TRANSURETHRAL RESECTION of the PROSTATE for PROSTATE CANCER

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about your proposed urological procedure. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view this leaflet online, scan the QR code (right) or type the short URL below it into your web browser.

http://rb.gy/l4hgt

KEY POINTS

- TURP involves coring out a channel through a malignant (cancerous) prostate gland
- TURP can improve symptoms, or help you get rid of a bladder catheter, but it will not improve prostate cancer survival
- A catheter is placed temporarily after the operation to wash out blood clots
- The most common after-effects are loss of semen emission during ejaculation and temporary bleeding, burning or urinary frequency

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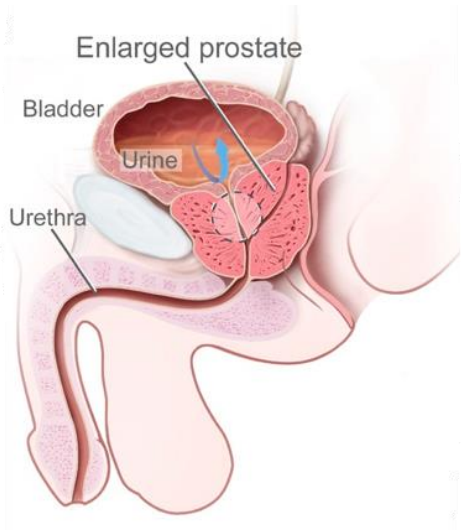
What does this procedure involve?

The prostate gland sits around the water pipe as it leaves the bladder and, when it enlarges, it may block the flow of urine (pictured right).

TURP involves telescopic removal of the obstructing, central part of the prostate with diathermy (electric current), creating a wide channel to allow urine to flow more easily. We usually insert a temporary bladder catheter at the end of the operation.

The operation will help you pass urine more easily but will not improve your prostate cancer survival.

What are the alternatives?



- **Observation** – no treatment, but monitoring of any change in your symptoms over a period of time
- **Drugs to improve urine flow** – e.g. tamsulosin, doxazosin, terazosin, finasteride, dutasteride (all of which have only limited success in obstruction due to prostate cancer)
- **Permanent catheterisation** – especially in patients who, for any reason, are not considered suitable for surgery
- **Hormone treatment** – injections and/or tablets to shrink the prostate and reduce the obstruction
- **Radiotherapy** – given with a catheter in place to prevent retention of urine (due to radiation-induced prostate swelling)
- **Other surgical procedures** – including **holmium laser enucleation of the prostate (HoLEP)** or **green-light laser prostatectomy (GLLP)**.

What happens on the day of the procedure?

Your urologist (or a member of their team) will briefly review your history and medications, and will discuss the surgery again with you to confirm your consent.

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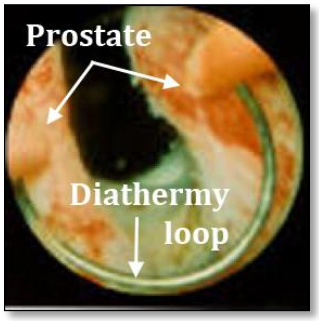
An anaesthetist will see you to discuss the options of a general anaesthetic or spinal anaesthetic. The anaesthetist will also discuss pain relief after the procedure with you.

We may provide you with a pair of TED stockings to wear, and we may give you a heparin injection to thin your blood. These help to prevent blood clots from developing and passing into your lungs. Your medical team will decide whether you need to continue these after you go home.

Details of the procedure

- we normally use a general anaesthetic (where you are asleep) or spinal anaesthetic (where you are unable to feel anything from your waist down).
- we usually give you an injection of antibiotics before the procedure, after you have been checked for any allergies
- we put a telescope into your bladder through the urethra (water pipe) and resect the central part of the prostate a piece at a time using a diathermy (electric) loop (pictured)



- the prostate is resected as small pieces (chippings) which are evacuated from the bladder by suction and sent for pathology analysis
- once the prostate tissue has been removed, we carefully cauterise (burn) any bleeding points in the cavity left by the surgery
- we put a catheter into your bladder at the end of the procedure
- we normally use bladder irrigation through the catheter to flush through any clots or bleeding
- on average, the procedure takes 45 to 60 minutes to complete
- you should expect to be in hospital for one to three nights

We normally remove your bladder catheter within one week after the operation. You may find it painful to pass urine at first and it may come more frequently than normal. Tablets or injections can help with this, and it usually improves within a few days.

