

# **Urologic Surgical Associates of Delaware**

## ***Specializing in Robotic Surgery***

### Transurethral Resection of the Prostate (TURP)

#### TURP (Transurethral Resection of the Prostate)

The classic surgical way of treating prostate enlargement or BPH is to do a transurethral resection of the prostate, or TURP. Using a special telescopic electric knife which allows an excellent view of the prostate channel, we are able to remove the part of the prostate which is blocking the channel. The entire prostate is NOT removed in this operation, but only that portion which is obstructing the channel. The procedure requires spinal or general anesthesia and takes approximately 45-60 minutes to complete. In preparation for the Operation you may need blood tests, cardiograms, and other tests done prior to your surgical date, or on the morning of admission.

It is very important that you refrain from eating or drinking anything for at least eight hours prior to your scheduled operation time. In most circumstances this means nothing should pass your lips after midnight the night before your surgical procedure. Aspirin, ibuprofen, coumadin, and other blood thinners are to be avoided for ten days prior and for several days after surgery as well (after your urine clears of any bleeding). If you are on coumadin please notify us why and who monitors your coumadin dosing.

#### Foley Catheter after TURP

This tube or 'catheter' will be placed through your penis, through the prostate channel and into your bladder. It is held in position by a small balloon at the end of the tube which is inflated after it is placed. This tube or 'catheter' that is in the bladder is very important for your early post-operative recovery. It essentially puts the bladder and prostate at rest, and if there is any bleeding it allows the blood to come out immediately rather than staying in the bladder and prostate to form clots. Occasionally clots may form and the tube may stop draining. A special syringe with water can be used to hand irrigate the catheter to free it of clots. Hand irrigation might be somewhat uncomfortable, but necessary to clear any plugging of the channel and allow the urine to flow.

#### Post-operative Care

In most instances you will be able to eat a regular meal on the evening of surgery. You may go home the evening of surgery or stay overnight in the hospital, depending on the circumstances of your case. You should refrain from any unnecessary activity while the catheter is in place. Your usual medications may be restarted immediately after the surgery (except aspirin, ibuprofen, coumadin, and other blood thinners).

#### Post Operative Expectations

You may continue to have voiding symptoms for a variable amount of time, and this includes getting up at night, frequency, some hesitancy and blood in the urine. You may also have irritation and burning with urination for several weeks after the surgery as the urethral lining heals. It may take as long as six to eight weeks to get a better idea of how successful the operation might be, depending on how much damage was done to the bladder wall by the obstruction of the prostate before the operation.

*For informational purposes only. Please consult your physician with any questions. USA Delaware 302-836-5500.*

After discharge to home from the hospital because of the raw surface around your prostate and the irritating effects of urine, you may expect frequency of urination and/or urgency (a stronger desire to urinate) and perhaps even more getting up at night. This will usually resolve or improve slowly over the healing period. You may see some blood in your urine over the first six weeks. Do not be alarmed, even if the urine was clear for a while. Refrain from strenuous activity and push fluids until clearing occurs.

#### Risks

TURP provides long-term improvement of male voiding dysfunction in 85% of cases. TURP requires a return to the operating room for coagulation of the prostatic bleeding in 10% of the cases. In rare cases transfusion is required. Ejaculatory Dysfunction (see sexual activity below) can occur at 40-75% of the time. Most patients have irritation and discomfort with voiding for 2-4 weeks following TURP. There is a 1-2% risk of erectile dysfunction from TURP.

#### Comparison of Three Methods of BPH Treatment:

	TURP	KTP Laser TURP	TUMT
Efficacy (How often it works)	85%	75%	65%
Return to O.R.	10%	0%	0%
Transfusion	<1%	0%	0%
Ejaculatory Dysfunction	40-75%	80%	0%
Erectile Dysfunction	<2%	<2%	<1%
Setting	Operating Room, possible admission	Operating room, outpatient	Office

Transurethral Microwave Therapy (TUMT) results are roughly equivalent to combination medical therapy.

KTP Laser and TUMT can be performed without taking a patient off anticoagulant therapy, such as a coumadin.

#### Diet

You may return to your normal diet immediately. Because of the raw surface of the prostate alcohol, spicy foods and drinks with caffeine may cause some irritation or frequency and should be used in moderation. To keep your urine flowing freely and to avoid constipation, drink plenty of fluids during the day (8 - 10 glasses).

#### Activity

Your physical activity is to be restricted, especially during the first two weeks. During this time you should not lift heavy objects (anything greater than 20 lbs), drive a car or take long car rides, perform strenuous exercise, or engage in sexual intercourse. Minimize severe straining during bowel movements by using a laxative if necessary.

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## Sexual Activity

If you were sexually active prior to your surgery, you can resume normal sexual activity after 2 weeks. Resection of the prostate usually has little effect on a man's potency, orgasm, or ability to sense orgasm. There is a <2% risk of erectile dysfunction from TURP. There may initially be some burning with ejaculation.

Retrograde ejaculation (the ejaculate goes into the bladder rather than out the penis) or decreased ejaculate are common after TURP. In roughly 40-75% of cases there will be no ejaculate fluid with ejaculation or there may be retrograde ejaculation. With retrograde ejaculation the orgasm occurs as usual but with ejaculation the sperm will enter the bladder but not exit through the urethra.

## Bowels

It is important to keep your bowels regular during the post-operative period. The rectum and the prostate are next to each other and any very large and hard stools that require straining to pass can cause bleeding. A bowel movement every other day is reasonable. Use a mild over-the-counter laxative if needed and call if you are having problems. (Milk of Magnesia 2-3 Tablespoons, or 2 Dulcolax tablets for example).

## Foley

The Foley catheter will drain into a bag on your leg. This bag can be simply drained by opening a valve at the bottom of the bag. Your catheter can be removed in the office 2-5 days after surgery or if you are admitted to the hospital your catheter may be removed in the hospital 1-2 days after surgery. The work on your prostate as well as the indwelling catheter will cause the bladder to have sudden contractions, even with an empty bladder. These contractions are called bladder spasms and can be effectively managed by a medication to quiet bladder spasms. Medications that quiet bladder spasms are anticholinergic medications such as Ditropan. Anticholinergic medications can also slow down intestinal and salivary gland activity; therefore, side effects include constipation and dry mouth.

## Medication

You should resume your pre-surgery medication unless told otherwise. In addition you will be given an antibiotic to prevent infection. These should be taken as prescribed until the bottles are finished unless you are having an unusual reaction to one of the medications. You may also be given prescriptions for pain and a bladder spasm medication can anticholinergic such as Ditropan or oxybutynin. These medications may be taken as desired.

## Problems You should Report To Us

1. Fevers over 101.5 Fahrenheit
2. Heavy bleeding, or clots that block the catheter (See notes above about blood in urine)
3. Inability to urinate
4. Drug reactions, hives, rash, nausea, vomiting, diarrhea
5. Severe burning or pain with urination that is not improving.

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Follow up

You will need a follow-up appointment to remove your Foley catheter.

Call 302-836-5500 to make this appointment for about 2-5 days after surgery.