TRANSURETHRAL RESECTION OF THE PROSTATE (TURP) and LASER ENUCLEATION OF THE PROSTATE

Patient Information

1. This procedure is done to improve your urinary flow if you have Bladder Outlet Obstruction
2. It is an endoscopic procedure under General Anaesthetic or Spinal Block
3. A tunnel is cut through the obstructive tissue under direct vision via a scope inserted through the penis. The cutting is performed with electro-cautery (bipolar or monopolar). During the procedure there will be continuous irrigation with fluid (water or saline) to improve vision. The irrigation will be continued post operatively to prevent blood clot formation in the bladder. We currently use the bipolar system from Olympus (TURIS). This is safer than monopolar resection. There is a limit to the prostate size which can be resected with a TURP.
4. Laser enucleation can be done with either Thulium (THULEP) or Holmium (HOLEP) laser platforms. Instead of "hollowing out" the prostate from inside to out there is cut around the prostate with help of laser energy mimicking open surgery and enucleating the prostate lobes. The lobes are then morcellated in the bladder. This is mainly used for bigger prostates (80-150g) and open surgery for benign enlargement of the prostate should very seldom be done today. In this way more tissue is removed with less bleeding than normal TURP. Hospital stay, bleeding and complications are decreased compared to open surgery for large prostates
5. The procedure takes approximately 60 minutes to perform. This can take longer with an enucleation of a bigger prostate. Very large prostates (130-150g) are sometimes done in two sittings.
6. Indications for a TURP: failed medical therapy, recurrent infections or other complications of an enlarged prostate as bleeding, renal failure or bladder stones
7. In general, you will spend 3 days in hospital, with catheter removal on the third day. With enucleation discharge is often possible on the first day after surgery.
8. It is extremely important to have a proper bowel movement prior to catheter removal, as well as for the post-operative period up to 4 – 6 weeks. Failure to treat constipation early and effectively will lead to difficulty passing urine and urinary retention. This will require another catheter
9. Once the catheter is removed you should be able to pass urine with a stronger flow than before the procedure
10. If you manage to pass a good volume of urine with a strong flow, you will be able to go home
11. You will have discomfort and a burning sensation during the urination for up to 3-4 weeks after the procedure. Pyridium prescribed for the first 5 days aims to provide some relief. Citrosoda makes the urine less acidic and will help to make the burning less intense
12. You will see blood in your urine intermittently for up to 3-4 weeks. The periods of clear urine will get longer and longer until it stays clear
13. You will have discomfort in the area between the scrotum and anus during this period. It is usually most intense as you finish off your urination
14. When passing stool, you can expect to pass some blood via your urethra
15. All of the above symptoms are due to the raw area on the inside where the tunnel was cut
16. If your urine was clear and you suddenly start bleeding with increased burning and running to the toilet frequently, you might have an infection – urine should be taken to the lab for MC+S
17. You must return for a follow up flow test after about 2 weeks to confirm improvement. Please come with a full bladder as a follow up flowtest is required.

18. Many patients experience symptoms of Overactive Bladder Syndrome (OAB) post operatively: frequency of urination, urgency to urinate due to pressure over the bladder and needing to get up multiple times at night to pass urine. This can be treated with medication. Please phone is if you experience OAB in order for us to start a trial of medical therapy

19. Another common complication is a secondary bleed with urinary retention due to clots. Should this happen, you will require catheterization and possible washout of the clots. This happens most commonly 2 weeks post operatively. If you suddenly bleed excessively and struggle to pass urine, please go to the ER

20. Please remember that you will have permanent retrograde ejaculation after this procedure. You will still have an orgasm with normal sensation, but no fluid will be ejaculated

21. If you do not understand the content of this document, please discuss this with my staff or make an appointment to discuss it with me