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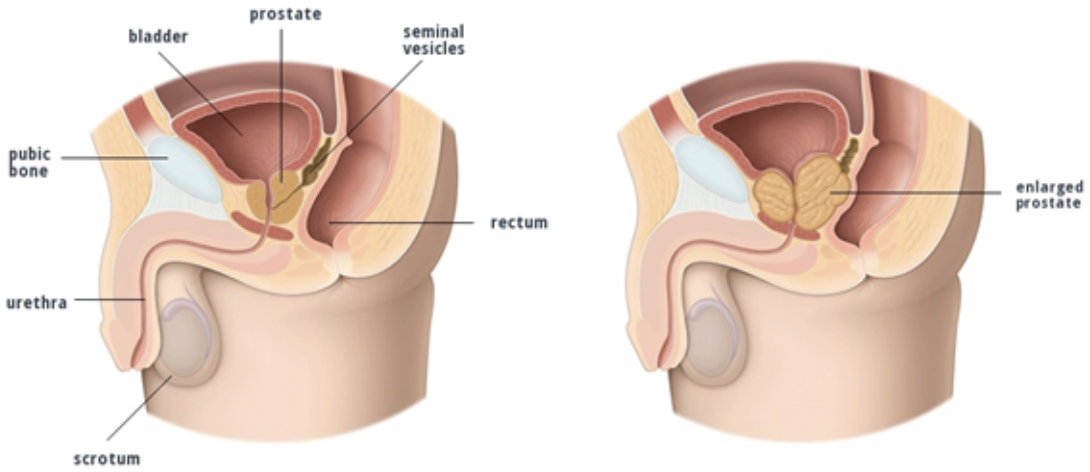
TRANSURETHRAL RESECTION OF PROSTATE (TURP)



What does the procedure involve?

Telescopic removal of the obstructing, central part of the prostate with diathermy and a temporary catheter.

What are the alternatives to this procedure?

Alternatives to this procedure include drugs, using a catheter/stent, observation, an "open" operation and laser enucleation of the prostate (HoLEP).

What should I expect before the procedure?

If you regularly take aspirin or clopidogrel, you must discuss this with your urologist because these drugs can cause increased bleeding after surgery. Stopping them may reduced the risk of bleeding but this can result in increased clotting, which may also carry a risk to your health. You will need to discuss the risks and benefits of the treatment with your GP or your urologist. You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a "pre-assessment" to assess your general fitness, and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse. You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry mouthed and pleasantly sleepy.

Please tell your surgeon (before your surgery) if you have any of the following:

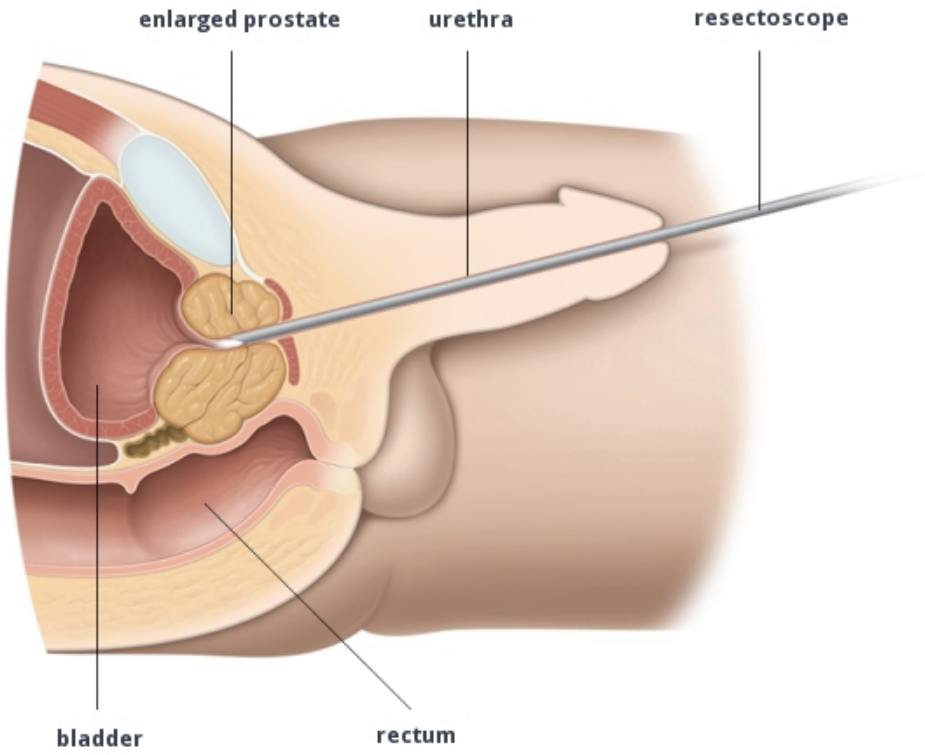
- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint

