTATIONS/BENEFITS

Although patient symptoms pre-operatively vary, the expected outcome of this operation should be:

- An improvement in the flow of urine
- -A reduction in the frequency and urgency of passing urine.
- A reduction in the number of times a patient gets up to pass urine at night.
- The removal of a permanent indwelling urethral catheter (if one is placed preoperative)

It is important to note that these symptoms may have taken years to develop and may therefore take several months to settle down completely after the operation..

CONSENT AND RISKS

A consent form is a legal document, recognizing your willingness to proceed with the intended treatment You are required to sign a consent form for the operation once you fully understand the reason for the operation and the risk involved.

All the operations have risks associated with them. All risks should be discussed with your doctor. You should understand the procedure and any available alternative treatment discussed.

Your local doctor may also be able to answer your question.



RISKS

INCONTINENCE (LEAKING OF URINE)

Less than 1% (1 in 100) of all men undergoing TURP experience continuing problems with incontinence after the operation. Some men experience continuing frequency, urgency or urge leakage after TURP due to an unstable or sensitive muscle which contracts the bladder. This muscle can become enlarged and irritable before TURP, as it tries to push the urine out passed the blockage caused by the enlarged prostate, medication may be of help in this instance.

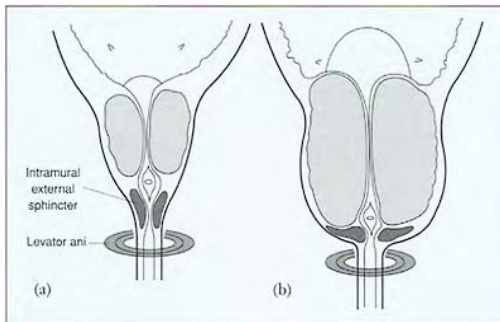
IMPOTENCE (INABILITY TO HAVE AN ERECTION)

The latest research findings have shown that 14% (14 in 100) of men undergoing TURP will experience problems achieving an erection after the operation. If you decided to have this operation and this becomes a problem afterwards, please mention at your follow-up appointments. We can offer advice and treatments. Do not suffer in silence.

RETROGRADE EJACULATION (THE EJACULATE GOES BACKWARDS INTO THE BLADDER).

During this operation, the sphincter (valve) that stops the ejaculate going backwards into the bladder may be damaged. This occurs in 90% (90 in 100) of men undergoing TURP and is a permanent condition. During intercourse and climax, the majority of

the ejaculate (semen) goes backwards into the bladder. This is because at ejaculation the seminal fluid takes the line of least resistance, passing back into the bladder to mix with the urine. It will remain in your bladder until you next pass water, when it will be passed out with your urine. This does not do you any harm, however, it can affect your enjoyment of sex and can feel rather odd. It can also have the effect of preventing you from fathering children although it should not be used as a form of contraception, as there is always a risk of some of the ejaculate coming out in the usual way.



BLEEDING

Most surgical operations carry a risk of bleeding. We will take a sample of blood and save the specimen, in order to be able to give you a blood transfusion if excessive bleeding occurs during or after surgery, although the risk is low.

PERFORATION

There is a small risk that the surgeon could make a hole in the capsule of the prostate. If this occurs, urine could potentially leak in

the pelvis. If this occurs then the catheter is left inside until the hole has had time to heal.

INFECTION

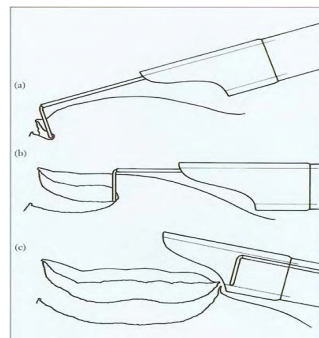
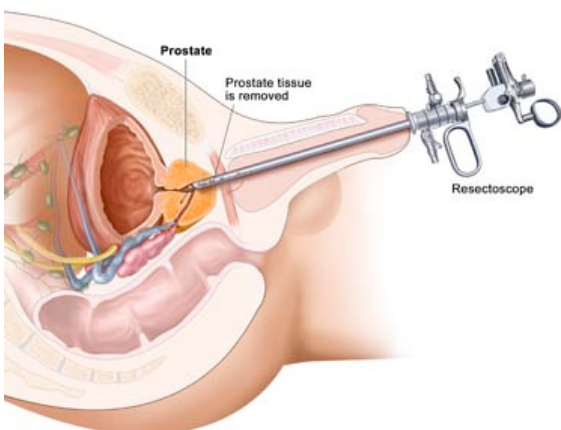
Introducing anything into the bladder carries the risk of infection, no matter how sterile the procedure. Signs of infection are frequency and severe burning on passing urine. A raised temperature may well accompany these symptoms. You may feel the need to pass urine, even when there is no urine in your bladder. If infection occurs during your stay in hospital, you will be treated with antibiotics. If you experience all or some of these symptoms after discharge and they persist, please see your GP urgently to be assessed.



