

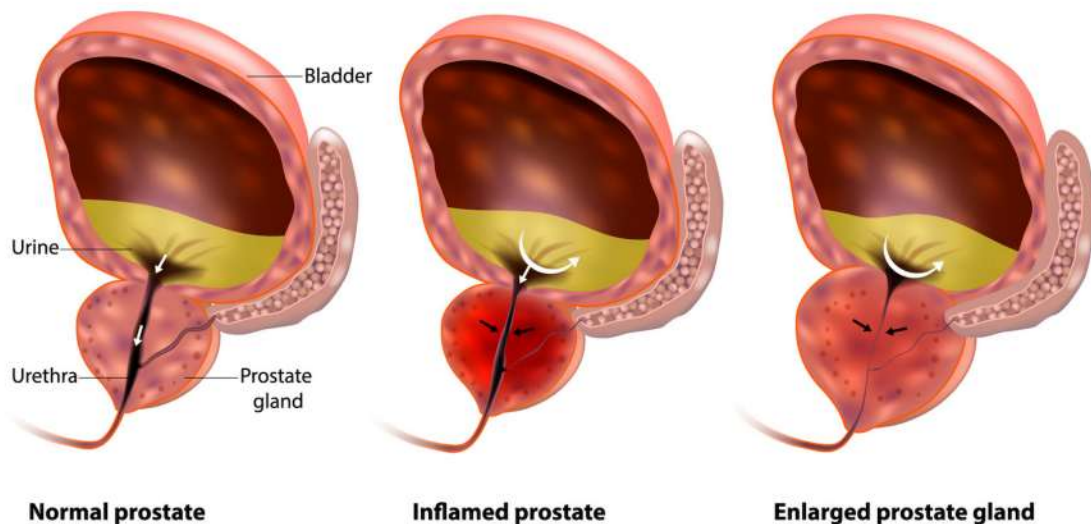
Transurethral Resection of Prostate (TURP)

What is TURP?

This is a procedure where a telescope is inserted through the urethra to allow the removal of part of the prostate that obstructs urine flow.

Why Do I Need This Surgery?

This procedure has been recommended by your doctor because you have been found to have significant prostatic enlargement resulting in blockage to your bladder opening.



What are the Preparations?

You will be given an appointment with the Anaesthesia & Pain Clinic (APAC) to assess your general fitness for anaesthesia and to perform investigations before your operation date.

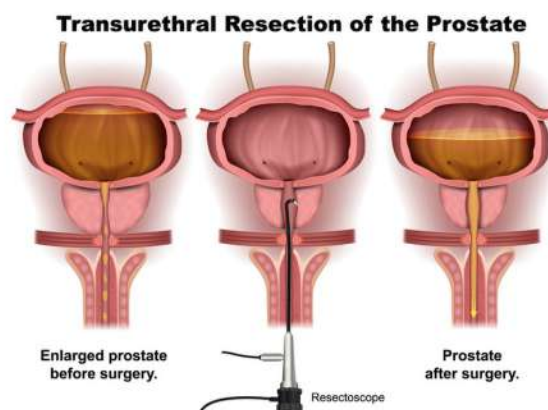
You should not eat and drink for six hours before the surgery. You will usually be admitted to the hospital on the same day of your surgery.

You will need to stop 'blood-thinning' medications such as aspirin, ticlopidine, clopidogrel, warfarin, dabigatran, enoxaparine or dipyridamole before the surgery. The doctor and/or nurse will advise you when to stop these medications before the surgery. You will also need to stop herbal remedies and dietary supplements such as garlic, ginkgo and ginseng before the surgery. You can continue to take your other long-term medications after checking with your doctor.

How is the Surgery Performed?

This procedure will be done either under general or regional anaesthesia. Your anaesthetist will explain the pros and cons of each type of anaesthesia to you. You will be given an injection of antibiotics before the procedure.

This procedure involves the surgeon inserting a telescope through the urethra. The surgeon will then remove the obstructing part of the prostate using a device that produces energy (diathermy or laser) through this telescope. The prostate fragments are removed using suction and sent for analysis. A catheter is inserted after the procedure.



What are the Risks and Complications of the Surgery?

Common:

- Temporary burning sensation and bleeding or urination after the procedure.
- No semen is ejaculated during an orgasm in approximately 75% of the time.

Occasional:

- Bleeding requiring blood transfusion or further surgery.
- Infection requiring further treatment.
- Urinary retention requiring further treatment.

Rare:

- Delayed bleeding requiring bladder washout with removal of clots or further surgery.
- Damage to the ureters or bladder requiring further surgery.
- Damage to the urethra causing delayed scar formation.

What would I expect after the surgery?

After the surgery, you will have a drip in your arm to ensure you stay hydrated. You can usually eat and drink within a few hours after surgery. Once you are eating and drinking well, the drip will be removed.

You will also have a catheter when you leave the operating theatre. The catheter is usually connected to irrigation fluid bags to wash away any blood clots or debris from your bladder. It is common to see blood-stained urine but this will clear with time.

The catheter is usually removed 1 to 2 days after the surgery. You may experience mild pain or discomfort when passing urine though this usually settles in most patients within 2-3 weeks. If this continues, you should contact your surgeon.

After you return home, some blood-stained urine is expected for 2 weeks but this will improve with time. It is recommended that you avoid strenuous physical activities or straining for 4 weeks after the surgery.

What are the Options?

Alternatives to this operation include medications, minimally invasive prostate surgery such as REZUM or Urolift, permanent catheter or intermittent catheterisation. Your clinician will discuss these options with you depending on your clinical context.

What Will Happen If I Do Not Undergo the Surgery?

If you are unable to pass urine, you may not be able to void despite removal of the catheter. You will also continue to experience urinary symptoms that may progress. This may eventually result in an inability to pass urine.



Contributed by Urology

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