

Transurethral Resection of the Prostate (TURP)

Prostate problems affect as many as half of all men over the age of 50. As a man ages, his prostate may enlarge and tighten around the urethra, making it difficult to urinate.

Prostate enlargement or Benign prostate hypertrophy (BPH) is a common cause of prostate difficulties. BPH is a growth of prostate tissue, but is not cancerous. TURP is a surgical treatment of prostate enlargement.

How do I prepare for surgery?

- Your doctor will explain the surgery to you and ask you to sign a procedure consent. Be sure to ask questions if there is anything you do not understand.
- Avoid smoking and second-hand smoke. If possible, stop smoking completely. Smoking increases the risk of complications and slows down the healing process. Smoking is not permitted in the hospital.
- Do not put anything in your mouth after midnight or 6 (six) hours before surgery. This includes all food and drink, smoking, chewing gum or sucking on hard candy. To prevent complications your stomach must be empty when you receive anesthesia the next day. Anesthesia refers to the medicines that block pain and make you sleepy during the surgery.

How should I prepare for the day of my surgery?

- We will take your blood pressure and temperature when you are admitted to the hospital.

- Remove all jewelry, false teeth and removable bridges. The nurse will give you a denture cup for your dentures and label it with your name.
- Before surgery you may receive medications that your doctor ordered to help you relax. Be sure to empty your bladder before receiving the medication as it may make you feel drowsy and unsteady on your feet. Call the nurse if you find it necessary to get out of bed so that they can assist you.
- You will receive either general or spinal anesthesia and will sleep during the procedure. When you awaken, you will be in the recovery room until you have recovered from the anesthesia and are fully awake.

What should I expect after surgery?

If you are discharged the day of surgery or the next, you may go home with a catheter in your bladder to drain the urine. You will return to our office in a few days to have the catheter removed.

If you are admitted to the hospital:

1. When you awaken from surgery, you will be in the recovery room until you have recovered from the anesthesia and are fully aware (usually 1-2 hours). We will monitor your vital signs (temperature, pulse, breathing and blood pressure) to make sure you are stable during this period, then you will go back to the nursing unit.
2. Back in the nursing unit you will have a catheter (rubber tube) in your bladder to drain urine. The catheter may be placed on gentle traction to limit bleeding from the prostate, or may be connected to a bedside irrigation bag and drainage bag. Your bladder will be flushed for at least 24-48 hours after surgery. Urine may be bloody at first, and will clear in time.

- a. Your catheter may need to be cleaned (irrigated) by the nurse to remove blood clots if your doctor uses continuous irrigation. Your doctor may choose to have your bladder irrigated at intervals using a blue bulb attached to the drainage tube.
3. You may feel painful bladder spasms. These cause pressure that will feel like a strong urge to urinate or have a bowel movement. To help relax the bladder and relieve the pain and spasms you will receive an anal suppository (cone shaped capsule with medication). If the bladder spasms get worse, call the nurse immediately.
4. You will have an IV (a plastic needle that stays in your arm), which provides fluids into the body through your veins. This is also used to give you medications.
5. It is common to see blood oozing around the catheter and occasionally leaking of urine caused by the bladder spasms. If this occurs the nurse will cleanse the head of the penis and around the catheter. They will show you the proper way to do this so that you can clean the catheter once every 8 hours and after bowel movements and as needed.
 - a. To help reduce the amount of leakage try not to strain, especially when having a bowel movement. You may get bloody drainage whenever you get out of bed to walk.
6. To help prevent complications such as fever, lung problems or blood clots, we will help you turn, cough, take deep breaths and move your legs every 2 hours. On the night of, or the day after surgery, we will help you sit in a chair and you will gradually be allowed to walk. When you are ready, walking the hall is encouraged 3-4 times daily.

7. As soon as you are permitted to eat and drink, you are encouraged to take fluids between breakfast and supper.
 - a. The IV is usually removed when your oral intake is adequate, but it may be continued to give you antibiotics.
 - b. After the irrigation bags are removed, depending on your doctor's order, be sure to attempt to drink 6-8 glasses of water per day to help keep the bladder flushed and free of clots.

8. After the catheter is removed, it may be difficult to urinate or there may be some urgency, dribbling, pain or burning. Keep your urinal handy at all times. This will gradually lessen as your bladder regains tone.

9. When the catheter is removed, urinate into a urinal and save it so that the nurse can measure the amount, record the time and color, and monitor it for the presence of blood clots. Call the nurse each time you urinate and if you have difficulty urinating.

10. If you are unable to urinate or still feel as if your bladder is not emptied completely, call the nurse immediately. The doctor may want them to pass a catheter into your bladder to empty it until you are able to empty on your own.

11. You will be discharged when your doctor feels that you are urinating without difficulty and your urine is clear. The urine may still be red but it should be free of clots. A TURP home instruction sheet will be given to you before discharge explaining what you can and cannot do at home.

Who do I call if I have questions?

If you have any questions, please call surgery scheduling at 231-739-9492, option 3.

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