



Trans-Urethral Resection of the Prostate (TURP)

Patient Information Booklet

Exceptional People. Exceptional Care.

Mater Adult Hospital

Mater Adult Hospital is one of Brisbane's leading health facilities for non-insured patients. It is built on a foundation of clinical excellence and a commitment to safe, compassionate care, that is:

- quality focused
- technologically advanced
- customised to patients' needs and lifestyles.

Mater Adult Hospital provides a wide range of surgical, medical and cancer services to non-insured patients. It features a 24-hour emergency department, intensive and coronary care units, day surgery, day oncology, day respite and busy medical, cancer and surgical units.

The hospital's Division of Medicine offers specialist services in respiratory medicine, endocrinology, gastroenterology, nephrology, cardiology, infectious diseases, dermatology, rheumatology, general surgery and medicine.

Modern facilities accommodate inpatients, outpatients, and day-only patients. General surgery is complemented by recognised surgical expertise in women's health, orthopaedics, urology, ophthalmology, vascular surgery, oral/faciomaxillary surgery, colorectal surgery, plastic surgery, ear/nose and throat surgery and dermatology. While in hospital, patients also have access to a range of allied health practitioners (dietitians, physiotherapists, etc.), pharmacy, hairdressing, and chaplaincy services.

For more information about Mater Adult Hospital please telephone **07 3163 8111**.

Visiting Hours

11 am to 1 pm and 3 pm to 8 pm (patient rest period 1 pm to 3 pm)

Our Mission

In the spirit of the Sisters of Mercy, Mater Health Services offers compassionate service to the sick and needy, promotes a holistic approach to health care in response to changing community needs and fosters high standards in health-related education and research.

Following the example of Christ the Healer, we commit ourselves to offering these services to all without discrimination.

Our Values

Mercy: the spirit of responding to one another

Dignity: the spirit of humanity, respecting the worth of each person

Care: the spirit of compassion

Commitment: the spirit of integrity

Quality: the spirit of professionalism

Welcome

At Mater Health Services we understand that having an operation can be a very stressful experience. This booklet aims to alleviate some of your concerns in keeping with our Mission to offer compassionate, quality care that promotes dignity whilst responding to patients' needs. It explains briefly what to expect before you come to hospital, the events that may occur during your visit and the things to expect when you are discharged from the hospital.

It is, however, only a guideline as each person may require differing treatments.

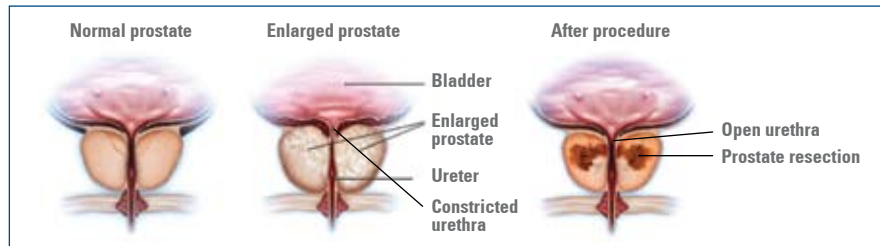
If you have any questions about your treatment please ask your doctor or nurse.

Our pastoral care team offers a caring support network to all patients. The dedicated members of this team will visit you during your stay and are available at your request to discuss any anxieties or problems that you may have.

Trans Urethral Resection of Prostate (TURP)

Please understand the following information should supplement what your doctor has already discussed with you regarding your operation and is simply providing you with a summary of information.

Transurethral resection of the prostate is the operation carried out primarily to relieve obstruction of urine passing from the bladder through the urethra. This operation is also known as a 'Rebore'.



In most cases a spinal anaesthetic is given. In some cases a general anaesthetic is given. Your anaesthetist will discuss these options with you.

The operation is performed by passing a telescopic instrument in through the penis along the urethra and into the area where the prostate gland is obstructing. A special electrode is used to cut away the prostate tissue. At the end of the procedure, a catheter is placed and usually kept in place from between one to three days after surgery. While the catheter is in place irrigating fluid flows in and out of the bladder through the catheter. The purpose of this fluid is to keep the operated area and the bladder clean and free of clots.

Potential complications of surgery

While the TURP offers high success rates, like any other surgery there are still risks that need to be considered.

