

A Guide for Patients and Families

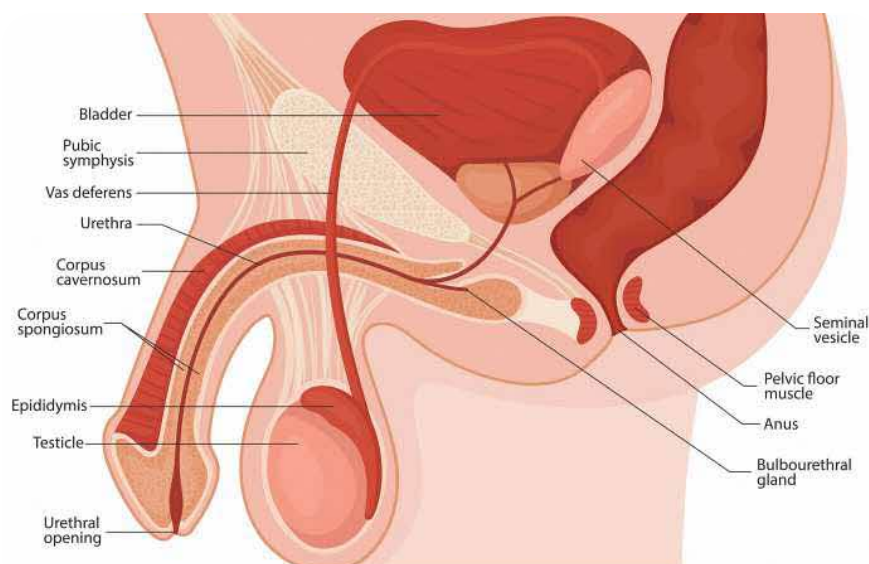
Prostate Surgery: Post-Transurethral Resection of the Prostate (TURP) Surgery

What is the prostate gland?

The prostate gland is only present in men. It sits at the outlet of the bladder and surrounds the urethra (the tube through which urine is passed). When a man has an orgasm, the gland squeezes a small amount of fluid into the semen to energize the sperm.

After the age of 50, the prostate gland enlarges, squeezing the urethra and hence, slowing down the flow of urine.

A small number of men may develop a partial or complete blockage and suddenly find themselves unable to pass urine resulting in acute urinary retention. When this happens, the patient will usually need to have a fine tube (catheter) inserted into the bladder to empty it. Some patients can pass urine freely after the removal of the catheter. Others may require an operation.



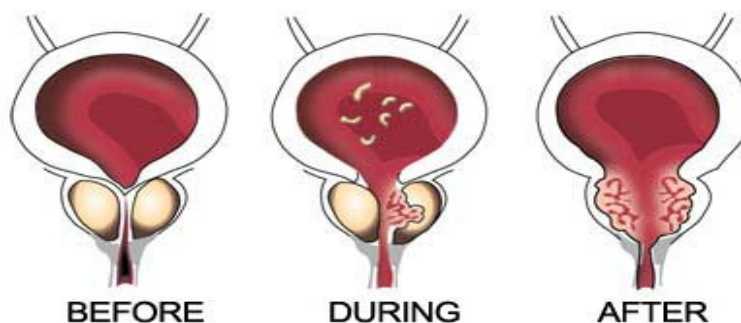
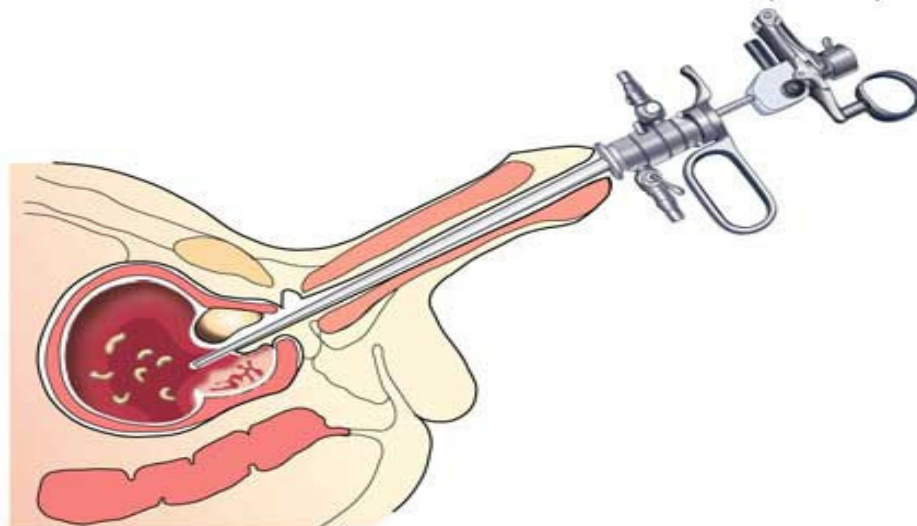
What is involved in a TURP?