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). If you take Aspirin or Warfarin or any other blood thinner, these must be stopped one to two weeks prior to surgery.

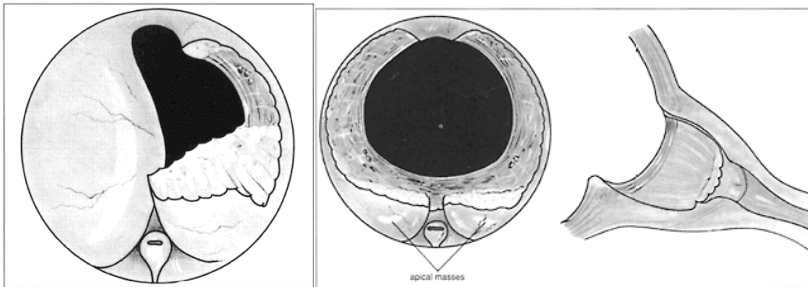
The operation, which is called a **TURP** (Trans-Urethral Resection of the Prostate), is the removal of the part of the prostate gland which is blocking/obstructing the urethra (water pipe), by use of a narrow metal telescope up your urethra through the penis. We pass a tiny metal telescope (Resectoscope) up your urethra through the penis and remove or shave (re-board) most of the prostate gland in small pieces. These pieces are washed away and sent off to the laboratory to be examined under microscope.



Cutting a chip:

The operation takes about an hour, although you will be in the operating department longer than this, recovering from the anaesthetic. Most patients remain in hospital for a period of 3-5 days after the operation.

There are no abdominal incisions and therefore no external scars. However, as the prostate can therefore re-grow, it is important to note that if this happens, you may need to undergo the operation again in 8-12 years time.



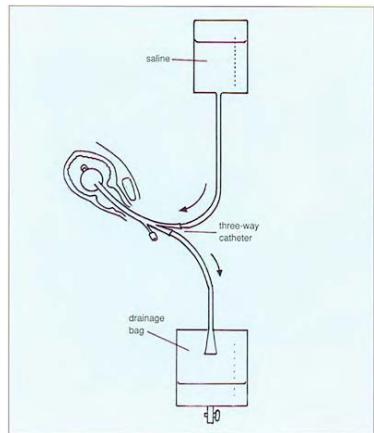
AFTER THE OPERATION

As you recover from your anaesthetic, you will find a plastic tube (a catheter) coming from your penis and draining into a plastic bag beside your bed. This catheter is a tube to drain your bladder, it is held in place by an internal balloon which prevents it from falling out. The catheter 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.

Your urine may be quite bloody after the operation and this is quite normal. The prostate had thousands of tiny blood vessels supplying it. Although cauterization (sealing) of the blood vessels occurs during surgery as the prostate is cut away in order to stop the bleeding, it is impossible to cauterize all of these.

You may also notice blood on the outside of the catheter and at the penis tip. You do not need to worry, as this is quite common following surgery to the prostate.

For the first 12-18 hours after the operation, the catheter will have irrigation fluid going into it in order to wash the bladder out and prevent blood clots blocking the exit of the bladder. When the urine starts to clear the irrigation will be stopped. You will be required to drink 2-3 jugs of water to flush through your bladder. The catheter is usually removed 18-24 hours later. This is a painless procedure and will allow you to pass urine normally. You will then stay until we are sure that you are passing your urine with a reasonably good flow. Nursing staff on the ward will scan your bladder with an ultrasound scanner (this is complete painless), in order to ensure that you are emptying it properly.



You may experience some frequency and urgency once the

catheter is out which may make it difficult to control urination at first. This usually settles down within a few weeks. It is important to practice pelvic floor exercises which help strengthen and tighten up the pelvic floor muscles which help you to hold on to your urine. A leaflet explaining these exercises may have been given to you at the pre-admission clinic or you can request one from the Urology Nurse. In the unlikely event that you fail the trial of void, and are not able to pass urine independently, a smaller more flexible catheter is re-inserted. You can still be discharged but you will need to come back to do another trial of void after 1 or 2 weeks.

ON THE HOSPITAL WARD

Complications or problems after surgery are rare, but you may experience some of the following signs and symptoms:

PENILE PAIN

The pain is likely be coming from the catheter. If pain persists, the doctor can prescribe a gel to numb the area to be applied locally to the urethral surface.

BLADDER SPASM

This may be acute, spasmodic, lower abdominal pain. It is caused by irritation from the balloon which secures the catheter in position. Securing the catheter to the leg to prevent pulling will aid comfort. However the doctors can also prescribe an anti-spasmodic drug.

