

Procedure Information Sheet - Transurethral Resection Of Prostate (T.U.R.P.)

Introduction

The prostate is a urologic organ that is situated at the outlet of the bladder. Benign prostate hyperplasia most commonly affects men over age 50. The patient's bladder outlet is obstructed and impeded urinary outflow. The patient will have nocturia, weak stream, sense of incomplete bladder emptying. The operation of Transurethral resection of prostate (T.U.R.P.) is the option of contemporary urological surgery for treatment of benign prostate hyperplasia.

Procedure

- The operation is performed under general anaesthesia/ spinal anaesthesia.
- No incision is made.
- A resectoscope is passed through the urethra and remove the hyperplastic prostate tissue.
- After the operation, a foley's catheter is inserted inside the bladder for immediate bladder irrigation.
- If the hyperplastic prostate tissue is very large, additional operation may be required.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Some tests which may include blood and urine test, chest X-ray and electrocardiogram (ECG) to make sure everything is fine before the operation.
3. All taken medications need to be checked. Some drugs including blood thinners and aspirin may need to stop before operation.
4. Keep fast for 6-8 hours before operation.

Possible risks and complications

A. Complications of general anaesthesia (Rare, <0.01%), but may cause permanent damage or mortality)

- Cardiovascular complications: acute myocardial infarction, cerebral accidents, deep vein thrombosis, massive pulmonary embolism.
- Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airways disease.
- Allergic reaction and anaphylactic shock.

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B. Complications relate to Operation (16%)

- Injury adjacent organs including perforation of bladder or injury of urethra or rectum (< 1%).
- Urinary infection (15%).
- Prostatic bleeding (5%).
- Clot retention (1-2%).
- TURP syndrome (< 1%).
- Fail to void (3.6-11%).
- Retrograde ejaculation (68%).
- Urethral stricture (5%).
- Erectile dysfunction (5%).
- Urine incontinence (0.8%).
- Death (0.5%).

Post-operative information

A. Hospital care

1. You should keep bed rest in the first day after operation.
2. The catheter in the bladder for irrigation will be removed 1-2 days after the operation if the urine becomes clear.
3. There will be mild pain or red urine during the 10-14 days after operation. The pain and red urine will be controlled with medicine and plenty of water intakes.
4. Frequency, urgency and mild incontinence are common and normal after transurethral surgery.

B. Home care after discharge

1. Drink 8-10 glasses of fluid each day.
2. Consume food with high fibre to prevent constipation.
3. Walking short distances is fine but do not take vigorous exercise for at least 6 weeks.
4. Avoid sexual intercourse for at least 4-6 weeks.
5. Continue to take all prescribed medications but check with your doctor before taking aspirin or blood thinners.
6. You can usually go back to work 1-2 weeks after surgery but depend on your job condition.



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7. Please contact your doctor or go back to hospital if excessive bleeding, collapse, severe pain or fever (body temperature above 38°C or 100°F) etc.
8. Follow up on schedule as instructed by your doctor.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____