Risks:

Bleeding: the risk of having significant bleeding is very small and it is very uncommon to need a blood transfusion. It is not uncommon though, to have blood in your urine for up to a couple of weeks after the operation and if you do see blood you should:

- increase your oral fluid intake to at least two to three litres of fluid per day (unless you have medical reason not to do so) reducing fluids when your urine clears
- reduce your mobilisation and increase your rest time.

NB: seek medical advice if you are passing heavy blood or clots.

Infection: There is a small risk of developing an infection in the urine. This risk is however minimised by routine administration of antibiotics at the time of surgery.

Retrograde Ejaculation: most men will experience retrograde ejaculation following a TURP. This means the semen goes into the bladder instead of down the urethra during ejaculation. The semen is passed out when you empty your bladder.

Irritative Urinary Symptoms: following surgery it is usual to have frequency of urination and urgency. Initially you might even find it difficult to reach the toilet in time. It is often thought that drinking less will resolve the frequency and urgency symptoms however it can actually add to the problem. It is therefore important to maintain the recommended fluid intake amount while you are experiencing these symptoms. Over the counter remedies such as Ural and Panadol may assist in relieving these symptoms.

Incontinence: In less than 0.5 per cent of cases incontinence can occur.

Penile Erection: Approximately 1–2 per cent of men who are sexually active before surgery will lose their ability to have a penile erection—however there are effective treatments available if this does occur.

Our expectations

Prior to discharge:

1. You will be passing urine or you will be taught how to manage your catheter at home.
2. Your pain will be controlled by taking oral analgesia.

Your expectations and goals

What are your expectations of your hospital stay?

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Admitting Nurse to complete and sign

Preadmission clinic

Mater Adult Hospital provides a pre-admission service. You will have received this service in any of the following ways:

- from specialty clinic to the pre-admission clinic
- at the pre-admission clinic
- over the phone.

The pre-admission service gathers information, initiates investigations to prepare you for your surgery, provides information regarding your specific operation and identifies discharge needs.

Things to do before you come to hospital:

- It is important for you to have all the tests which your doctor has ordered completed prior to coming to hospital. Please bring X-rays, any ECG results and all your blood test results with you to hospital along with your medications. **Your medications need to be in their labelled containers or Webster pack.**
- **If you are taking any blood thinning or arthritis medications please follow instructions provided by your pre-admission nurse or pharmacist, they will notify you if these medications need to be stopped in preparation for your surgery.**

Medications to be stopped

1.	3.
2.	4.

It is necessary that you have **nothing** to eat or drink (including water, lollies and chewing gum) **at least six hours before your operation.** Please follow instructions provided by your doctor or pre-admission nurse.

- It is important for you to shower and dress into clean clothes prior to coming into hospital. No skin products—such as deodorant, perfume, body lotion, powders are to be used following your shower.
- Mater Adult Hospital is unable to accept liability for losses. **It is highly recommended that you leave your valuables at home for safety and security purposes.** Please bring essential items only. While Mater does not take responsibility for your personal belongings our Security Office will hold any lost property that is handed in.
- Read this booklet and have it ready to bring with you to hospital.

The day of your operation

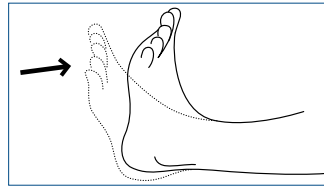
Before your operation

- When you come to hospital proceed to the Day Procedure Unit, level 5, Mater Adult Hospital, where you will be admitted and prepared for surgery. At different times through out your hospital stay and as a safety requirement, staff will request confirmation of your name, date of birth, allergies and procedure.
- The assessment form completed at the pre-admission service will be reviewed and your health team will plan for your individualised care while in hospital and any support you may require after discharge. Your nurse will also check that your consent form has been signed or organised to be signed before your operation.

