TRANSURETHRAL RESECTION OF PROSTATE (TURP)

Introduction

Benign prostate enlargement is a common problem that affects more than half of men aged 50 years and above. Symptoms include slow stream, intermittent flow, straining to pass urine, frequent toilet visits (especially at night), and difficulty holding urine. Most patients can be managed with medication; however, some decide to have surgery for the following reasons: (1) side-effects of medication (2) lack of response to medication (3) prefer a permanent fix instead of lifelong medication.

What does the procedure involve?

Commonly known as a "rebore", obstructing prostate tissue is removed using an electric wire through a telescope passed into the urethra. This creates an open channel in the middle of the prostate gland, transforming a tight tunnel into a wide funnel. The surgery takes an hour and is performed under general or spinal anaesthesia. At the end of the operation, the prostate chips are sent to a pathologist for analysis and a catheter is placed in the urethra to irrigate the bladder.

TURP video (2:28 mins) https://www.youtube.com/watch?v=aBelQBJNDNM

What are the alternatives?

Medications or herbal supplements
Minimally invasive surgery – steam ablation (Rezum), prostate clips (UroLift), temporary implantable device (iTind)
Green light or Holmium laser prostatectomy
Prostate artery embolization – suitable for large prostates in medically unfit patients
Open or robotic simple prostatectomy – very large prostates >200 cc

What are the risks of surgery?

Common (>50%)
Loss of ejaculation – semen propulsion backwards into the bladder (dry orgasm)

Occasional (5-20%)
Infection
Bleeding
Urine retention
Urgency, difficulty hanging on, burning and penile tip pain

Uncommon (1-5%)
Sexual dysfunction
Bladder neck or urethral scar causing obstruction
Urinary incontinence

Rare (<1%)
Blood loss requiring transfusion
Anaesthetic or cardiorespiratory problems - intensive care
Chest infection, clots in the legs and lung, stroke, heart attack, death

What should I do before surgery?

- Do not eat, drink or chew gum for 6 hours before surgery
- If you are on blood thinning medication, discuss this with Dr Ooi
- If you smoke, quitting makes anaesthesia safer and reduces complications

What should I expect after surgery?

The usual hospital stay is 1-2 nights. You will have a catheter that is connected to bags of sterile saline to wash out any blood or clots in the bladder. The oozing usually stops overnight, and the irrigation is turned off. The catheter is removed the following morning if the urine remains clear. Please drink a lot of fluid to keep well hydrated and ask for pain or nausea medication if required. The nurses will assist with daily activities and monitor your progress.

Discharge information

- Drink 2L of fluid each day and have a normal diet
- Take Ural sachets every 4 hours to relieve stinging or burning when passing urine
- Use psyllium husks or laxatives if you feel constipated
- Do not lift anything >5kg, have sex or perform strenuous activities for 4 weeks

As a general guide the urine colour will remain rose-coloured for a few weeks, especially on waking up. If you take blood-thinning medications, please check with Dr Ooi when to restart them.

Please contact Dr Ooi's rooms, the hospital, ward or nurse manager if you have any concerns, such as excessive pain, bleeding, passing large clots, difficulty emptying your bladder, fever or feel unwell. General advice is also available on our website in the Procedures section. If you are still concerned or do not know what to do, please go to the nearest emergency department.

Appointments

Dr Ooi will see you four weeks after surgery to check on your progress and discuss your pathology results. If you live remotely and things are going well, you may prefer to have a telephone call instead of a face-to-face consultation.

Perth – please come with a full bladder so you can do a flow test
Albany – please do not come with a full bladder as there is no flow machine