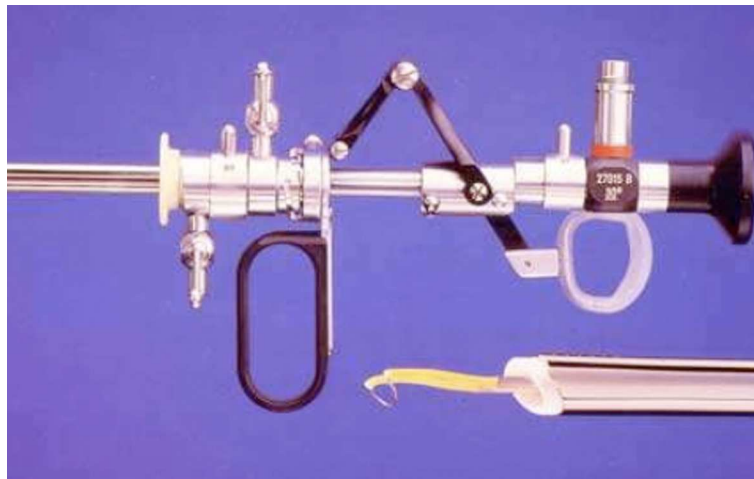


TURP (Transurethral resection of the prostate)

What does the procedure involve?

This operation involves telescopic (see picture, below) removal of the obstructing, central part of the prostate with heat diathermy and temporary insertion of a catheter for bladder irrigation.



The small loop which is used to carve away pieces of prostate

What are the alternatives to this procedure?

Drugs, use of a catheter/stent, observation or open operation, laser enucleation of the prostate (HoLEP).

What should I expect before the procedure?

If you are taking Aspirin or Clopidogrel on a regular basis, you must discuss this with your urologist because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will usually be admitted on the day of your surgery. You will normally receive an appointment for pre-assessment before your admission, to assess your general fitness and to perform some baseline investigations. After admission, you will be seen by members of the medical team who will include the Consultant, anaesthetist and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery.

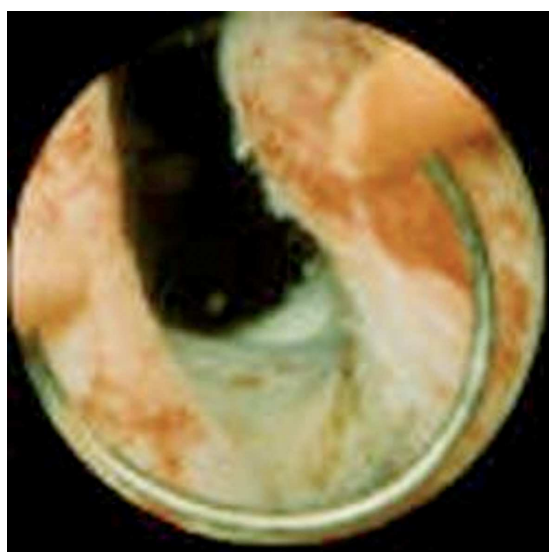
What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

A telescope is passed into the bladder and the central part of the prostate removed piecemeal using heat diathermy. The prostate fragments are evacuated using suction and sent for pathological analysis. A catheter is usually inserted after the procedure.

The procedure takes 45-60 minutes.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.



A view into the bladder showing the loop which cuts tissue away from the prostate to create a channel

What happens immediately after the procedure?

There is always some bleeding from the prostate area after the operation. The urine is usually clear of blood after 48 hours, although some patients lose more blood for longer. If the loss is moderate, you may require a blood transfusion to prevent you from becoming anaemic. You will be able to eat and drink after the operation.



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For your peace of mind

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The catheter is generally removed after 2 days, following which urine can be passed in the normal way. At first, it may be painful to pass your urine and it may come more frequently than normal. Any initial discomfort can be relieved by tablets or injections and the frequency usually improves within a few days.

