

# Transurethral Resection of the Prostate (TURP)

SUNA Postoperative Care Task Force

## Overview

Benign (not cancer) prostate hyperplasia (BPH) can cause symptoms, such as bladder stones, blood in the urine, and stopping of urine (retention). The excess tissue of an enlarged prostate can be removed in a procedure called a transurethral resection of the prostate (TURP). This is the most common treatment for BPH.

You may be put to sleep with general anesthesia. Local anesthesia for the lower part of the body may be used for this procedure. Hospital stay may be 1 to 2 days.

## Indications

Enlarged prostate surgery is recommended if less-invasive treatments and/or medications have failed, or if you have severe symptoms, such as:

- An inability to urinate.
- Frequent urinary tract infections.
- Excessive blood in the urine.
- Bladder stones.
- Kidney damage.

## Risks

Risks for this surgery include:

- **Temporary difficulty urinating for several days.** If you cannot urinate, you may need a tube (catheter) inserted into your penis to carry urine out of your bladder.
- **Urinary tract infection.**
- **Retrograde ejaculation.** A common and long-term effect of any prostate surgery is the release of semen during ejaculation into the bladder rather than out of the penis. Retrograde ejaculation is not harmful and usually does not affect sexual pleasure. It can interfere with your ability to father a child.
- **Erectile dysfunction.** The risk is very small, but erectile dysfunction can occur after prostate treatments.
- **Heavy bleeding.** Very rarely, men lose enough blood during a TURP to require a blood transfusion.
- **Difficulty holding urine.** Rarely loss of bladder control (incontinence) is a long-term result of TURP.
- **Need for retreatment.**
- **Sometimes TURP causes a narrowing (stricture) of the urethra or bladder neck.**

## What to Expect Before Surgery

- You may need to have lab tests, X-rays, and electrocardiograms (EKGs) completed before your surgery, if ordered by your surgeon.

- You may be asked to attend a preoperative clinic before surgery.
- If you start any new medications before your surgery, please contact the urology office as soon as possible.
- You may be prescribed an antibiotic to prevent infection. Please take as directed.
- You will be asked not to eat or drink anything after midnight on the evening before your procedure.

## What to Expect After Surgery

- You will be admitted to the hospital for 1 to 2 days.
- You will have a catheter that is used to irrigate your bladder to help control bleeding. The catheter may be removed before you go home. If not, your provider will give instructions when to have the catheter removed.
- Blood in your urine is normal for several weeks.
- Urination might be painful, or you might feel the need to urinate more frequently. These symptoms are normal. They improve over time and resolve in 6 to 8 weeks.
- Avoid sex for 6 to 8 weeks.
- Avoid driving until you are no longer taking prescription pain medications.

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*We hope you and all your family members may benefit from these handouts.*

## When to Call the Clinic

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Please call if you experience any of the following:

- Inability to urinate.
- Bright red blood.
- Increase in clots in your urine.
- Urine that doesn't become clear after drinking more fluids or resting for 24 hours.
- Fever above 101 degrees F.
- Chills.
- Confusion, agitation, changes in mental status, or visual disturbances.
- Nausea or vomiting.

\*\*If you are unable to reach the office and are in need of immediate assistance, please proceed to the nearest Emergency Room.

### Resources

- Lerner, L.B., McVary, K.T., Barry, M.J., Bixler, B.R., Dahm, P., Das, A.K., Gandhi, M.C., Kaplan, S.A., Kohler, T.S., Martin, L., Parsons, J.K., Roehrborn, C.C., Stoffel, J.T., Welliver, C., & Wilt, T.J. (2021). Management of lower urinary tract symptoms attributed to benign prostatic hyperplasia: AUA guideline part II, surgical evaluation and treatment. *Journal of Urology*, 206(4), 818-826. <https://doi.org/10.1097/JU.0000000000002184>
- Urology Care Foundation. (n.d.). *Surgery*. [https://www.urologyhealth.org/urology-a-z/b/benign-prostatic-hyperplasia-\(bph\)/surgery](https://www.urologyhealth.org/urology-a-z/b/benign-prostatic-hyperplasia-(bph)/surgery)
- U.S. National Library of Medicine. (n.d.). Transurethral resection of the prostate – Discharge. *MedlinePlus*. <https://medlineplus.gov/ency/patientinstructions/000300.htm>

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