

Transurethral Resection of the Prostate (TURP) for the Treatment of BPH/Enlarged Prostate

A PATIENT'S GUIDE



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Understanding BPH/ Enlarged Prostate

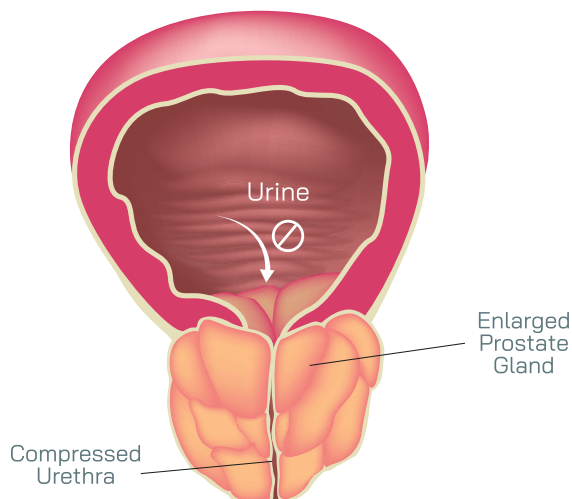
The prostate gland is part of a man's reproductive system, producing a fluid that is ejaculated with sperm. About the size of a walnut, the prostate is located between the base of the bladder and the beginning of the penis and surrounds the upper part of the urethra (The tube that carries urine from the bladder out through the penis.)

Benign prostatic hyperplasia (BPH), also called an enlarged prostate, is when the prostate becomes enlarged. When the prostate is bigger than normal, it may put pressure on the urethra and cause problems with urination.

Individuals with BPH/enlarged prostate can experience urinary symptoms such as:

- Difficulty urinating
- Frequent urination
- Urinary urgency
- Slow urine stream
- Incomplete bladder emptying
- Nocturia (frequent nighttime urination)

ENLARGED PROSTATE BPH



Transurethral Resection of the Prostate (TURP) and Other BPH Treatments

Transurethral resection of the prostate (TURP) is a surgical procedure performed to remove part of the prostate gland to treat an enlarged prostate/BPH using a special instrument called a resectoscope that scrapes the prostate tissue to widen the urinary channel. This surgery is performed when other treatment options for BPH have not been successful.

Alternatives to TURP include:

- Oral medications. Medications may have unwanted sexual side effects.
- Minimally invasive procedures including laser vaporization, UroLift®, Rezūm™ Water Vapor Therapy, and radiofrequency therapy that uses radio waves to shrink the prostate gland to improve urinary symptoms.
- iTind (Temporarily Implanted Nitinol Device) utilizes a temporary device to gently reshape the urethra, widening the opening so urine can flow freely.
- Transurethral thermotherapy uses microwave energy to heat and remove the prostate tissue blocking the urethral opening.
- Aquablation therapy, where a robotically-controlled, heat-free waterjet removes the prostate tissue.
- Transurethral incision of the prostate (TUIP), which involves making small cuts in the prostate and part of the urethra to relieve pressure.
- Suprapubic prostatectomy is an open surgical procedure to remove the obstructing prostate gland; this procedure is typically reserved for extremely large prostate glands.

If other treatments for BPH have not relieved urinary symptoms, your provider may recommend TURP. Talk to your provider about the various treatment options for an enlarged prostate.

How TURP is Performed

For most patients, TURP is performed as an outpatient procedure in an ambulatory surgery center. Some patients may require the procedure to be performed in a hospital.

- You will be brought into the procedure room and comfortably positioned on the operating table with legs in the lithotomy (supine) position.
- Anesthesia will be administered by a board-certified anesthesiologist.
- Once the anesthesia takes effect, your healthcare provider will insert a scope through the urethra into your bladder. The scope is a thin, lighted tube with lenses like a microscope.
- An instrument called a resectoscope with a heated wire loop is used to remove pieces of prostate tissue.
- Your provider will flush the pieces of tissue out of the bladder.
- A catheter is placed in the bladder (usually needed for one night) to help with urination.



Preparing for the TURP Procedure

- If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid bleeding issues during surgery.
- If you are taking daily aspirin or blood thinners, ask your provider if you need to stop taking them before your procedure.
- Antibiotics may be prescribed for a few days before and after surgery to help prevent infection.
- Do not eat or drink anything after midnight on the day of the procedure. Your provider may allow clear liquids.
- Plan for your care and recovery after the procedure; have someone available to drive you home after the surgery.
- Because smokers heal more slowly after surgery and are also more likely to have breathing issues during surgery, it is recommended that people who smoke quit at least two weeks before the procedure. It is best to quit 6 to 8 weeks before surgery.
- Follow any other instructions your healthcare provider gives you.

What to Expect After the Procedure

- A catheter (tube) in your bladder helps drain the urine and flush out any blood clots. Your healthcare provider will remove the catheter one to two days after the procedure.
- You may experience urinary symptoms such as the constant need to urinate, intermittent burning, and frequent voiding that can last for days to several weeks after the procedure.
- You may notice blood in your urine for several weeks following the TURP.
- Difficulty holding urine can occur for the first few weeks after the procedure but typically improves over time.
- Avoid activities such as heavy lifting, exercise, or sexual activity for one to two weeks post-surgery.
- Drink plenty of water to help flush out your bladder following the procedure.
- Schedule a follow-up exam, if necessary, after your procedure.

Benefits of TURP

- Relieves blockages and incomplete emptying of the bladder caused by the enlarged prostate
- Less discomfort
- Ability to urinate more easily
- Quicker recovery and more immediate results
- Less need for a catheter post-surgery

Risks Associated With TURP

- Risks associated with general anesthesia
- Prostate tissue may grow back
- Risk of injury to the bladder or ureters (opening from kidneys to the bladder).
- Inability to urinate (usually temporary)
- Damage to the muscle around the urethra
- Scar tissue formation around the urethra, which narrows the channel and causes urinary difficulty
- Erectile dysfunction
- Retrograde ejaculation (semen flows backward into the bladder rather than exiting the penis during ejaculation)
- Recurrent urinary tract infections (UTIs)
- Infection or bleeding

Your provider will discuss the risks with you before the TURP procedure.

When to Call Your Provider

Call your provider right away if:



You are bleeding excessively or passing blood clots



You are unable to urinate



You develop a fever greater than 101.5



You experience chills, nausea, or vomiting



You have severe pain