

# Transurethral resection of the prostate (TURP)

This fact sheet is for men who are thinking about having an operation called a transurethral resection of the prostate (TURP) to treat symptoms of an enlarged prostate gland. You may hear this condition called benign prostatic enlargement (BPE) or benign prostatic hyperplasia (BPH). Partners and families of men with an enlarged prostate may also find this information useful.

## In this fact sheet:

- How does TURP treat an enlarged prostate?
- What are the advantages and disadvantages?
- What does treatment involve?
- What happens afterwards?
- What are the side effects?
- More information

Each treatment centre will do things slightly differently so use this fact sheet as a general guide and ask your doctor or specialist nurse for more details about what to expect.

## How does TURP treat an enlarged prostate?

In some cases, an enlarged prostate can press on the tube that you pass urine through (urethra), causing it to narrow. This can slow down or sometimes stop the flow of urine. Transurethral resection of the prostate (TURP) is an operation to remove the inner parts of the prostate gland that have overgrown and are pressing on the urethra. It is the most common type of surgery for treating an enlarged prostate.

There are several other treatment options for an enlarged prostate, including different types of surgery, watchful waiting and medicines. Your specialist team will discuss these options with you to help you decide what is right for you. You can read more about an enlarged prostate and different treatment options in our booklet, **Enlarged prostate: A guide to diagnosis and treatment**. You can also call our confidential Helpline on 0800 074 8383.

## What are the advantages and disadvantages?

### Advantages

- The operation is widely available across the UK.
- It can improve your flow of urine and quality of life.
- It has a long-lasting effect.
- The prostate tissue that is removed can be checked for signs of cancer.

### Disadvantages

- You may need to stay in hospital for a few days after the operation.

- The risk of side effects increases with the size of your prostate gland.
- At some point you may need another operation. About seven or eight out of 100 men (seven to eight per cent) will need another operation within four years.
- Between two and five out of 100 men (two to five per cent) need to have a blood transfusion.
- It may take between four and eight weeks to fully recover from a TURP.
- Symptoms may take several weeks to improve.
- Between one and two out of 100 men (one to two per cent) will develop TUR syndrome (see page 3).
- A small number of men find that they cannot pass urine at all after their catheter has been removed. If this happens, you will need a new catheter put in for a few days.
- Although many men find TURP effective, some men will not see a significant improvement in their symptoms after surgery.

## What does treatment involve?

### Before the operation

You will have a hospital appointment about two to six weeks before your operation. If you are taking any medications, it is useful to bring a list of these with you.

Your doctor or specialist nurse will make sure that the operation is suitable for you and that you are fit enough to have an anaesthetic. They will also explain the operation, answer any questions you may have, and tell you when you need to go into hospital. This may be the day before your operation or on the day itself.

It is important to tell your doctor or specialist nurse if you are taking medicines that thin your blood, such as aspirin, clopidogrel or warfarin. Your doctor or specialist nurse may ask you to stop taking them before the operation. This is because these medicines affect how your blood clots, which can make you lose more blood during the operation, making it more likely that you will need a blood transfusion.

## On the day of the operation

You will see members of the specialist team, which may include the consultant, other doctors, the specialist who is going to give you your anaesthetic (an anaesthetist) and a nurse. They can answer any further questions you may have. The anaesthetist will tell you whether you are going to have a spinal anaesthetic so that you do not feel anything below your waist, or a general anaesthetic so that you are asleep throughout the operation. You may have already been told this, and the anaesthetist will then confirm this on the day.

Your specialist team may ask you not to eat or drink for six to eight hours before the operation. They may also ask you to wear special stockings that help to prevent blood clots forming in your legs during and after the operation.

## What does the operation involve?

The surgeon starts by passing a thin tube into the urethra through your penis. They do not usually make any cuts to the outside of the penis. The tube has a small camera on the end so that the surgeon can get a good view of the prostate. The surgeon passes a small electrically-heated wire loop through the tube and uses it to remove small pieces of prostate tissue. Once the prostate tissue has been removed, there is a clear passage for the flow of urine.

During the operation, your bladder is flushed with a fluid to clear away the small pieces of prostate tissue that have been removed. The pieces of prostate tissue are then sent to the laboratory to be checked for any abnormal cells. The operation takes between 45 minutes and an hour.

## TUR syndrome

Very occasionally, the fluid that is used to flush your bladder can enter your bloodstream in significant levels and cause breathing problems, sickness and confusion. This is a temporary condition known as TUR syndrome. If you have any of these symptoms after the operation, tell your specialist team straight away. TUR syndrome is rare. It can affect between one and two out of 100 men (one to two per cent) who have a TURP. Surgeons are trained to reduce the risk of TUR syndrome, for example by making sure your operation does not take longer than an hour.

Some recent studies suggest that a new way of performing TURP, called a bipolar TURP, may lower your risk of developing TUR syndrome. Bipolar TURP is only available in some hospitals. Check with your specialist team which kind of procedure is available to you.

## What happens afterwards?

At the end of the operation, the surgeon passes a thin tube (catheter) through your penis into the bladder to allow urine, blood and any loose prostate tissue to pass out of the body.

For the first 12 to 18 hours after the operation, the catheter is used to flush a salt water fluid (saline) through your urethra and into your bladder, to remove any blood clots. You may notice the fluid draining into your catheter bag is quite red at first but this will start to clear after a while.

Sometimes the catheter can cause discomfort in the penis or bladder. If this happens, it is important to let your doctor or specialist nurse know so that they can give you medication to help make you more comfortable. You may also feel the urge to pass urine even though the catheter is draining your bladder. This is a normal feeling when you have a catheter in your bladder.