- Your nurse will discuss with you any concerns that you may have about your surgery or post-operative recovery and needs that you may have when you are discharged.
- It is an Infection Control requirement at Mater that you will be required to have swabs taken if you have transferred from or worked at another health care facility or you have had previous resistant infections. This is usually identified and attended at the pre-admission clinic. Your admission nurse will check if these three swabs have been taken and will complete the test if there are further swabs required.
- The medications you brought to hospital will be collected. Please remember to ask for these to be returned to you when you leave the hospital. Please inform the nurse admitting you if you have been taking any blood thinning or arthritis medications prior to your admission, as these may have needed to be stopped before your operation day. It is usual for you to continue taking your other prescribed medications.
- You may walk as much as you like. Please notify staff if you leave the unit.
- You will have an identification armband applied. This will stay on for the duration of your stay for identification and safety reasons. For your safety, if you have known allergies, you will have a red armband applied, for your safety.
- Your nurse will take a set of baseline observations (temperature, pulse, blood pressure etc), weigh you and may ask you to provide a urine sample for routine testing.
- You may require a small enema as part of surgery preparation.
- You will be asked to dress into theatre clothing.
- You will be measured for Anti-embolic stockings (TEDS) and will need to have these put on prior to going to theatre. These assist with blood flow through your legs and decrease the risk of blood clot formation while you have decreased mobility.
- You may be prescribed a pre-medication before you go to surgery.
- Before you leave for theatre a pre-operative check list will be completed with you by your nurse. This check-list will be repeated in the operating reception area. Apart from your wedding band, no jewellery or metal is to be worn to theatre.
- You will be escorted to the operating suite.
- It is important to practise your breathing and leg exercises which you will need to commence once you have woken up from you operation.

Breathing exercises—every hour you are awake and while resting in bed take five long and slow deep breaths. Each breath should be deeper than the previous breath. Think about getting the air to the very bottom of your lungs. Taking a deep breath may trigger a cough. Support your wound with your hands and forearms; perhaps use a pillow over your tummy to protect as you cough. Bent knees help to reduce further strain on your wound.

Circulation exercises—these exercises improve the blood circulation and may help prevent blood clots from forming in the legs. Start doing this exercise in bed and then once you start sitting out of bed.



- a) Move your feet up and down briskly from your ankles.
- b) While your leg is straight, push your knee gently into the bed and pull your toes towards your head. Hold this stretch for a few seconds and then relax.

Repeat five times with each leg if comfortable.

- c) Squeeze your buttocks tightly and then relax. Repeat a few times.

After your operation

- You will stay in the recovery room within the theatre suite after the operation while you waken from anaesthetic. You will be transferred on your bed to your room in the ward.
- If you have had a spinal anaesthetic you will be feeling a numbness or heaviness in your legs. This is quite normal. The sensation in your legs will gradually return over a couple of hours.
- It is important that you remain on bedrest following your surgery until the next morning. Reducing your activity allows your body to recover from the anaesthetic and reduces the possibility of bleeding.
- You will have a urinary catheter in place draining blood stained urine. Irrigation fluid will be attached and is used to flush the bladder of any blood or clots.
 - Blood in the urine is normal after this type of operation. Irrigation fluid and increased oral fluids help flush the bladder and clear away any clots or blood.

- While the catheter is in place you may experience bladder spasms or contractions. This can be caused simply by the bladder reacting to the catheter being in place or because the bladder is not emptying properly. The spasms make you feel like you need to pass urine and may cause leakage around the catheter. These spasms are unpleasant but do not cause long-term damage.

NB: If your bladder feels FULL please notify your nurse. They will be able to assist you.

- Your nurse will take frequent observations of your vital signs (eg pulse and blood pressure), the return of your sensation to your legs, will keep checking the colour of your urine and that the catheter is draining freely.
- Your nurse will assist you to have a wash sometime after you return to the ward.
- You will have IV fluids to help re-hydrate you.
- It is best to introduce food and fluids slowly following your surgery as the anaesthetic can cause you to feel nauseated. Begin with sips of water and ice then progress gradually to a normal diet, as tolerated. When you are able to tolerate fluids it is important for you to drink plenty to help flush any blood out of the bladder.
- Your IV is usually removed the day after your operation.
- Please tell your nurse if you have pain or nausea. There are treatments that can be given to relieve this.
- It is essential you do not become constipated or strain when opening your bowels. This may cause bleeding. Constipation can be avoided by fluids, diet and aperients.

In preparation for your discharge

- Your catheter is usually removed day one or day two after surgery.
- After your catheter has been removed your nurse will monitor your urination by
- Measuring your urine each time you pass it (you will be needing to use a bottle).
- Performing bladder scans randomly to check how your bladder is emptying.
- Once your catheter has been removed your bladder needs time to readjust to 'working properly'. Drinking large volumes of fluid at one time can cause the bladder to overfill. It is recommended that you keep maintaining the two to three litres of fluid however it is important to divide the amount over the entire day.