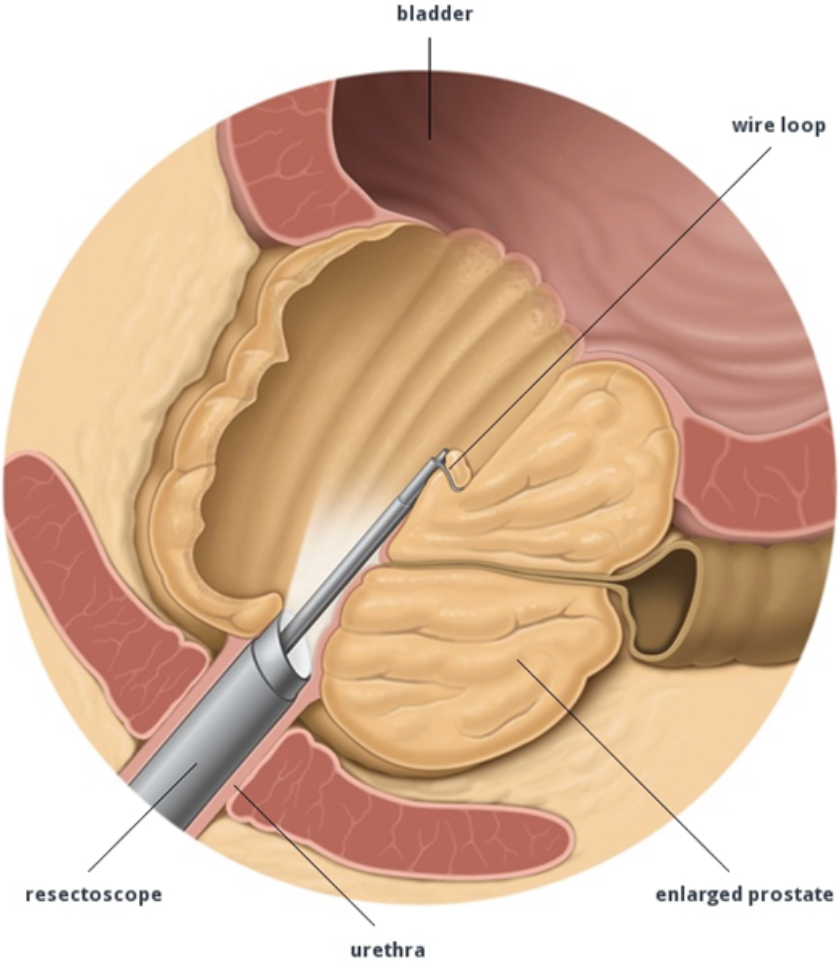
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

You will be given either a full general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you are unable to feel anything from the waist down) will be used. Both methods keep pain to a minimum. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you. The surgeon will pass a telescope into the bladder and remove the central part of the prostate a piece at a time using diathermy (pictured). The prostate fragments are removed using suction and sent for SSanalysis. A catheter is usually inserted after the procedure which takes 45 - 60 minutes. You will usually be given injectable antibiotics before the procedure, after you have been checked for any allergies.





