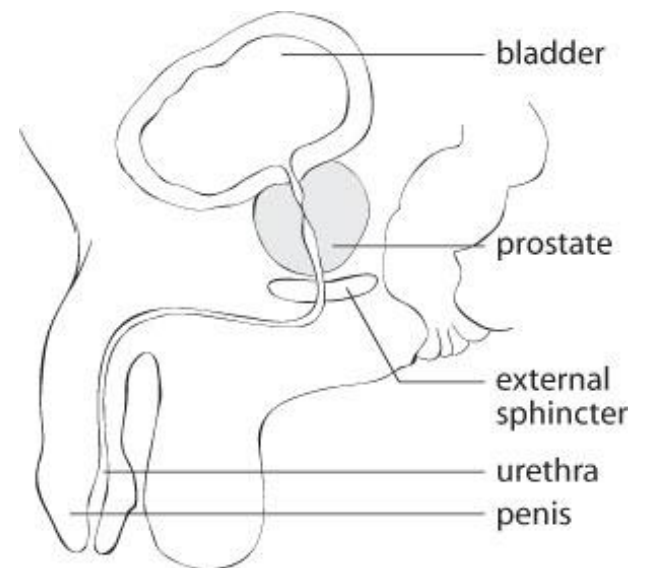


The prostate is a small gland, normally the size of a chestnut, surrounding a man's urethra ("urinary tube"), between the bladder and the control muscle (external sphincter).

With age, the prostate often increases in size and squeezes the urethra. This makes it more difficult for the bladder to empty. Voiding (urinating) difficulty can often be determined to be due to obstruction by the prostate (**benign prostatic hyperplasia or B.P.H.**).



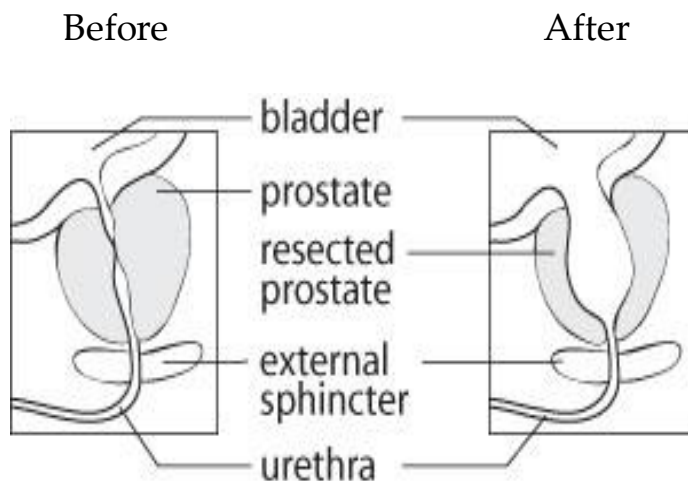
Although there are many ways to treat BPH, many men can be treated safely and effectively by coring out the inner prostate with a special instrument placed through the penis. This is called a transurethral resection of the prostate, or TURP. This removes the obstruction, allowing the urine to flow more freely and the bladder to empty more completely.

How the Surgery is Done

Most patients are admitted to hospital on the day of surgery. An anaesthesiologist will discuss the various options for preventing you from experiencing pain during the surgery, usually either by **spinal anaesthetic** ("freezing" from the waist down with a needle in the back) or by general anaesthetic (putting you "to sleep").

This operation is performed with an instrument called a resectoscope, passed through the urethra. No skin incision is required. The prostate core causing obstruction is removed in small pieces, which are then flushed out

of the bladder. Bleeding is controlled with cautery by electric current. The entire procedure usually takes no more than 90 minutes.



At the end of the operation, a **catheter** (drainage tube) is passed through the penis into the bladder. A water solution is often used to flush the bladder to wash out any blood.

All of the tissue removed at surgery is carefully examined to determine its precise nature. This procedure does not affect the risk of developing prostate cancer.

Getting Ready for Surgery

Please follow your surgeon's directions for getting ready. You can find more about coming to the hospital on Island Health's website, in the *Getting Ready for Surgery* section (<https://www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery>).

After the Surgery

The catheter is usually left in place for one or two days until the drainage is fairly clear.

Your catheter might be attached to tubing that lets a water solution continually flow into the bladder and help flush out any debris. The drainage may be red to pinkish coloured and have clots.

There is some discomfort, usually mild, associated with having the catheter in the bladder and there may be occasional bladder cramping. This can often be controlled with medication.

After the catheter is removed, control of urination is sometimes imperfect with some urgency, voiding discomfort and urinary dribbling. This usually resolves in a few weeks when the inflammation clears and the control muscles strengthen.

Going Home

- You might be discharged home about 1 to 3 days after the operation with the catheter still in place. It will be removed in a few days.
- After a TURP, you should avoid strenuous physical activity and any heavy lifting over 10 kgs. (20 lbs.).
- You can resume sexual activity in about 4 weeks.
- It is common to see blood in the urine or even small blood clots for up to 3 weeks after the surgery. Drinking large amounts of fluids (about 8 ounces every two hours, while awake) can help to flush out the bladder regularly, unless advised otherwise by your doctor.
- By 6-8 weeks after your TURP, there should be significant improvement in voiding pattern and urine flow.

Risks and Complications

There is a small risk of **infection possibly** requiring treatment with antibiotics and, rarely, **bleeding** can require blood transfusion.

Most men have no change in their ability to have an erection after a TURP. Frequently, the volume of semen is reduced due to backward flow into the bladder at orgasm. This is called **retrograde ejaculation**. This should not affect sexual enjoyment.

Some men may have poor control of urination that does not go away after a TURP. This may require treatment with medication or more surgery. Abnormal scarring or prostate re-growth occasionally may require further evaluation and treatment.

Follow-Up

When you get home from the hospital, call your surgeon's office to make or confirm your next visit.

Date: _____ **Time:** _____

Health Concerns

Call Your Surgeon if You Have Any of the Following Symptoms:

- Increased bleeding or pain.
- Difficulty peeing.
- You have to pee more urgently than normal, or more frequently.
- Foul-smelling or cloudy pee.
- High-grade fever (38.5C/101.3F and over) for 2 days or more.

If You Cannot Reach Your Surgeon:

- Call your primary caregiver.
- Go to a walk-in medical clinic. If it is after hours, go to a hospital emergency department.

For Non-Emergency Health Information and Services:

HealthLinkBK – Health advice you can trust 24/7.

Telephone: 8.1.1 from anywhere in BC
7.1.1. for deaf and hearing-impaired assistance (TTY).

Website: www.HealthLinkBC.ca

The information in this handout is intended only for the person it was given to by the healthcare team. It does not replace the advice or directions given to you by your doctor.