It is not unusual for your urine to turn bloody again for the first 24-48 hours after catheter removal. A few patients are unable to pass urine at all after the operation. If this should happen, we normally pass a catheter again to allow the bladder to regain its function before trying again without the catheter.

The average hospital stay is 2-3 days for a routine admission.

What should I expect when I get home?

Most patients feel tired and below par for a week or two because this is major surgery. Over this period, any frequency usually settles gradually.

What else should I look out for?

If you experience increasing frequency, burning or difficulty on passing urine or worrying bleeding, contact your GP.

About 1 man in 5 experiences bleeding some 10-14 days after getting home; this is due to scabs separating from the cavity of the prostate. Increasing your fluid intake should stop this bleeding quickly but, if it does not, you should contact your urologist or GP who will prescribe some antibiotics for you. In the event of severe bleeding, passage of clots or sudden difficulty in passing urine, you should contact your urologist immediately since it may be necessary for you to be re-admitted to hospital.

Are there any other important points?

Removal of your prostate should not adversely affect your sex life provided you are getting normal erections before the surgery. Sexual activity can be resumed as soon as you are comfortable, usually after 3-4 weeks.

It is often helpful to start pelvic floor exercises as soon as possible after the operation since this can improve your control when you get home. The symptoms of an overactive bladder may take 3 months to resolve whereas the flow is improved immediately.

It will be at least 14-21 days before the pathology results on the tissue removed (see picture below) are available. You and your GP will be informed of the results after this discussion.

Most patients require a recovery period of 2-3 weeks at home before they feel ready for work. We recommend 3-4 weeks' rest before resuming any job, especially if it is physically strenuous and you should avoid any heavy lifting during this time. You should not drive until you feel fully recovered; two weeks is the minimum period that most patients require before resuming driving.

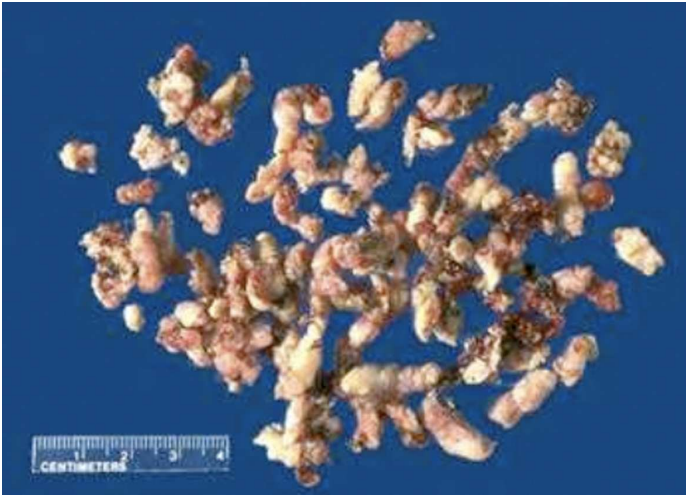


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Prostate chips removed during surgery.
These are sent for pathological analysis.

Are there any side effects?

Common side effects (greater than 1 in 10)

- Temporary mild burning, bleeding and frequency of urination after the procedure
- No semen is produced during an orgasm in approximately 75%
- Treatment may not relieve all the prostatic symptoms
- Poor erections (impotence in approx approximately 14%)
- Infection of the bladder, testes or kidney requiring antibiotics
- Bleeding requiring return to theatre and/or blood transfusion (5%)
- Possible need to repeat treatment later due to re-obstruction (approx 10%)
- Injury to the urethra causing delayed scar formation

Occasional side effects (between 1 in 10 and 1 in 50)

- Finding unsuspected cancer in the removed tissue which may need further treatment
- May need self-catheterisation to empty bladder fully if the bladder is weak
- Failure to pass urine after surgery requiring a new catheter
- Loss of urinary control (incontinence) which may be temporary or permanent (2- 4%)

Rare side effects (less than 1 in 50)

- Absorption of irrigating fluids causing confusion, heart failure (TUR syndrome)
- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair

Procedure code for insured patients: M6530



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