- Your medical team will visit you.
- You will be encouraged to mobilise depending on the amount of blood in your urine.
- You will be encouraged to shower and assistance will be provided if you are in need of it.
- You will be eating normally.
- You will be given your medications and advised when to recommence those that have been stopped.
- Your IV drip will be removed before you go home.

If you are going home with a catheter you will:

- receive education and written instruction on the care of your catheter
- spare catheter bags
- instructions for when and where you will be having your catheter removed.

Discharge advice following TURP

Even though you do not have an external visible scar it is important to remember you do have an open wound that is still healing therefore the following discharge advice is very important to understand and follow:

What to expect:

- Initially you may experience burning during urination, a loss of some control of urination or need to urinate frequently. These symptoms are normal and will eventually settle down.
- Approximately nine to fourteen days after your surgery the scab which forms on the healing prostate surface will begin to peel away. You may notice some tissue and fresh blood in your urine at this time which is normal. However, if you experience difficulty passing urine you should report the emergency centre.

What to avoid:

- strenuous activity and heavy lifting for six to eight weeks
- strenuous activities, including heavy lifting (over 4.5 kg), long walks, sports or sexual intercourse until healed or as directed by physician
- straining during bowel movements.

Avoid constipation by:

- eating a diet high in fibre
- drinking two to three litres of fluid per day
- not taking codeine-based analgesia.

What to do

- Rest for the first two days after you are discharged from hospital. Bleeding is most likely to occur between days 9–14 post-op due to the scab on your wound coming away. Avoid any unwise activity at this time.
- Mobilise around the house and yard for the first two weeks, then begin going for short walks of five to ten minutes.
- Your activity level should gradually increase and be guided by the presence of blood in your urine.

Contacts

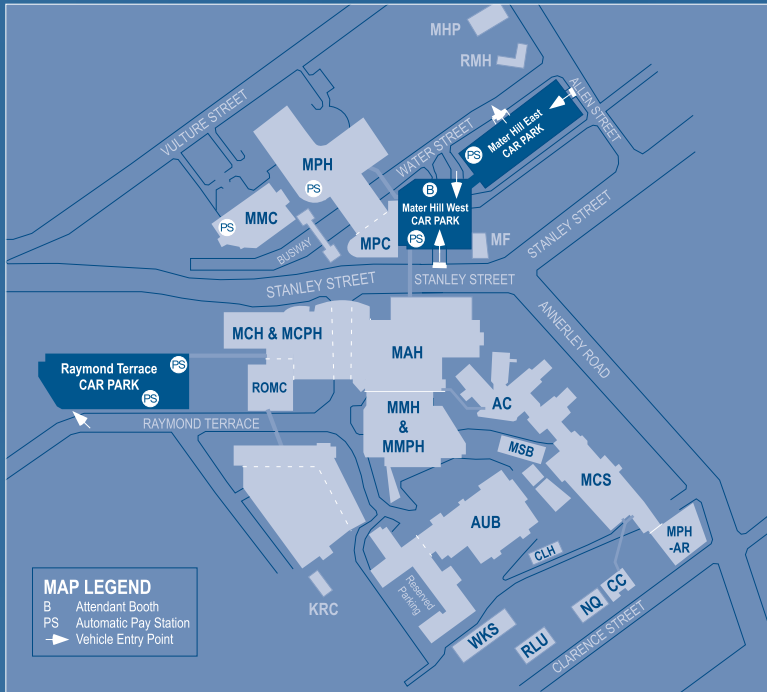
Please contact either your General Practitioner (GP); Mater Adult Hospital Emergency Department or your closest Emergency Department if you experience any of the following after discharge:

- the amount of blood in your urine increases
- you cannot pass urine
- you develop a fever
- you develop confusion, agitation changes in mental status or you experience visual disturbances (TUR syndromes)
- you develop nausea and vomiting (TUR syndrome).

Acknowledgements:

Staff of Mater Adult Hospital, Raymond Terrace, South Brisbane Q 4101

Reference: Milliman CareGuidelines: Inpatient and Surgical Care/Ambulatory surgery/ Home Care 1990–2008



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