Transurethral Resection of the Prostate (TURP)
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What is a prostate gland?
The prostate makes a fluid that helps sperm move and gives nourishment for the sperm. It is about the size of a walnut. The prostate gland is found just below the bladder. It surrounds the urethra (tube that carries urine out of the bladder).

By the age of 50, a man may have an enlarged (bigger) prostate gland. The prostate may get bigger in a way that does not cause problems when urinating (peeing). However, if the prostate gets too big, it can block the urethra. Urine then builds up in the bladder, causing pressure. Urination may be more difficult and you may feel like your bladder never completely empties. TURP surgery may be needed to take out the blockage.

Bladder
Prostate gland
Urethra
Testicle
What is TURP surgery?
The doctor inserts (puts in) a special instrument into your urethra. This instrument is used to take away the extra tissue (blockage). This surgery does not leave a scar on the outside of your body.

Just before surgery
Some tests will be done to make sure everything is ok before you go to the Operating Room. These tests include blood and urine tests, a chest X-ray, and an electrocardiogram (ECG).

Please read the pamphlet *Planning for your Hospital Stay After Surgery* for more information about getting ready and what to expect.

After your surgery
You will go to a special recovery area. Your breathing, pulse, and blood pressure will be checked often. You will be taken to your hospital room when you are stable.

Intravenous (IV)
You will have an IV. Your IV is taken out when you are able to eat and drink again.
Catheter and continuous bladder irrigation (CBI)

You will have a catheter (a tube through your penis into your bladder). It will be connected to a CBI. A solution will flow into your bladder constantly to lower the chance of blood clots forming. The fluid will then drain out through the catheter into a collection bag. It is ok if the fluid draining out is bright red. Over time the fluid will get lighter. Your catheter can get blocked with clots. If this happens, you may have abdominal (stomach) pain, abdominal distension (bloating), and your tube might not be draining well. Let your nurse know so that they can flush your catheter. This problem happens in some patients, but not everyone.

Controlling discomfort

Most men will have only mild or no discomfort. If you are in pain, tell your nurse so they can help you. You may be uncomfortable if a blood clot blocks the flow of fluid out of your catheter. The nurse can flush the catheter out for you.

Spasms

It is OK if you feel the urge to pee and fluid comes out around the catheter. This is called a bladder spasm. Call your nurse who can give you some medication for this if it is bothering you.
Healthy eating
You can eat your usual meals when you return to your room. Eating healthy foods will help you heal faster.

Activity
A nurse must be with you when you get up the first time. You can be up and moving around as soon as you are feeling well enough.

The next day
Your IV and catheter will usually be taken out the day after your surgery. At first, you may not have usual control when urinating. You may have dribbling and feel you need to urinate more often. This will get better in a few days. It is very important that you drink lots of fluid (at least one glass of water an hour). This will dilute (water down) the blood in your urine and lower the chance of clots forming.

When you do urinate, the nurse will want to measure how much you peed, and then will use an ultrasound type machine to check if you have completely emptied your bladder. This will be checked at least 2-3 times before you can be discharged home.

If you can’t urinate within 6-8 hours after the catheter is taken out, the nurse will drain your bladder with a new catheter. The catheter may be left in for an extra day or two if there are problems with blood clots. You may still go home if the catheter is still in.
At home

Fluids
You may see blood in your urine off and on for the next few weeks. **This is normal.** If your urine is pale yellow, drink your usual amount of fluid. If your urine is red or brown-tinged, you should drink 8-10 glasses of fluid each day.

This washes out your bladder and helps prevent infection. Alcohol in any form slows down healing. **Do not drink any alcohol for one month.**

Healthy eating
You may eat the same foods you ate before your surgery. Eat foods high in fibre, such as bran cereals, whole wheat bread, green leafy vegetables, and fresh fruit.

Bowel care
Your surgery was done in an area right in front of your rectum so do not force or strain to have a bowel movement. This could cause bleeding. Remember that you have an incision (cut) on the inside that needs time to heal. Try to prevent constipation by eating the high fibre foods mentioned above. Enemas should be avoided unless talked about with your doctor.
**Activity**

- Do not do vigorous exercise for at least 6 weeks.
- Do not lift anything heavier than 5 pounds.
- Walking short distances is ok.
- Ask your doctor if you are unsure about any activity.

**Car rides**

- Do not go for long drives.
- Avoid bumpy roads that could cause bleeding from the site of your surgery.
- Do not drive your car for 3-4 weeks or more if your urine is still red or brown at times.

**Sexual activity**

- Do not have sex for at least 4-6 weeks.
- You may have mild discomfort when you go back to having sex. This will soon go away.
- Sexual sensation, desire, and erections should be the same as before your surgery.
- Semen (fluid released when you have an orgasm) may be less or absent (missing).
Medications

• Take all prescribed medications as told by your doctor.

• Check with your doctor before taking ASA (Aspirin®) or blood thinners.

Going back to work

You can usually go back to work 4-6 weeks after your surgery depending on your job. Talk about this with your doctor.

Follow up appointments

Before you leave the hospital, you will get an appointment to see your urologist. It is very important to keep this appointment so your urologist can make sure you are healing properly.
Call your doctor right away if you have:

- Fever and/or chills.
- Are unable to urinate.
- Have a sudden onset of pain.
- Have bright red urine with clots (you will probably have some blood in your urine on and off for a few weeks).

If you need to see a doctor, please contact your family doctor or go to the nearest Emergency Department unless otherwise instructed by your urologist.

If you have any questions, please ask.
We are here to help you.