BLEEDING

The prostate gland has a rich blood supply and bleeding can occur. The nurses will be continuously monitoring your blood pressure and pulse rate. Your urine will look red at first but will gradually become lighter in colour. It is important for you to drink plenty to help you urinate clear and prevent the catheter from blocking. If your catheter does block, you may feel that you want to pass urine. A bladder washout can be performed which involves introducing a sterile fluid into the bladder to relieve the blockage. However, if after this procedure your catheter is still not draining, it may be changed by the doctor.

INFECTION

Your temperature will be monitored regularly and a rise after surgery might be a sign of infection. Urine will be sent for testing and you may be prescribed an antibiotic.

CONSTIPATION

This may be due to you being afraid to strain with the catheter. A high fibre diet is encouraged and a laxative may also be prescribed.



If you experience any of the above signs and symptoms inform your nurse immediately so that the doctors can be notified as soon as possible.

AT HOME

On discharge from the hospital you should try to arrange for an adult to be with you for the first 24 hours following your surgery. If this is not possible, please ensure that the nursing staff are aware.

When your return home, you should take things easy for a few weeks. It is common to feel tired and low which is natural and will soon pass.

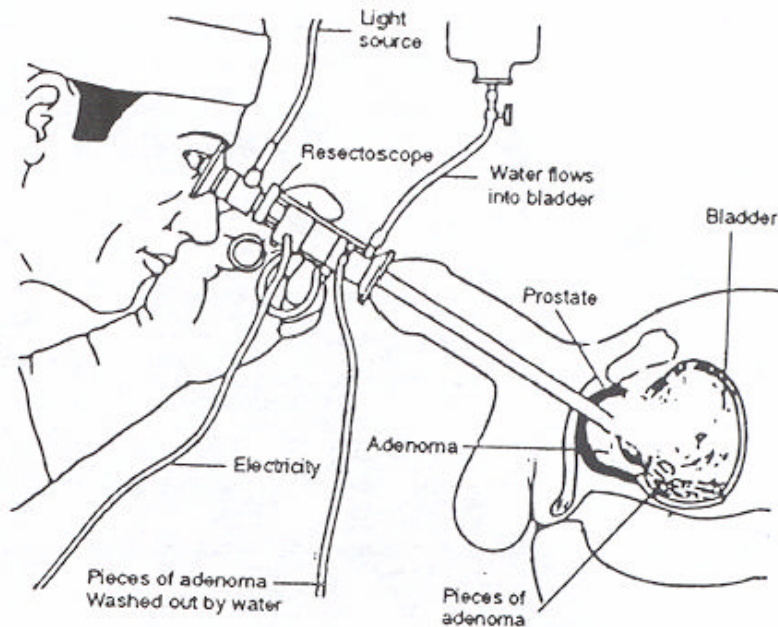
If you feel that something is not right, call your GP. During your recovery, you may experience the following symptoms.

BLEEDING

Approximately 2 weeks after the operation, the internal scabs on the prostate come away and you will experience some bleeding. This may occur periodically for up to 3 months after the operation.

It is advised that you drink at least 2 litres of fluid a day to flush out and dilute the urine. However if the bleeding becomes heavy and clotted, there may be a risk that a clot will block the exit of the bladder and you would not be able to pass urine. Please, contact your GP if you are concerned or go to the nearest Emergency Department.

You will also need to drink approximately 2 litres of fluids (8 to 10 glasses per day) after the operation whilst in hospital and for about 3-4 weeks after you go home. This will ensure that any debris in your bladder is washed out and will also enable you to pass good volumes of urine.

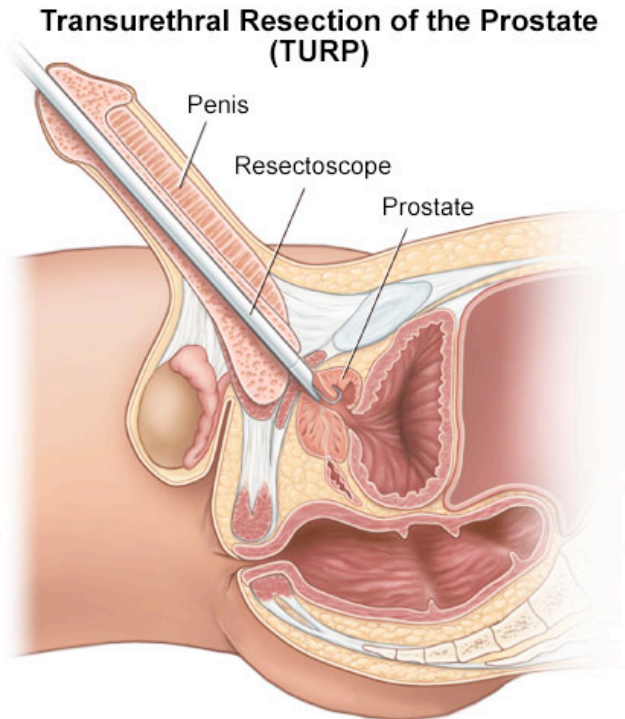


INCONTINENCE

Frequency and urgency can take up to 6 months to settle. There may be some leakage of urine either at coughing or sneezing which is due to surgery. In this case, pelvic floor exercises help. If this continues to be a problem, this should be addressed in the follow up.

