

Transurethral Resection of the Prostate (TURP)

About Your Procedure

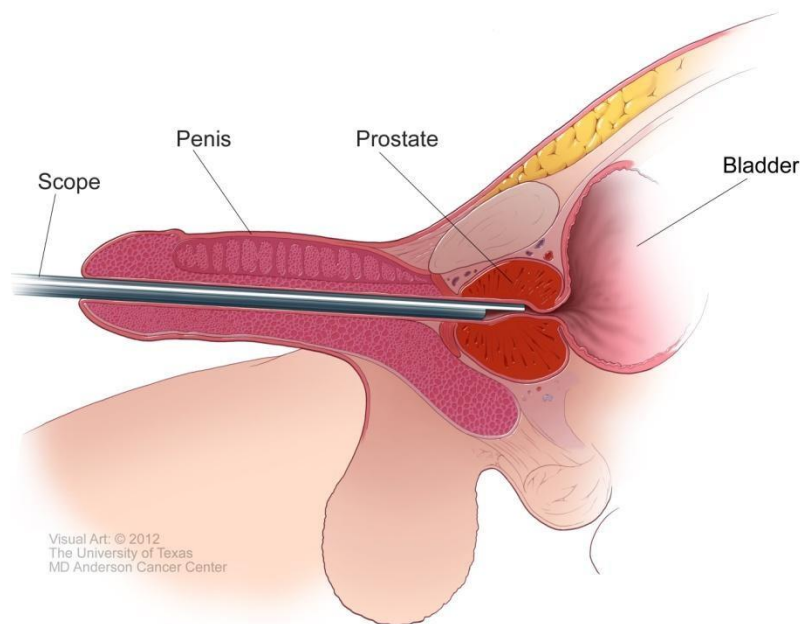
Your doctor recommends that you have a transurethral resection of the prostate (TURP). TURP is a type of prostate surgery done to relieve urinary symptoms caused by an enlarged prostate. This procedure is usually done under general anesthesia, meaning you are put to sleep.

During the procedure, the doctor will examine you by using a scope with a light on the end. The doctor will place the scope into the penis and through the urethra (the tube that empties urine from the bladder). See image. The urethra passes through the prostate. The scope allows the doctor to see the excess prostate tissue or tissue that is blocking the flow of urine. An instrument is then placed through the scope which allows your doctor to remove the overgrowth of prostate tissue. The excess tissue is flushed into the bladder with water. At the end of the procedure, the pieces of tissue are flushed out of the bladder, collected and usually sent to the lab to be studied under a microscope.

A catheter will be placed into your bladder before you leave the operating room. This catheter helps drain urine and blood from the bladder after the procedure. It is normal for the urine in the catheter to be bright red in color. The catheter usually remains in place for two days.

Preparing for Your Procedure

Your doctor may request certain blood tests or imaging studies before your procedure. These tests are not routine for everyone. If requested, these may include:



The scope placement during the TURP procedure


- **BUN and Creatinine** – These blood tests check your kidney function.
- **Complete Blood Cell Count (CBC)** – This blood test shows how many red blood cells, white blood cells and platelets are in a sample of your blood.
- **PT and PTT** – These blood tests check how well your blood clots. These are often ordered for patients who have been on long term blood thinning medicines.
- **Urinalysis** – This is a urine test that checks for an infection.
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If you are over a certain age or have a history of certain medical problems such as heart disease, you may be asked to have a chest x-ray or electrocardiogram (ECG) before your surgery.


Bowel Prep

Your doctor may ask that you use a Fleet[®] enema the night before your surgery to help clean your rectum and the lower portion of your colon. This can be purchased at any pharmacy or major drug store.

Medicines

 If you take a baby aspirin for “general health,” stop taking aspirin **seven to 10 days before the procedure**. If you take Plavix[®], Pradaxa[®] or Coumadin[®] (warfarin), please check with your cardiologist or internal medicine doctor before stopping the medicine to make sure it is safe to stop it. If you have heart stents, you must also discuss with your cardiologist if it is safe to stop your blood thinners. There are certain supplements (vitamins) that can thin the blood. It is important to tell your doctor about all the medicines you take, including over-the-counter medicines, herbs and vitamins. We will also send a letter to the appropriate doctor asking for their recommendations in writing.

The Night Before Surgery

 **Do not** eat or drink anything after midnight the night before your surgery (no gum, breath mints and no ice chips), except for clear liquids which are allowed until 2 hours before arriving to the hospital. You may brush your teeth and rinse your mouth with mouthwash. Avoid swallowing any water or mouthwash.

After Your Procedure

- You will wake up in the recovery area where you will stay until you are fully awake. You will have a Foley catheter in place. This is a soft rubber tube that is placed in the bladder to drain urine. Most likely, you will go home with this catheter in place. Your doctor will give you instructions as to when the catheter can be removed. Before being discharged, your nurse will teach you how to care for the catheter. You will also wear a leg bag or a night drainage bag that will help collect urine. Your nurse will give you more information about these.
- You will have an IV in place to give you fluids and, if necessary, pain medicine. Your vital signs will be taken again. Your bladder may feel full or you may have a frequent urge to urinate for a short time after the exam. This will go away after a few hours.
- You may notice some blood in your urine. Your doctor will tell you how long you should expect to see blood, but it usually goes away after a few days. You may feel a burning sensation when you urinate, but this will get better over time.
- After the procedure, your doctor may give you medicine or prescriptions for medicine to take

at home, such as antibiotics. Follow the directions your doctor gives you and continue to take the medicine as directed.

- If you stopped taking any of your routine medicines, ask your doctor when it will be okay to start taking them. You will receive discharge instructions and a copy of these instructions to take home.
- In certain cases, patients that have a TURP remain in the hospital overnight for observation and are discharged the following day.

Home Care

- Drink at least 10 glasses, 8-ounce size each, of water daily to help with the healing process and to keep your urine as diluted and clear as possible. Please tell your doctor if your fluids are restricted because of a medical condition.
- Keep your post-op appointments as scheduled.
- Avoid caffeine and soft drinks. They can cause irritation, burning and discomfort of the bladder and urethra.
- You may resume your regular diet.
- If you smoke, **quit!** Ask your doctor or nurse for information about smoking cessation programs.

During your post-op recovery, go to the Nearest Hospital Emergency Center if:

- You have not urinated six to eight hours after your catheter is removed or before then if you have increased pain because you cannot urinate.
- You pass large blood clots through your urethra. It is normal to see small clots, the size of a pea, in your urine for a couple of days.
- You begin passing blood that looks like ketchup after your urine was clear.
- A temperature of 101°F (38.3°C) or other signs of an infection, such as shaking chills or sweats.