

ALL ABOUT TRANSURETHRAL RESECTION OF THE PROSTATE – TURP

Transurethral resection of the prostate (TURP) is a common surgical treatment for Benign Prostatic Hyperplasia (BPH). This operation involves “reborning” the inside of the prostate to open up the channel and relieve obstruction to the flow of urine out of the bladder.

HAVING A TURP OPERATION

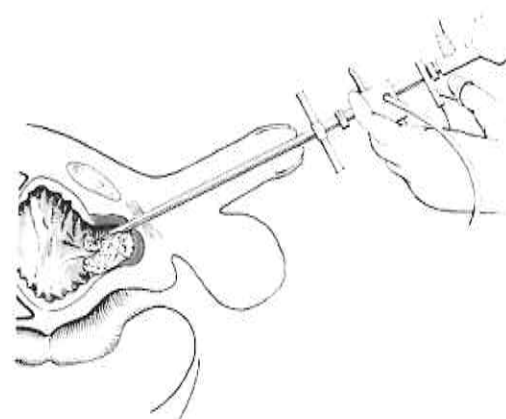
Hospitalisation

Having a TURP involves a short period of hospitalisation. Usually this involves admission on the day of surgery and staying in hospital for two nights. The anaesthetist will see you prior to your operation to discuss the anaesthetic.

The Operation

The TURP may be performed under a general or a spinal anaesthetic. The spinal anaesthetic numbs the lower half of the body and both legs but the patient remains awake. For a variety of reasons this is generally the preferred method of anaesthesia.

Having a TURP involves the passage of a telescope-like instrument, called a resectoscope, up the eye of the penis. This instrument allows the surgeon to look inside the bladder and remove the obstructing prostate tissue. All the tissue removed is sent for microscopic examination by a specialist pathologist. At the end of the operation, a urinary tube (catheter) is placed in the bladder to drain away the urine. This urine will initially be bloodstained.



EARLY POST-OPERATIVELY

Recovery from the anaesthetic

If the TURP is performed with a spinal anaesthetic, there will be a sensation of numbness or "heaviness" in the legs for several hours post-operatively. This is quite normal. Nursing and medical staff will provide assistance and advice in this period.

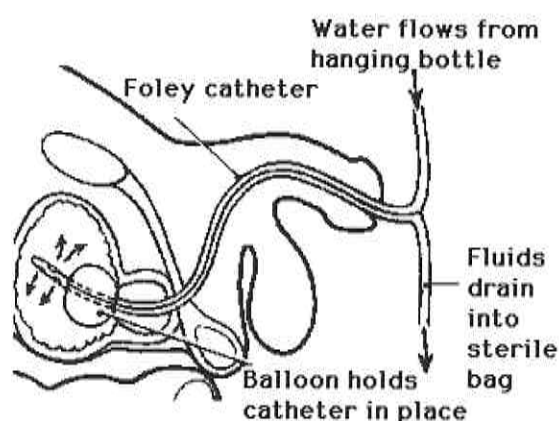
The urinary catheter

After a TURP there is always blood present in the urine. This should not cause alarm. Because of the presence of blood, a catheter is initially left in position. Irrigation fluid is run through the catheter into the bladder to clear away blood and clots from the operative area.

This irrigation will continue until the urine becomes only lightly bloodstained usually by the day following surgery. It is important after the irrigation has ceased to drink plenty of fluid to assist the process of flushing the blood clear.

Bladder spasms

Whilst the urinary catheter is in place, bladder spasms may sometimes occur. These are caused by bladder over-activity, aggravated by irritation of the bladder by the catheter. Bladder spasms make the patient feel as if he needs to urinate. It may also cause leakage of urine from around the catheter. If necessary medication may be prescribed to relieve any uncomfortable sensation of these spasms.



