

Transurethral resection of the prostate

Information document for the patient

Your surgery

Transurethral resection of the prostate (commonly referred to as TURP) is a surgical procedure that reduces the size of the prostate by removing tissue from the prostate. Your surgeon inserts a thin tube equipped with a camera and a light, a resectoscope, into your ureter through the tip of your penis. There is no incision. The resectoscope removes excess tissue from the prostate along the entire circumference of the ureter. The tissue is then sent to the laboratory to be analyzed. Your surgery should last 45 to 60 minutes.

Anesthesia during your surgery

Your anesthetist will discuss the various anesthesia options with you.

A spinal anesthesia (epidural) is often used for surgeries like this. For this type of anesthesia, a medication is injected close to your spine to freeze the nerves in your back. You will feel nothing from your waist to your toes. You will not be able to move your legs for a few hours after the surgery.

The risks

Your surgery involves certain risks, including, but not limited to, the following:

- Anesthesia. This risk is minimal in a healthy person.
- Urinary infection. An infection is treated with antibiotics.
- Urine retention. Blocked bladder, possibly due to clots.
- Discomfort. Sometimes the body absorbs too much of the products used to clean the bladder during surgery. This can reduce the sodium level in your blood and cause discomfort, such as nausea, dizziness and arrhythmia.
- Retrograde ejaculation. This risk is very common. It is the absence of sperm during orgasm.
- Incontinence. Rare, and usually temporary.

Before your surgery

- Bring a list of all your medications (including vitamins and supplements, if you are taking any) to your appointment at the Preadmission Clinic.
- Blood tests will be done and you may meet an anesthetist.
- Make sure someone is available the day you are discharged from hospital. You must be accompanied home and someone should stay with you for the 24 hours following your surgery. Make arrangements to have help at home, in case this is necessary.
- Do not eat or drink as of midnight the day before your surgery.
- Do not smoke or drink alcohol for 24 hours prior to your surgery.

The morning of your surgery

- Take your usual medication with water, unless otherwise indicated by your surgeon.
- Go to room 2A105, at the scheduled time.
- We will complete your file to make sure that your state of health has not changed since your visit to the Preadmission Clinic.
- Your surgeon may ask for more tests or treatments, or that you be seen by other specialists.

After your surgery, in the recovery room

- Your vital signs (blood pressure, temperature, breathing, pulse) and your level of pain will be checked regularly.
- You will also have an intravenous catheter (IV) to administer medication.
- As soon as you are feeling well enough, you will be given ice chips, to keep you hydrated.
- You will wear a urinary catheter that is attached to solution bags and a drainage bag. The solution bags are used to clean your bladder, while the draining bag collects your urine and the used solution. The fluid in the drainage bag may contain blood and small clots. This is normal. The fluid will gradually become clear. The drip speed for the solution will be adjusted so that your urine is as clear as possible.
- Your urinary catheter may cause discomfort or spasms in the lower stomach. If this is the case, talk to your nurse, who can give you medication to relieve your discomfort.
- You will be taken to your room after one or two hours in the recovery room.

After your surgery, in your room

- You should be able to go home one or two days after your surgery.
- You can gradually start to eat normally, starting with clear liquids.
- Drink a lot in order to clean your bladder.
- Your intravenous catheter will be removed once you can eat and drink normally.
- It is important to move and change position often in your bed (at least every two hours) when you are awake. This will improve blood circulation and prevent clots.
- Your urinary catheter will be removed the day after your surgery.
- You must urinate in order to be discharged from hospital and return home.
- Your urine could contain blood. You may also experience burning, feel the need to urinate frequently or urinate one drop at a time. Mention any discomfort to your nurse.
- You may not be able to urinate right after your surgery, due to swelling around the ureter. This is normal. You will gradually return to your normal state.
- If your condition permits, your healthcare team will teach you the following exercises, which you should do to help you recover and avoid complications.

Ankle exercises

- Move your toes and feet back and forth.
- Make circles with your ankles, in one direction, then the other.
- Repeat the exercise 10 times, every hour

Deep breathing exercises

- Inhale slowly and deeply through your nose.
- Exhale slowly through your mouth, with your lips tightly pressed.
- Repeat the exercise 10 times, every hour

Coughing exercises

- Hold a pillow against your incision for support.
- Cough hard three times. If your cough is wet, cough more to eliminate the mucous.
- Repeat the exercise two or three times, after doing your deep breathing exercises.

Wearing a urinary catheter at home

- Although very rare, you may have to go home with a urinary catheter to empty your bladder.
- Before you leave the hospital, your nurse will make sure that you are able to look after your catheter and the small drainage bag.
- Your catheter will be removed three to 10 days later, at your surgeon's office. If you are still not able to urinate on your own, you may have to wear a catheter for another week.

After you return home

- You can gradually resume your normal activities, according to your surgeon's recommendations. Avoid any physical effort.

- Avoid sexual relations for one month after your surgery.
- Drink a lot of water to clean your bladder.
- Eat well-balanced meals that are rich in fibre to prevent constipation.
- Take your pain medication, as prescribed.
- You may feel an urgent need to urinate or burning while urinating for one to three months after your surgery. You will gradually resume your regular habits, particularly at night.
- If you leave the hospital with a urinary catheter, you will have an appointment with your urologist during the week following your surgery.
- If you leave the hospital without a urinary catheter, you will have an appointment with your urologist four to six weeks after your surgery.

