

Prostate Surgery: *TURP*

What is a TURP?

The **prostate** is a gland between the bladder and the penis. If the prostate becomes enlarged, it can put pressure on the **urethra** (yoo-REE-thruh), the tube that carries urine (pee) out of the body. This can affect the flow of urine. The most common surgery to remove this prostate tissue is called **TURP**, short for transurethral resection of the prostate.

Why do I need this?

Your doctor may recommend TURP if:

- The urine is blocked
- You urinate too often
- Only a little urine comes out at a time

What are the risks?

A few people may have these problems after TURP:

- Bleeding
- Infection
- Scarring of the urethra
- Absorbing fluid during the procedure
- Erectile dysfunction (rare)
- Permanent incontinence (very rare)
- Retrograde ejaculation (see below)

What is retrograde ejaculation? The same tube that carries urine — the urethra — also carries semen from the body. Retrograde ejaculation is when semen travels back into the bladder instead of out of the penis during ejaculation. As a result there may be little or no semen when you ejaculate. This is not harmful to your bladder, and it doesn't change your erection or the sensation during orgasm. But it can result in infertility (the inability to make a woman pregnant). If you are planning to have children, talk to your healthcare provider before having the TURP surgery.

How do I prepare?

Your health care provider will tell you how to prepare for your surgery. Be sure to follow your instructions.

- You may be asked to stop taking some medicines a few days before your procedure.
- You may be asked not to eat or drink anything after the midnight before surgery.

What should I expect?

TURP is done in the operating room. You will be given anesthesia so you don't feel anything during the surgery. You may have general anesthesia, where you will be asleep during the procedure. Or, you may have spinal anesthesia, where you will be numb from below your waist. You will also be given medicine to keep you from feeling pain during the procedure.

The surgeon inserts a cystoscope (a thin tube with a tiny camera and tools) into your urethra. This lets the surgeon see the blocked part of the urethra. A cutting tool is inserted through the cystoscope to remove excess prostate tissue. This tissue is washed away with fluids during the procedure. The tissue pieces are sent to the lab to be sure they are free of cancer.

Recovery in the hospital:

After surgery, you will first go to a recovery room.

- You will wake up from surgery with a urinary catheter in place. This will help keep urine flowing from your bladder and will prevent blood clots. The fluid draining from the tube will be reddish. This is normal.
- The catheter will remain in place until your care provider is confident you can urinate on your own without risk of blocked urine flow from blood clots.
- When the catheter is removed you may feel a burning sensation when you first pass urine. The urine may still look reddish or pinkish. Tell the nurse if your urine is bright red.
- Some patients will go home the day of surgery. Others may spend the night in the facility so their healthcare providers can keep an eye on them. Most stay less than 24 hours.

Recovery at home:

You'll be healing for a month or so after surgery. During that time, take it easy and follow these instructions:

- Drink plenty of fluids.
- Avoid difficult exercise. Don't lift anything over 10 pounds. Don't sit for longer than 60 minutes without getting up.
- Avoid sexual activity.
- Avoid straining with bowel movements (pooping). If you are constipated, take a stool softener or laxative for a few days.
- You may feel a burning when you pass urine. Or, you may need to urinate more often. These sensations will go away.
- If your urine becomes bright red, it means the treated area is bleeding. If this occurs, rest and drink plenty of fluids until the bleeding stops.
- Check with your doctor before taking over-the-counter pain relievers such as aspirin, ibuprofen, and naproxen.
- Ask your doctor when you can begin to drive again and when you can return to work.

If your surgeon has given you instructions different from those listed above, follow your surgeon's instructions.



When should I call my doctor?

- You are not able to urinate (pee), or notice a decrease in urine flow
- You have a fever of 100.4°F (38°C) or higher, or as directed by your doctor
- You have severe pain that does not get better with your prescription pain medication
- You have bleeding that doesn't stop within 12 hours
- You have bleeding with clots

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