Removal of the catheter

After removal of the catheter, most men resume the ability to pass urine in a normal manner. Some men, however, have difficulty in passing urine and therefore require the catheter to be reinserted for a short period. Urinary control, or continence, is usually present immediately upon removal of the catheter. Some men, though, may have some difficulty with full urinary control for a while. It is common in the initial stages after removal of the catheter to feel a burning sensation as the urine passes over the operation site. If this is a problem, medication to reduce the acidity of urine and to relieve discomfort can be provided. It is common to also experience the feeling of needing to pass urine more frequently and at short notice until healing occurs.

RETURNING HOME

Fluid intake

Healing of the operation site usually takes about six weeks. During this time it is important to continue to drink plenty of fluid to flush any new bleeding that may occur. Once bleeding has settled, the amount of fluid consumed can generally be adjusted to keep the urine colour very light.

Antibiotics

Antibiotics are given routinely at the time of surgery to help prevent infection. Despite this, sometimes urine infections occur postoperatively and these need to be treated with a course of antibiotics.

Activity

It is important not to over exert during the recovery phase. This is to limit the risk of bleeding from the operation site. For this reason, avoid lifting, gardening, golf, climbing stairs, bicycle riding or other strenuous activities in the first month or so after surgery. After bleeding has stopped, driving the car for short distances and gentle walking is usually permitted.

Bowels

It is important not to become constipated as the need to strain to empty the bowel may cause bleeding in the urine. Extra fibre in the diet and a high fluid intake will help to ensure regular soft bowel actions.

Bleeding

Sometimes within the six weeks after surgery, the scab on the raw surface inside the prostate may loosen and cause some bleeding. By resting when this happens and drinking plenty of fluid, the bleeding will usually stop. If it becomes heavy (claret coloured, particularly with clots) and it becomes difficult to pass urine, contact Western Urology on 9382 4999 (all hours).

BLADDER FUNCTION AFTER A TURP

Normal Changes in Bladder Function Post-Operatively

It is normal to experience a change in the strength of the stream after the operation. As the blockage has been removed from the urethra the stream should be stronger and you shouldn't need to wait to get started.

Bladder Control Problems — Why?

The severity of any bladder control problem, if it occurs, varies from person to person. Possible causal factors include:

- In the presence of obstruction, the bladder muscle has to squeeze harder to empty and as a consequence often becomes overactive. TURP relieves prostatic obstruction immediately, but it may take weeks or months for the bladder to work out that it doesn't have to squeeze very hard any more to empty. If required, medication can be given to dampen down this bladder overactivity.
- Located at the base of the prostate is an important muscle called the "urinary sphincter", which acts like a valve. It is very rarely damaged during a TURP. However it may be strengthened using pelvic floor exercises with some benefit.
- In some cases, particularly if the obstruction was severe and present for a long time, the bladder muscle may have weakened. There may not be enough strength for the bladder to empty properly even following a TURP and further treatment may be required such as catheterisation.
- Other medical factors can delay progress, particularly if there are complex medical problems. For example, general frailty (in elderly or unwell men) can delay the ability to regain bladder control because of difficulty getting to the toilet quickly enough.
- Regardless of any lack of bladder control that exists, men can be expected to be able to resume a normal life and return to work and activities.

Improving bladder function after a TURP

Most men resume normal bladder function in the early stages post operatively. However, for those who do experience difficulty with bladder control, there are a number of conservative or non-surgical interventions that may help. These are listed below:

- **Medication** Sometimes medication can be prescribed to help an "overactive" bladder. Mr Davies will discuss this with you if this is required.
- **Pelvic floor muscles exercises** There may be some benefit in "tightening up" the floor muscles around the bladder outlet by doing pelvic floor muscle exercises. The term pelvic floor relates to a sheet of muscles, which run from the pubic bone in the front, through to the tailbone in the back. The urethra (tube from the bladder) passes through these muscles. By strengthening the pelvic floor muscles, you may decrease and even prevent the leakage. These exercises can be performed before as well as after