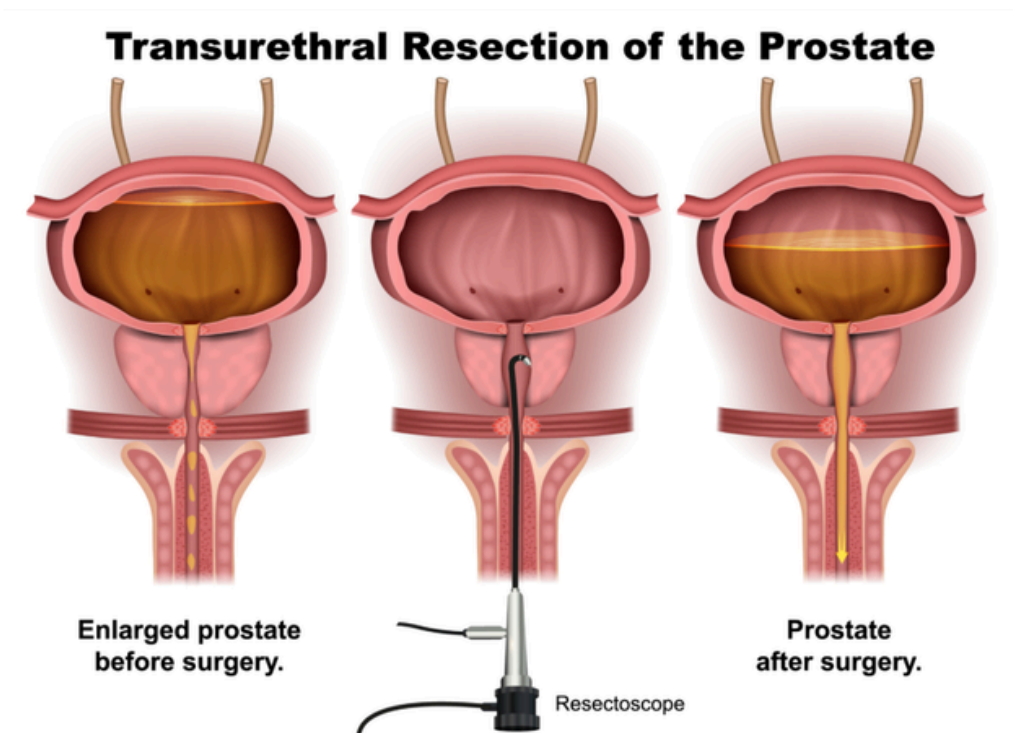


What is a TURP?

Transurethral resection of the prostate (TURP) is a common surgery that's used to treat urinary symptoms that are caused by an enlarged prostate. A telescope with a camera attached is inserted up the penis into the bladder. Then an electrically heated wire loop (that is passed up the scope) is used to cut away small pieces of the prostate.

Performed under general or spinal anaesthesia, it involves cauterising blood vessels, leaving a temporary catheter for irrigation and drainage for a few days, and typically requires a short hospital stay.



Why is a TURP performed?

Because you have an enlarged prostate that may be causing the following symptoms.

- You have problems starting to urinate
- You have a weak urine flow or stopping and starting
- You are having to strain to pass urine
- You frequently need to urinate
- You are waking up frequently during the night to urinate (nocturia)
- You have a sudden urge to urinate
- You are unable to empty your bladder fully

What are the risks?

Retrograde ejaculation: Retrograde ejaculation occurs in as many of 90% of cases.

This is when semen doesn't come out of your penis during sex or masturbation but flows into your bladder instead. This is due to damage to the nerves or muscles surrounding the neck of the bladder, which is the point where the urethra connects to the bladder.

Retrograde ejaculation is not harmful. You will still experience the pleasure associated with ejaculation (orgasm), although your fertility may be affected, so you should speak to your surgeon if this is a concern.

Urinary incontinence: Some degree of urinary incontinence is quite common after TURP, in the form of urge incontinence. This is when you have a sudden urge to pass urine and are unable to get to toilet quickly enough. It will usually improve in the weeks following surgery but can very occasionally be a long-term problem. There are treatments that are available including Pelvic Floor Exercises, (see our leaflet), medication, & lifestyle changes. Your health care professional will be able to advise you.

Erectile dysfunction: This can be either temporary or permanent & will affect up to 10% of men who have a TURP. You may find it difficult getting and maintaining an erection (erectile dysfunction) afterwards.

You should discuss this with your surgeon who will advise whether medication will be appropriate for you.

Urethral strictures: Narrowing of the urethra (urethral strictures) occur in up to 4% of cases. This happens if the urethra is damaged during surgery and becomes scarred.

Symptoms of a urethra stricture include:

- You may strain to pass urine
- You may experience spraying of urine or a 'split-stream' of urine
- You may experience dribbling drops of urine once you have finished going to the toilet
- You may experience mild pain when passing urine

If the narrowing of the urethra is mild, it can usually be treated by inserting a catheter to widen the urethra. This is called self-dilatation. This may need to be undertaken daily for 6 weeks then twice weekly. You will be advised by your surgeon or specialist nurse how to perform this.

Other risks

Bleeding occurs in around 20 of cases. There may be persistent bleeding during or after the operation that means you may need a blood transfusion.

Urinary tract infection (UTI) occurs in around 5% of cases. A UTI could develop after surgery; UTIs can usually be successfully treated with antibiotics.

Urinary retention occurs in around 2% of cases. The muscles that control the bladder may be temporarily damaged; this can lead to problems fully emptying the bladder. In some cases, the bladder muscles regain their normal function within a few weeks.

There is a possibility that prostate will become enlarged again – about 10% of men need to have a TURP again within 10 years

What can I expect post-surgery?

Your stay in hospital will be for around 1 to 3 days.

The urethral catheter will be left in place while you're in hospital because your urethra will be swollen and you may not be able to urinate normally at first.

Trans urethral resection of prostate TURP

A trial without catheter (TWOC) will be undertaken within 24–48 hours post-surgery. This may be done in hospital or when you get home by either a district nurse or specialist continence nurse. This will involve the catheter being removed early morning. You will be expected to complete a bladder diary measuring your drinks & how much you wee.

If done at home, the nurse will telephone you in 3–4 hours to check your progress. The nurse will visit you again after 6 hours to undertake a bladder scan. Dependant on if you have been able to wee, & the results of the bladder scan will determine if you need to have a new catheter or not. You will be provided with the contact information for your nurse in case you need them.

It's usual to feel tired and unwell for a week or two after going home. Most men are up and about after this time, but you'll need to take things easy for 4 to 8 weeks.

You'll usually be advised to not work and avoid lifting heavy objects, doing strenuous exercise, driving and having sex for at least 3–4 weeks.

It's normal to have some difficulties passing urine and there may be some blood in your urine for a few weeks. These problems should get better as you recover, but you should contact the hospital clinic or your GP if you're concerned.

Further Information

- [squeezezyapp](#)
- [The pogp - mens health](#)

Find more information about bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the [Bladder & Bowel UK confidential helpline](#) (0161 214 4591)

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.

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