

Transurethral Resection of the Prostate (TURP)

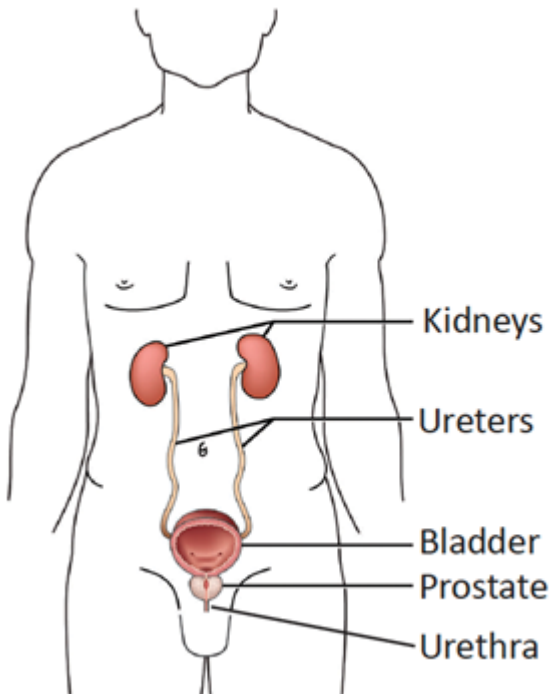
Urologist: _____

Clinic phone: _____

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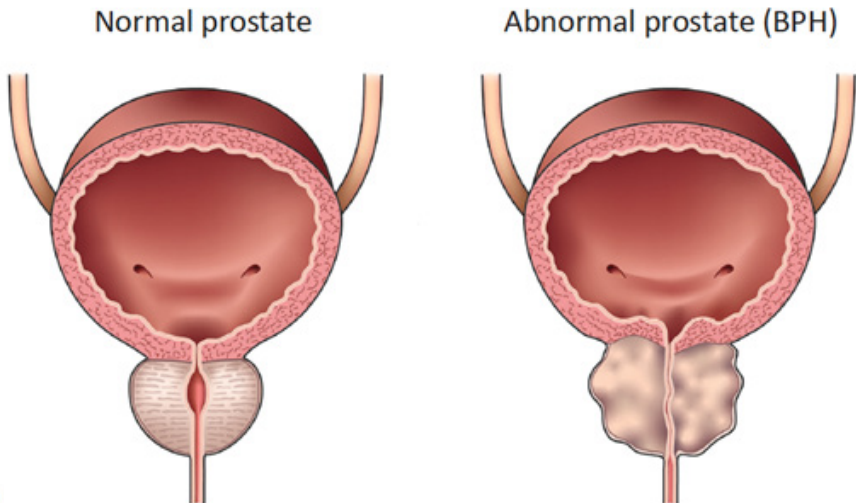
What is a prostate gland?

- The prostate gland is found just below the bladder. It is about the size of a walnut.
- The prostate gland surrounds the urethra. The urethra is the tube that carries urine (pee) out of the bladder.
- The prostate gland makes a fluid that nourishes sperm and helps them move.



Changes to the prostate gland

- By the age of 50, it is common for the prostate gland to be enlarged (bigger). This is called **benign prostatic hyperplasia (BPH)** and is not caused by cancer.
- If the prostate gland gets too big, it can block the urethra. This can cause pee to build up in the bladder, causing pressure.
 - › It may be harder to pee.
 - › You may feel like your bladder never empties fully.
- If this happens, you may need a surgery called **transurethral resection of the prostate (TURP)** to remove the blockage.



What happens during a TURP?

- Your urologist (urinary tract specialist) will insert (put in) a special instrument in your urethra. They will use the instrument to take away the extra tissue that is blocking the urethra.
- This surgery does not leave a scar on the outside of your body.

Day of surgery

- Before you go to the operating room (O.R.), you will have tests to make sure it is safe for you to have TURP, like:
 - › Blood work
 - › Urine tests
 - › Chest X-ray
 - › Electrocardiogram (ECG or EKG)
- An anesthesiologist (doctor who puts you to sleep for surgery) or your urologist will decide which tests are right for you.

- For information about getting ready for surgery and what to expect, ask a member of your health care team for pamphlet 1395: *Planning for Your Hospital Stay After Surgery - Halifax Infirmary (HI), Victoria General (VG), Dartmouth General Hospital (DGH)*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/1395

Scan the QR code below on your device (open the camera on your device, point the camera at the code, and tap the banner or border that appears)



After surgery

- You will be taken to a recovery area.
- Your nurse will check your breathing, pulse, and blood pressure often.
- You will have an intravenous (I.V.) in your hand or arm. Your I.V. will be used to give you fluids. It will be taken out when you are able to eat and drink on your own.

- You will be taken to your hospital room when you are stable.

Catheter and continuous bladder irrigation (CBI)

- You will have a catheter (a thin, hollow tube through your penis into your bladder). It will be connected to 2 large bags of saline (salt water) hanging from a pole.
- The saline will flow into your bladder constantly. This is called **continuous bladder irrigation (CBI)**. It will help to lower the chance of blood clots forming.
- The fluid will then drain out through the catheter into a collection bag. The fluid may be bright red. This is normal. Over time it will get lighter.
- **If the catheter gets blocked by a clot, you may have:**
 - › Abdominal (stomach area) pain
 - › Abdominal distension (bloating)
 - › Less drainage (fluid) from the catheterTell your nurse right away. They will flush your catheter.
- If you see the saline bags are getting empty, tell your nurse. They will change the bags.