CONSTIPATION

Food high in fibre is advised including fruit and vegetables to avoid constipation. Constipation leading to straining may cause internal wounds to bleed due to the increase of the pressure on your prostate.



DAILY LIVING

You may wash, bathe and shower as you would normally

DRIVING

Do not drive for 1 to 2 weeks. Your insurance company will not cover you for driving during this period after the operation. If you do drive and have to brake suddenly, you may cause a bleed to the raw surface of the prostate and this may result in re-admission to hospital.

DIET

You can eat and drink as you please. It is advised that you drink at least 1.5-2 litres of fluid a day. Alcohol is permitted in moderation. To avoid getting up at night, limit your fluid intake after 8 pm. Extra fibre in the diet will help to ensure regular soft bowel actions.

ACTIVITY

To limit the risk of bleeding from the operation site, it is important not to over exert during the recovery phase, thus, heavy lifting (gardening, carrying heavy shopping moving furniture) should be avoided. Short walks are safe. Mild sports such as swimming and golf may be resumed after 2 to 4 weeks or so, however, anything more active should be totally avoided for up to 6 weeks.

SEX

It is advised that you should not have sex for at least 3 weeks because this may cause the internal wound to bleed. TURP involves removing part of the bladder neck which causes to travel up to the



bladder instead of down the urethra (known as retrograde ejaculation, causing your urine to be cloudy). This is also known as dry ejaculation, thus affecting fertility. Nevertheless, this does not affect your sensation during sexual intercourse. Some men experience pain or discomfort on the first few occasions.

TIME OFF WORK

We suggest that you should be off for 3-4 weeks. However, for heavy manual jobs recovery time may be longer. We will provide you with a sick certificate when required.

Some of the symptoms you experience prior to your operation may still continue for 2 to 3 weeks. Frequency and urgency can get worse straight after surgery. It may take up to 6 months for frequency and urgency to settle.

DISCHARGE PREPARATION

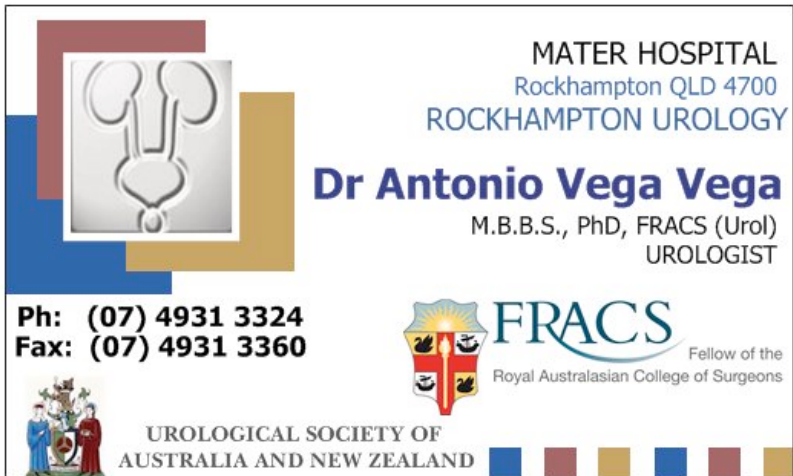
The usual length of stay for your surgery is 3-5 days. Your family should be aware that you will require some assistance with daily household activities for a few weeks after your surgery.

IN CASE OF PROBLEMS

If you develop any of the following:

- Dark blood stained urine and urinary retention
- Fever, chills, sweats
- Worsening wound discomfort
- Concerns with continence or impotence.

NOTIFY THE UROLOGIST OR ATTEND TO THE
EMERGENCY DEPARTMENT



MATER HOSPITAL
Rockhampton QLD 4700
ROCKHAMPTON UROLOGY

Dr Antonio Vega Vega
M.B.B.S., PhD, FRACS (Urol)
UROLOGIST

Ph: (07) 4931 3324
Fax: (07) 4931 3360

FRACS
Fellow of the
Royal Australasian College of Surgeons

**UROLOGICAL SOCIETY OF
AUSTRALIA AND NEW ZEALAND**