

Patient information from BMJ

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Prostate surgery: transurethral resection of the prostate (TURP)

This information tells you about an operation on the prostate called a transurethral resection of the prostate (TURP). It explains how the operation is done, how it can help, what the risks are, and what to expect afterwards.

You can use our information to discuss your operation with the doctors and nurses treating you.

What is TURP?

If you have a TURP, a surgeon cuts away part of your prostate to stop it pinching the tube that carries urine from your bladder out through your penis. This tube is called the **urethra**.

Your prostate is a gland about the size of a chestnut. It sits under your bladder and is partly wrapped around your urethra. It makes the milky fluid (semen) that comes out of your penis when you have an orgasm.

Why might I need TURP?

In many men, the prostate gland gets bigger as they get older. Doctors used to call this **benign prostatic hyperplasia**, or **BPH**. These days, prostate problems are more often referred to as **lower urinary tract symptoms**, or **LUTS**.

BPH or LUTS is not cancer. It is extra growth of normal cells. It's not clear why it happens, but it's probably linked to changes in the amount of some hormones in your body. To find out more, see our information on *Enlarged prostate*.

An enlarged prostate isn't usually serious. But it can press on your bladder and your urethra. This can cause problems when you urinate (pee). You might:

- need to strain or push to start urinating
- need to urinate a lot more than when you were younger (doctors call this **frequency**)
- need to get up in the night to urinate
- suddenly need to urinate urgently (doctors call this **urgency**)

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- have a weak flow of urine, or a flow that stops and starts
- leak or dribble urine (some men wear pads to keep them dry)
- dribble urine when you finish urinating.

Not everyone with LUTS needs TURP. But your doctor might suggest it if:

- your urethra is so pinched or blocked that your bladder often doesn't empty completely. This can cause **urinary tract infections (UTIs)**
- you suddenly have trouble urinating at all. This is called **acute urinary retention** and can damage your kidneys
- your symptoms are causing you a lot of trouble, and drug treatments haven't helped
- you have large bladder stones. These can form if your bladder doesn't empty properly.

What will happen?

A TURP takes up to an hour, depending on how much of the prostate needs to be removed.

You'll be given either a general anaesthetic or an epidural (an injection into your spine).

- If you have a **general anaesthetic**, you'll be asleep during the operation.
- If you have an **epidural**, the lower part of your body will be numb. You won't be able to see the operation, but you'll be able to hear what's going on. A nurse or the anaesthetist will probably talk to you from time to time during the operation, to make sure you're feeling okay.

The operation goes like this:

- Your surgeon will thread a **thin tube** into the opening of your penis and up your urethra to your prostate.
- The tube has a **light** and a tiny **camera** on the end. The tube also has a tiny **looped wire** attached to it. The whole instrument is called a **resectoscope**.
- The looped wire is heated with an electric current and used to cut away the part of your prostate that's blocking your urine. The pieces of prostate are flushed down the tube with water.

You won't be able to urinate properly straight after the operation because your urethra will be sore and swollen. So a tube called a **catheter** is put into your urethra to drain your urine.

The doctor may flush fluid through the catheter into your bladder to help clear any blood clots. The fluid then drains away with your urine.

You won't need stitches or dressings after this operation.

What are the risks?

All operations have risks, and your surgeon should discuss these with you before your procedure.

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Anaesthetics are a common cause of side effects. The most common one is feeling sick (nauseous) for a while after the operation.

Some people have an allergic reaction to the anaesthetic. You should tell your doctor before the operation if you have any allergies.

Anaesthetics can cause breathing or heart problems. This is serious, but very rare. Your blood pressure, heartbeat, temperature, and breathing will be closely monitored during the operation.

Below, we look at some of the other problems (complications) that can happen with this procedure.

This list might look long, but remember, these are only things that might happen, not that definitely will happen. Many men have this procedure with no problems at all.

Problems that can happen during or soon after the operation

- **Infections** are a risk with any operation. If this happens you will need antibiotics.
- Some people have **heavy bleeding** during the operation. If this happens you might need surgery to stop the bleeding.
- Some people get a **blood clot** in a vein in the leg (called deep vein thrombosis or DVT). This is not usually serious unless a clot travels to your lungs. You might need to wear tight elastic stockings during the operation to help prevent clots.
- Some men get what's called TURP syndrome. It happens when your body absorbs too much of the fluid that's used to rinse your urethra during surgery. It can make you feel unsteady, confused, and nauseous. It can also raise your blood pressure or cause problems with your vision. TURP syndrome is easily treated with drugs, and new techniques have made it less common than it used to be.

Problems that can happen some time after the operation

- Dry climax (also called **retrograde ejaculation**). This affects most men after TURP. It means that, when you have an orgasm, little or no semen comes out of your penis. You can still get an erection and sex will still feel the same. But it can affect your ability to father a child. If you are planning to have children, tell your doctor before you have this operation.
- **Erection problems**. Up to about 10 in 100 men have problems getting an erection after TURP. This is often temporary but it can be permanent. If you're concerned about this, talk to your surgeon before you have the procedure. If erection problems affect you after TURP, there are medications that can usually help.
- **Problems controlling your bladder (urinary incontinence)**. Many men have some urinary incontinence after this operation, but it's usually temporary. In a few men, though, incontinence is a long-term problem.
- **Problems passing urine again**. Narrowing of the urethra (called **urethral stricture**) can happen if the operation leads to scarring in the urethra. This can make it difficult and painful to pass urine. Some men need to have another operation to treat this problem.

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- **Needing a second operation.** In some men the prostate grows again so that they need another TURP a few years later.
- Dying during the operation. As with most surgical procedures, there is a very small chance of dying during TURP.

What can I expect afterwards?

After your operation, you'll probably feel sore and tired. **Painkillers** can help with any discomfort. If these don't help enough, tell your nurse. You may need a higher dose or a different type of painkiller. Being in pain can slow your recovery.

You'll need to stay in hospital until the tube draining your urine (**catheter**) is removed. This usually happens in about two or three days.

You might notice that your urine flows faster straight away. But it can take a while. Some men need to come back to hospital and have the catheter put back in for a day or two.

When you get home, you might still feel the need to urinate often. This is because your urethra takes time to heal after the operation. This usually improves over about six weeks.

You might get a stinging feeling when you urinate, and you might notice some blood in your urine for a few weeks.

You should be up and about within a week. But it might be two to four weeks before you can **return to work**, depending on the job you do.

It will probably be several weeks before you'll feel comfortable enough to have **sex**. It's also best to **avoid strenuous activity**, such as sport or heavy lifting, for about six weeks.

Try to drink plenty of water. This helps to flush out any infections.

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