Controlling discomfort

- Most people have only mild discomfort or no discomfort at all after surgery.
- If you have discomfort or pain, tell your nurse.
 - › You may feel discomfort if there is a blood clot blocking your catheter. If this happens, your nurse will flush your catheter.

Spasms

- You may feel the urge to pee and fluid may come out around the catheter. This is normal. It is called a **bladder spasm**.
- If this bothers you, tell your nurse. They can give you medication to help.

Healthy eating

- You can eat as usual when you go back to your hospital room. Eating healthy foods will help you get your strength back.

Activity

- You can get out of bed as soon as you are feeling well enough. Ring your call bell for a nurse to help you get up the first time.


Day after surgery

- Your I.V. and catheter will likely be taken out the day after your surgery.
- At first, you may not have your usual control while peeing. You may have dribbling and feel like you need to pee more often. This will get better in a few days.
- **It is very important to drink at least 1 glass of water every hour.** This will dilute (water down) the blood in your pee and lower the chance of clots forming.
- When you pee, the nurse will measure how much came out.
- Then they will use a machine (like an ultrasound) to check if your bladder is empty. They will check this at least 2 to 3 times before you can be discharged.
- If you are not able to pee within 6 to 8 hours after the catheter is taken out, the nurse will use a new catheter to drain your bladder.
- If you have blood clots, the catheter may be left in longer. You may be discharged with a catheter in.
- After surgery, you may have swelling that stops you from being able to pee after the catheter is taken out.

- About 20 to 30% of people are not able to pee after TURP surgery. If this happens, we will put a new catheter in and you will need to come back to the Urology Clinic to have it taken out the next week.

After you leave the hospital

Fluids

- You may see blood in your pee for the next few weeks. **This is normal.**
 - › If your pee is pale yellow, drink your usual amount of fluids.
 - › If your pee has a bit of a red or brown colour, drink 8 to 10 glasses of fluids a day. Water is best.
- This will help to clean your bladder and prevent infection.
- **Do not drink alcohol for 30 days (1 month) after your surgery.** Alcohol slows healing. 
- It is common for a scab to form on the inside of the prostate after TURP surgery. This usually falls off after about 14 days (2 weeks).
- If your pee has been clear and suddenly it has large clots, this is usually the scab falling off. This is normal.

- Drink more fluids and your pee should clear up over the next few weeks.

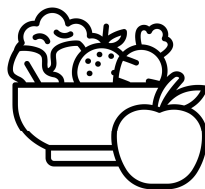
Call your primary health care provider (family doctor or nurse practitioner) or your urologist if:

- › Your pee stays dark red
- › You are not able to pee

If you cannot reach your primary health care provider or your urologist, go to the nearest Emergency Department right away.

Healthy eating

- After you leave the hospital, eat healthy foods that are high in fibre (like bran cereals, whole wheat breads, green leafy vegetables, fresh fruits). This can help to prevent constipation (not being able to poop).
- It is also important to drink a lot of fluids, unless you have been told not to because of another medical problem.



Activity

- **Do not** do vigorous (intense) exercise for at least 6 weeks.
- **Do not** lift anything heavier than 5 pounds for 4 weeks (1 month).
- It is OK to walk short distances.
- If you are not sure about an activity, ask your urologist or primary health care provider.

Bowel care

- Your surgery was done in an area right in front of your rectum (bum). **Do not** strain to have a bowel movement (poop). This could cause your incision (cut) to bleed.
- Try to prevent constipation by eating high fibre foods.
- **Do not** have an enema (inject fluid into your rectum to help you poop) unless you have talked with your doctor first.
- It may help to take a gentle stool softener, like RestoraLAX® (17 grams mixed in fluid 1 time a day), if needed.

Bladder

- Although TURP surgery is usually done to help urinary symptoms, you may have an increase in:
 - › Urinary frequency (how often you pee each day)
 - › Urinary urgency (feeling like you have to pee right away)
- This may last for several weeks or months after surgery as your body heals. If it bothers you, ask your primary health care provider about ways to help.

Car rides

- **Do not** go for long car rides.
- **Do not** ride on bumpy roads. This could cause bleeding.
- **Do not** drive for 3 to 4 weeks, or if your pee is still sometimes red or brown.

Sex

- **Do not** have sex for at least 4 to 6 weeks.
- You may have mild discomfort when you go back to having sex. This will go away soon.
- Your desire, erection, and sexual sensations (feelings) should be the same as before your surgery.

- When you orgasm, you may have less semen (fluid released when you have an orgasm) or no semen at all.

Medications

- Take all prescribed medications as told by your prescribing doctor (urologist or primary health care provider).
- Talk with your primary health care provider before taking ASA (Aspirin®) or a blood thinner.

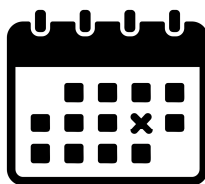


Going back to work

- You can usually go back to work 4 to 6 weeks after your surgery. This will depend on what type of work you do. Talk about this with your urologist or primary health care provider.

Follow-up

- Before you leave the hospital, you will get a follow-up appointment with your urologist to make sure you are healing properly.
- **It is very important to keep this appointment.**



Call your primary health care provider or urologist if you:

- › Have a fever (temperature above 38 °C or 100.4 °F) and/or chills
- › Are not able to pee
- › Suddenly have more pain
- › Have bright red pee with clots (it is common to see some blood in your pee on and off for a few weeks)

If you cannot reach your primary health care provider or your urologist, go to the nearest Emergency Department.

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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