Your urine may turn bloody for 24 to 48 hours after removal of your catheter and some patients cannot pass urine at this stage. If this happens, we put another catheter in, before removing it again 48 hours later.

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Further information and a short video of TURP are available on the BAUS website. You can also learn more about the history of TURP on the website.

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Temporary mild burning, bleeding and frequent urination	 Almost all patients
No semen is produced because it passes back into your bladder on ejaculation (retrograde ejaculation)	 Between 2 in 3 & 3 in 4 patients (65% to 75%)
Treatment may not relieve all your symptoms	 Between 1 in 2 & 1 in 10 patients
Future recurrence of symptoms due to regrowth of your prostate cancer	 Between 1 in 2 & 1 in 10 patients
Infection of the bladder, testicles or kidneys requring treatment with antibiotics	 Between 1 in 10 & 1 in 50 patients
Poor erections (in men with previously normal erections)	 Between 1 in 10 & 1 in 50 patients
Bleeding requiring a blood transfusion or re-operation	 Between 1 in 10 & 1 in 50 patients

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Injury to the urethra causing delayed scar formation		Between 1 in 10 & 1 in 50 patients
Inability to pass urine after surgery requiring a catheter or intermittent self-catheterisation		Between 1 in 10 & 1 in 50 patients
Loss of urinary control which may be temporary or permanent		Between 1 in 10 & 1 in 50 patients
Anaesthetic or cardiovascular problems possibly requiring intensive care (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)		Between 1 in 50 & 1 in 250 patients (your anaesthetist can estimate your individual risk)
Irrigating fluids getting into the bloodstream & causing confusion or heart problems		Between 1 in 50 & 1 in 250 patients

What is my risk of a hospital-acquired infection?

Your risk of getting an infection in hospital is between 4 & 6%; this includes getting *MRSA* or a *Clostridium difficile* bowel infection. This figure is higher if you are in a "high-risk" group of patients such as patients who have had:

- long-term drainage tubes (e.g. catheters);
- long hospital stays; or
- multiple hospital admissions.

What can I expect when I get home?

- you will be given advice about your recovery at home
- you will be given a copy of your discharge summary and a copy will also be sent to your GP
- any antibiotics or other tablets you may need will be arranged & dispensed from the hospital pharmacy
- you should drink twice as much fluid as you would normally for the first 24 to 48 hours, to flush your system through and reduce the risk of infection

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- you may return to work when you are comfortable enough and when your GP is satisfied with your progress
- one patient in five (20%) gets some bleeding 10 to 14 days after getting home, due to scabs separating from the cavity of the prostate. If this happens, you should increase your drinking; if it does not settle, you should contact your GP who may need to prescribe antibiotics for you
- if you have severe bleeding, pass blood clots or have sudden difficulty passing urine, you should contact your GP immediately; this may need re-admission as an emergency

Some loss of control is common in the early days, so it is helpful to start pelvic floor exercises as soon as possible; these can improve your control when you get home. Click the link for further information on these exercises, or contact your urology Specialist Nurse. The symptoms of an overactive bladder (frequent & urgent urination) can take up to three months to settle, whereas the flow of urine is usually improved immediately.

It will be 14 to 21 days before the final biopsy results on the tissue removed are available. All biopsies are discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.
Most patients need two to three weeks at home before they feel ready for work. We recommend three to four weeks' rest before you go back to work, especially if your job is physically demanding; you should avoid any heavy lifting during the recovery period.

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (e.g. warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

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Questions you may wish to ask
If you wish to learn more about what will happen, you can find a list of suggested questions called "Having An Operation" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home
We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery
Ideally, we would prefer you to stop smoking before any procedure. Smoking can worsen some urological conditions and makes complications more likely after surgery. For advice on stopping, you can:

- contact your GP;
- access your local NHS Smoking Help Online; or
- ring the Smoke-Free National Helpline on **0300 123 1044**.

Driving after surgery
It is your responsibility to make sure you are fit to drive after any surgical procedure. You only need to contact the DVLA if your ability to drive is likely to be affected for more than three months. If it is, you should check with your insurance company before driving again.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

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This leaflet uses information from consensus panels and other evidence-based sources including:

- the Department of Health (England);
- the Cochrane Collaboration; and
- the National Institute for Health and Care Excellence (NICE).

It also follows style guidelines from:

- the Royal National Institute for Blind People (RNIB);
- the Information Standard;
- the Patient Information Forum; and
- the Plain English Campaign.

DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.

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