



Procedure Information – Transurethral Resection of Prostate (T.U.R.P.)

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Introduction

The prostate is an 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 (TURP) is the option of contemporary urological surgery for treatment of benign prostate hyperplasia.

The Procedure

1. The operation is performed under general anaesthesia/ spinal anaesthesia.
2. No incision is made.
3. A resectoscope is passed through the urethra and remove the hyperplastic prostate tissue.
4. After the operation, a foley catheter is inserted into the bladder for immediate bladder irrigation.
5. If the hyperplastic prostate tissue is too large, additional operation may be required.

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 airway disease.
- Allergic reaction and anaphylactic shock.

B. Complications related to operation (16%)

- Injury to adjacent organs including perforation of bladder or injury of urethra or rectum (<1%).
- Urinary infection (15%)
- Prostate bleeding (5%)
- Clot retention (1-2%)
- TURP syndrome (<1%)
- Fail to void (3.6-11%)
- Retrograde ejaculation (68%)
- Urethral stricture (0.5-3.2%)
- Erectile dysfunction (5%)
- Urinary incontinence (0.8%)
- Death (0.5%)

Before the Procedure

1. Your doctor will explain to you the reason, procedure and possible complications. You will need to sign a consent form.
2. Some tests which may include blood and urine test, chest X-ray and electrocardiogram (ECG) to make sure everything is fit before the operation.
3. All taken medications need to stop before operation according to doctor's instruction.
4. Fasting for 6-8 hours before operation.



**Procedure Information –
Transurethral Resection of
Prostate (T.U.R.P.)**

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

Patient No.: PN

*Please fill in /
affix patient's label*

After the procedure

A. Hospital care

1. You should keep bed rest on the first day after operation.
2. The catheter in the bladder for irrigation will be removed when the urine becomes clear.
3. There will be mild pain or naematuria during the 10-14 days after operation. These symptoms can be controlled with medicine and plenty of water intake.
4. Urinary frequency, urgency and mild incontinence are common after the operation and will resume normal later.

B. Home care

1. Drink 8-10 glasses of fluid each day.
2. Consume food with high fiber to prevent constipation.
3. Walking for short distances is acceptable 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 and consult your doctor before taking aspirin or blood thinners.
6. You can usually go back to work 1-2 weeks after surgery.
7. Please contact your doctor or go back to hospital if excessive bleed, collapse, severe pain or fever (body temperature above 38°C or 100°F) etc.
8. Attend follow up appointment as schedule by your doctor.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. Should a complication occur, another life-saving procedure or treatment may be required immediately. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (if any)

Date