This procedure is called Transurethral Resection of the Prostate (TURP). The prostatic urinary channel is widened by TURP for better bladder emptying and smoother urine flow. A small telescope is passed through the prostate gland in small pieces. These pieces are washed away and sent for laboratory examination. There will be no open wound.

Before the procedure

- You should not eat or drink for 6 to 8 hours before the procedure.
- You will need to meet up with the anesthetists to discuss the most appropriate form of anesthesia for you.
- Please inform your doctor if you are taking blood-thinning medication like Aspirin or Warfarin.

TRANSURETHRAL PROSTATE RESECTION (TURP)



Care and Management

After the procedure



You will be closely monitored in the ward. You will have a urinary catheter coming out from your penis to drain the urine into a urine bag at your bedside. This urinary catheter will also be attached to a bag to wash out blood clots.

Due to the scrapping of the prostate gland, it is normal to see blood in the bag. You will realize too that you do not need to strain for urination as the urine will flow out from your bladder via the catheter.



You will be allowed to eat and drink on the same day after surgery. You are strongly encouraged to drink **at least 1.5L** of fluid a day to continue flushing your bladder or as instructed by your healthcare provider. As the bleeding subsides, the bladder irrigation fluid will be stopped.

With our latest early discharge program, most patients have their catheters removed and get discharged on the next day after surgery. You are also encouraged to get out of bed and start walking around. This may however vary from patient to patient.

Advice to patient after procedure:

- It is normal to have blood-stained urine for about 2 weeks after TURP, sometimes with small pieces of blood clots.
- It is also common for you to experience more urinary frequency and urgency for a few months after TURP. Please do not be alarmed.
- You should drink about 1.5L (about 8 cups) of water every day after TURP to keep a good volume of urine output.
- You should avoid strenuous activities for several weeks after TURP, as straining may increase your risk of bleeding.



However, should you experience the following symptoms, please contact your urologist early:

- Fever (need to exclude infection, which commonly occurs within the first 5 days after TURP).
- Passing out larger amount of blood clots.
- Unable to pass urine despite strong urge (this is more common if you have been passing large amount of blood clots, and these clots subsequently choke your urine passage)

Discharge:

What you should take note after you are discharge from prostate procedure?

- It is normal if you notice some blood in the first voided urine in the morning. This will usually clear by drinking plenty of water, at least 1.5L during the day (unless your doctor has advised you to restrict your fluid intake).
- As healing takes time, the majority of the patients experience symptoms for about 4 to 6 weeks.
- Ensure you have a high-fiber diet and fruits e.g. papaya, and banana (unless advised against by your doctor). This is to prevent constipation and staining when moving your bowels.
- Avoid driving for a week as you may have bladder spasms and frequent urge to pass urine.
- Avoid strenuous physical exercise and lifting heavy objects for 4 to 6 weeks to reduce the chance of post-operative bleeding.
- Sexual activities can be resumed after 4 to 6 weeks. Potency is not affected in the majority of patients though a small number of impotency cases have been reported.
- Take the medications as prescribed.
- Come back to the clinic for review as scheduled.

Full recovery can take up to 12 weeks. Improvement in urination is noticeable in most patients. You will be given appointments to visit your doctor after the procedure. Do inform your doctor if you still have significant frequency and urgency to urinate.

Complications (if any):

You should seek medical attention if you experience any of the following:

- Excessive bleeding or passing of blood clots in the urine.
- Painful upon micturition (passing urine).
- Unable to pass urine for more than 6 hours.
- Fever of more than 38°C and above.
- Severe abdominal pain and not relieved by the analgesic as prescribed by the doctor.

Important notes on the day of your follow-up appointment:

Please come ONE hour, or as instructed by your healthcare provider before your appointment time to do the Uroflowmetry and Residual Urine Test.

If you do not have a urinary catheter, you will need to have a full bladder.

Consult your doctor or nurse if you notice any of the above and do proceed to the Emergency Department after office hours.