What happens immediately after the procedure?

You should be told how the procedure went and you should:

- Ask the surgeon if it went as planned;
- Let the medical staff know if you are in any discomfort;
- Ask what you can and cannot do;
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- Make sure that you are clear about what has been done and what happens

There is always some bleeding from the prostate area after the operation. Your urine should be clear of blood after 48 hours, although some patients lose more blood for longer. If the loss is moderate, you may need a blood transfusion to prevent you from becoming anaemic. You will be able to eat and drink the morning after the operation (earlier if you have had a spinal anaesthetic).

Your catheter should be removed after two to four days, when you should be able to pass urine in the normal way. At first, it may be painful to pass urine and it may come more frequently than normal. SSTablets or injections can help with any initial discomfort and things usually improve within a few days.

It is not unusual for your urine to turn bloody again for the first 24 - 48 hours after the catheter has been removed. A few patients are unable to pass urine at all after the operation. If this happens, we normally insert a catheter again to allow the bladder to begin to work properly, before trying again without the catheter.

The average hospital stay is 3-5 days for a routine admission.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)

- Temporary mild burning, bleeding and frequency of urination after the procedure.
- No semen is produced during an orgasm in approximately 75%.
- Treatment may not stop all your symptoms.
- Poor erections (impotence in approximately 14%).
- Infection of the bladder, testicles or kidneys which needs antibiotics.
- Bleeding which may mean you have to go back to theatre or have a blood transfusion (5%).
- Possible need to repeat treatment later due to reobstruction (approx 10%).
- Injury to the urethra causing delayed scar formation.

Occasional (between 1 in 10 and 1 in 50)

- Finding unsuspected cancer in the removed tissue which may need further treatment.
- May need self-catheterisation to empty your bladder fully if the bladder is weak.
- Failure to pass urine after surgery requiring a new catheter.
- Loss of urinary control (incontinence) which may be temporary or permanent (2- 4%).

Rare (less than 1 in 50)

- Irrigating fluids getting into the bloodstream, causing confusion and heart failure
- Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair.

Hospital-acquired infection

Please note: The rates for hospital-acquired infection may be greater in “high-risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

- Be given advice about your recovery at home;
- Ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- Ask for a contact number if you have any concerns once you return home;

- Ask when your follow-up will be and who will do this (the hospital or your GP); and
- Be sure that you know when you get the results of any tests done on tissues or organs which have been removed.

When you leave hospital, you will be given a "draft" discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

You have had major surgery, so you are likely to feel tired and "under the weather" for a week or two. During this time, any frequency usually settles gradually.

What else should I look out for?

If you develop a fever, severe pain when passing urine, you cannot pass urine or any bleeding gets worse, you should contact your GP immediately.

One man in five experiences bleeding some 10 to 14 days after getting home. This is due to scabs separating from the cavity of the prostate. Increasing the amount of fluid you drink should stop this bleeding quickly but, if it does not, you should contact us and will prescribe some antibiotics for you.

If you have severe bleeding, pass blood clots or have sudden difficulty in passing urine, you should contact us immediately as you may have to be re-admitted to hospital.

Are there any other important points?

Having your prostate resected should not affect your sex life provided you were getting normal erections before the surgery. You can start having sex again as soon as you are comfortable, usually after three to four weeks.

It is helpful to start pelvic floor exercises as soon as possible after the operation. This can improve your control when you get home. If you need any specific information on these exercises, please contact the ward staff or the Specialist Nurses. The symptoms of an overactive bladder may take up to three months to resolve, whereas the flow of urine is improved immediately.

It will be 5-10 days before the biopsy results on the tissue removed are available. All biopsies are discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

Most patients need two to three weeks at home before they feel ready for work. We recommend three to four weeks' rest before you go back to work, especially if your job is physically demanding. You should avoid any heavy lifting during this time.

Driving after surgery

It is your responsibility to make sure you are fit to drive following your surgery.