



Education

Transurethral Resection of the Prostate (TURP)

What is a transurethral resection of the prostate (TURP)?

Transurethral resection of the prostate (TURP) is surgery done to remove part of the prostate gland.

The prostate gland is part of a man's reproductive system. It is usually a little bigger than a walnut. It is located between the base of the bladder and the beginning of the penis. It surrounds the upper part of the urethra. (The urethra carries urine from the bladder out through the penis.) The prostate gland produces a fluid that is ejaculated with sperm.

Another term for this surgery is transurethral prostatectomy.

When is it used?

This surgery is done to treat an enlarged prostate (benign prostatic hyperplasia, or BPH). When the prostate gets bigger than normal, it may put pressure on the urethra and cause problems with urination. Surgery is done to make the prostate smaller by removing some pieces of it. This reduces pressure on the urethra and generally gives relief from urinary symptoms.

Examples of alternatives to this procedure are:

- taking medicine to shrink the prostate or stop it from getting bigger or to relax prostate muscles
- destroying some of the prostate tissue with microwaves, radio waves, or a laser
- having a procedure called transurethral incision of the prostate (TUIP), which involves making small cuts in the prostate and part of the urethra to relieve pressure
- having the growth removed by an operation called suprapubic prostatectomy, in which the enlarged part of the prostate gland is removed through a cut (incision) in the lower abdomen.

If your symptoms do not bother you too much, you may choose not to have treatment other than regular checkups with your health care provider. You should ask your provider about your choices for treatment.

How do I prepare for TURP?

Plan for your care and recovery after the operation, especially if you are to have general anesthesia. Find someone to drive you home after the surgery. Allow for time to rest and try to find people to help you with your day-to-day duties.

Follow your health care provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery. Antibiotics may be prescribed for a few days before and after surgery to help prevent infection.

Follow any other instructions your health care provider may give you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight on the day of the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

You will receive either a general or spinal anesthetic. The general anesthetic will relax your muscles, put you to sleep, and keep you from feeling pain. The spinal anesthetic will make you feel numb from the chest down so that you have no pain during the procedure.

Your health care provider will insert a scope through the urethra into your bladder. The scope is a thin, lighted tube with lenses like a microscope. Fluid will flow into the bladder to help your provider see the area to be removed. A scope with a heated wire loop will be used to remove pieces of prostate tissue. Your provider will flush the pieces of tissue out of the bladder. The pieces of tissue are sent to the lab for tests.

What happens after the procedure?

You may be able to leave the hospital the day you have the procedure or you may stay in the hospital for 2 to 3 days, depending on your condition.

You may have a catheter (tube) in your bladder to help it drain and flush out any blood clots that have formed. Your health care provider will remove the catheter after the bleeding stops.

While recovering from surgery, you may have trouble controlling your bladder. You may notice blood in your urine or have trouble urinating. These symptoms usually go away as you heal. If they do not get better, call your health care provider. Drink a lot of water and for 4 to 6 weeks avoid activities that put strain on your abdomen, such as straining to have a bowel movement or heavy lifting.

Ask your provider what other steps you should take and when you should come back for a checkup.

What are the benefits of this procedure?

TURP relieves blockage and incomplete emptying of the bladder caused by the enlarged prostate. You will have less discomfort and will be able to urinate more easily.

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your provider.
- Spinal anesthesia may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia. Spinal anesthesia is considered safer than general anesthesia.
- Any problem you may have with heart failure could become worse right after the procedure.
- The extra prostate tissue may grow back.
- Your bladder could be damaged or infected. If this causes a lot of discomfort, you may not be able to pass urine.
- The muscle around your urethra may be permanently damaged. This could make it hard to control your urine.
- A scar may form around the urethra and make it narrow. In the future, you may need to have your urethra stretched to widen the passageway.
- Your ability to have an erection may be affected. Semen may not come out of your penis. Instead it may flow backward into your bladder (retrograde ejaculation).
- You may become sterile (unable to father a child).
- You may have infection or bleeding.

You should ask your health care provider how these risks apply to you.

When should I call my health care provider?

Call your provider right away if:

- You are bleeding a lot or passing blood clots.
- You are unable to urinate.
- You develop a fever.

Call during office hours if:

- You have questions about the procedure or its result.
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- You want to make another appointment.

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