



# TURP

## (Trans Urethral Resection of the Prostate)

UHN

### Information for Patients

- TGH
- PMH

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## **What is a TURP?**

The prostate is a gland that surrounds your urethra where your urethra meets your bladder. This gland can become enlarged and make it hard to urinate.

It's natural for this gland to get bigger as you get older. The condition is called BPH or Benign Prostate Hyperplasia. "Benign" means that it is not cancer.

TURP stands for Trans Urethral Resection of the Prostate. In this procedure, we cut away the extra prostate tissue. We use an instrument called a resectoscope to go inside your prostate through your urethra. The tissue that we cut away gets flushed out.

## **What happens before your operation?**

Please inform the healthcare team of any special tests you may have had, any medical issues or if you have been seen by a specialist an example would be a cardiologist. This will help us in coordinating your care in an efficient manner.

**Please inform your healthcare team if you are taking Aspirin, any anti-inflammatory medication, any other blood thinners such as Coumadin, Plavix**

**You will be called by your surgeons office with a pre admission appointment as well as your surgery date.**

## **Preadmission**

- Please bring your health card and any other insurance cards with you. You will need the policy number of your extended health insurance if you have one.
- If you have any records of previous tests please bring these with you

- We test your blood and do an ECG (electrocardiogram) and/or a chest x-ray to prepare you for the operation.
- You will be seen by a pharmacist to review your medications
- You will be seen by a nurse in the preadmission department who will conduct a full in depth health assessment. They will also review information in regards to the surgery, and answer any questions you may have.
- Dependent on your medical history you might also have to see an anesthetist and/or a medical doctor during this appointment.

### **Day before your surgery**

- You will need to buy a fleet enema at the pharmacy to use the night before your operation.
- Don't eat or drink for 5 to 6 hours before your operation. (We call this being "NPO.")

### **What to do the morning of your operation**

- Arrive at the hospital 2 hours before your operation is scheduled.
- We will give you an intravenous (IV). This is a small needle that goes in your arm to give you fluids or antibiotics.

### **What to expect after the operation**

You will wake up in the Patient Anesthetic Care Unit (PACU).

You will be attached to some tubes:

- an **IV**
- a **catheter**, which goes up your penis to drain urine from your bladder.

The catheter is also connected to a bag of saline (salt water) solution. This solution flushes the blood and clots from your bladder. We call this Continuous Bladder Irrigation (CBI). It's normal for your urine to have a pinkish colour for a few days.

It is important to keep the catheter clean. Your nurse will show you how to do this.

### **What does a catheter feel like?**

You may feel like you have to urinate. You may also feel muscle spasms in your bladder. These spasms may come and go. There is a medication that can help to calm them.

We usually take the catheter out the day after your operation, depending on the colour of your urine.

When we've taken the catheter out, you should drink lots of fluid. This means about 8 glasses of water a day (each glass should be 8 oz).

### **How to take care of yourself when you go home**

- You will probably go home after one night in the hospital.
- Your healing will take about 4 to 6 weeks.
- Keep drinking lots of fluid to flush out your bladder. This will also water down your urine so that you feel less burning when you urinate. Sometimes your urine may have a pinkish to reddish colour. This means you need to drink more fluids.
- For the next 6 weeks, don't lift heavy things (such as groceries, grandchildren, pets, etc.).
- Don't do heavy exercise (such as shoveling snow, gardening, jogging, golfing, skiing, etc.). You can go for walks. In 6 weeks, you can go back to your normal activities.

- Don't take long car trips. Keep them short. Make stops to urinate when you need to.
- Don't strain when you're having a bowel movement. Eat food that is high in fibre (bran, fruits, vegetables) so that you don't get constipated. You can take mild laxatives like Metamucil, Prodiem, or Milk of Magnesia. But don't use enemas.
- Don't take any anti-inflammatory medication for 2 weeks after your operation.
- Don't have sex for 2-3 weeks after your operation because you may have some bleeding.

### **What are the side effects from this operation?**

For awhile, you might have to urinate often. You might also feel burning when you urinate.

- Some people have problems with ejaculation. Your semen might flow into the bladder instead of the penis. This side effect is called retrograde ejaculation.

### **When to call your doctor**

- If you bleed heavily when you urinate and this lasts for more than 24 hours.
- If your temperature goes up higher than 38° C (101°F) and/or you feel chills.
- If you cannot urinate (pass urine).
- If you feel pain in your abdomen (bladder area) or on your side near your kidneys.

### **Your follow up appointment**

We will make a follow up appointment for you about 6 weeks after your operation.

## **How to contact us**

### **Surgeons**

Dr. T. Finelli	416-964-2851
Dr. N. Fleshner	416-946-2899
Dr. M. Jewett	416-946-2909
Dr. Kulkarni	416-946-2246
Dr. M. Robinette	416-340-3855
Dr. J. Trachtenberg	416-946-2100
Dr. A. Zlotta	416-586-3910

### **Toronto General Hospital Nursing Unit**

6 A West	416-340-3521
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