When your urine is clearer, usually two to three days after the operation, your nurse will remove your catheter. The nurse will check that you are passing urine easily before you go home. Most men notice that their urine flow improves immediately after the operation though some men may find it uncomfortable to pass urine at first. This may be due to the catheter or swelling from the operation.

A small number of men find that they cannot pass urine at all after their catheter has been removed. If this happens, you will need a new catheter put in for a few days, or sometimes longer. Most men are able to pass urine normally once this catheter has been removed. Most men stay in hospital for two days after the operation, but you may need to stay longer.

It may take between four and eight weeks to fully recover from a TURP. You should avoid strenuous activity and heavy lifting for three to four weeks. Your doctor will be able to tell you when you are fit enough to return to work and start driving. You can usually start driving quite soon after the operation. It is a good idea to check with your car insurance

company as they may have specific rules on when you can drive after an operation.

If you have an active sex life, you should wait for about two to three weeks after the operation, or until you feel fully recovered, before you have sex. If you are concerned about this, your specialist team can give you support and information. You can also call our confidential Helpline on 0800 074 8383.

You will have a follow-up appointment a few months after your operation to check on your symptoms.

## What are the side effects?

Possible side effects of TURP include:

- **Problems passing urine.** At first, you may find that you pass urine more often and sometimes urgently, but this usually improves over time. Speak to your specialist team if you continue to experience this problem.
- **Leaking urine when you cough, sneeze, laugh or exercise.** This is called stress incontinence and can happen to around two out of 100 men (two per cent) after a TURP. Your specialist team can give you advice on pelvic floor exercises that may help to improve your bladder control, or you can call our confidential Helpline on 0800 074 8383. If exercises do not help, your specialist team can discuss other treatment options with you.
- **Blood in your urine.** You may notice blood in your urine for a couple of weeks after your operation. Sometimes the urine clears and then you see a small amount of blood five to ten days after your operation. This is normal and part of the healing process. Occasionally, men may notice blood in their urine from time to time several months to years after the operation. This is probably caused by prostate tissue

gradually re-growing and stretching the lining of the space where the prostate sits. However, it is a good idea to visit your GP to check for other possible causes.

- **Urine infection.** There is a small risk of a urine infection. Contact your GP if you develop a high temperature, if your urine is smelly or cloudy, or if you have a burning sensation when you pass urine.
- **Slow urine flow.** Scar tissue from the operation can narrow the urethra or bladder neck, slowing down the flow of urine. This affects around four out of 100 men (four per cent). A simple operation can remove the scar tissue.
- **Retrograde ejaculation.** You may notice that you pass little or no semen when you orgasm. Instead, the semen passes into your bladder when you orgasm and is passed out of the body the next time you pass urine. This may feel quite different to the orgasms you are used to. It is called a dry or retrograde ejaculation and happens because the neck of the bladder sometimes becomes wider during the operation. It affects up to seven out of ten men (65 to 70 per cent). Men who have retrograde ejaculations may not be able to father children through sex, but this should not stop the use of contraception.
- **Difficulty getting or keeping an erection (erectile dysfunction).** Up to seven out of 100 men (seven per cent) may have erectile dysfunction after a TURP. However, we are not sure if erectile dysfunction is caused by the operation or by other factors, such as age and other health conditions. If you have good erections before the operation, you may be less likely to have problems afterwards.

## More information

The following organisations can give you support and information on an enlarged prostate, symptoms and treatment:

### Bladder and Bowel Foundation

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

Continence nurse helpline 0845 345 0165

Provides information and support for all types of bladder and bowel problems.

### British Association of Urological Surgeons

[www.baus.org.uk](http://www.baus.org.uk)

Telephone 020 7869 6950

Provides information on treatments for an enlarged prostate.

### NHS Choices

[www.nhs.uk](http://www.nhs.uk)

Provides information to support you in making decisions about your own health including an A-Z of treatments and conditions, and information on NHS health services in your local area.

### Patient UK

[www.patient.co.uk](http://www.patient.co.uk)

Contains information that GPs use with their patients, including information on prostate problems. It also provides a directory of UK health websites.

### The Royal College of Anaesthetists

[www.rcoa.ac.uk](http://www.rcoa.ac.uk)

Telephone 020 7092 1500

Provides information to help prepare you for having an anaesthetic.

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### Tell us what you think

We hope you have found this information useful. If you have any comments or suggestions about any of our publications, you can email [literature@prostate-cancer.org.uk](mailto:literature@prostate-cancer.org.uk) or write to The Information team at The Prostate Cancer Charity, 100 Cambridge Grove, London W6 0LE



The Prostate Cancer Charity makes every effort to make sure that its services provide up-to-date, unbiased and accurate facts about prostate cancer. We hope that these will add to the medical advice you have already been given and will help you to make any decisions you may face. Please do continue to talk to your doctor if you are worried about any medical issues.

The Prostate Cancer Charity funds research into the causes of, and treatments for, prostate cancer. We also provide support and information to anyone concerned about prostate cancer. We rely on charitable donations to continue this work. If you would like to make a donation, please call us on 020 8222 7666.

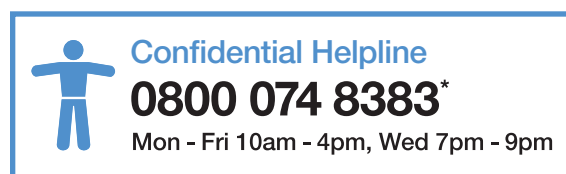
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To be reviewed February 2013

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