Transurethral Resection of the Prostate TURP (button and regular)

Transurethral resection of the prostate (TURP) is a type of prostate surgery done to relieve moderate to severe urinary symptoms caused by an enlarged prostate, a condition known as benign prostatic hyperplasia (BPH).

During TURP, a combined visual and surgical instrument (resectoscope) is inserted through the tip of your penis and into the tube that carries urine from your bladder (urethra). The urethra is surrounded by the prostate. Using the resectoscope, your doctor trims away excess prostate tissue that's blocking urine flow and increases the size of the channel that allows you to empty your bladder.

TURP is one of the most effective options for treating urinary symptoms caused by BPH. To determine whether TURP or another treatment is the right choice for you, your doctor will consider how severe your symptoms are, what other health problems you have, and the size and shape of your prostate.

TURP generally takes 60 to 90 minutes. You'll be given either a spinal anesthetic, which allows you to be awake during the procedure but unable to feel pain in the surgical area, or a general anesthetic, which will put you to sleep. The doctor may also give you a dose of antibiotics to prevent infection.

During the procedure

A combined visual and surgical instrument (resectoscope) is inserted into the tip of your penis and extended through your urethra and into the prostate area. By accessing the prostate through your penis, your doctor won't need to make any cuts (incisions) on the outside of your body. The resectoscope has a light, valves for controlling irrigating fluid, and an electrical loop to cut tissue and seal blood vessels. The doctor will use the resectoscope to trim or vaporize tissue from the inside of your prostate gland, one small piece at a time. As small pieces of tissue are cut from inside your prostate, irrigating fluid carries them into your bladder. They're removed at the end of the operation.

BPH usually isn't a symptom of prostate cancer, and it doesn't increase your risk of prostate cancer. However, the prostate tissue from your procedure will be sent to a lab to check for hidden cancer cells or other conditions.

After the procedure

After surgery, you may need to stay in the hospital for one to two days. Talk to your doctor about what you can expect and any precautions you need to take after you go home.

- You will have a catheter. The catheter enters through the tip of your penis and goes into your bladder to drain your urine into a collection bag. The catheter is generally left in place for one to two days, until you're able to urinate on your own. In some cases, a catheter is needed for a longer period of time — especially if you have a relatively large prostate. You may urinate around the catheter, which is normal because your bladder may try and squeeze out more urine than the catheter can accommodate.

- Urination may be painful. You may have a sense of urgency as urine passes over the surgical area. You may also need to urinate frequently. Painful urination generally improves in one to four weeks.

- You may see blood in your urine. This is common right after surgery. If you have clots or so much blood in your urine that you can't see through it, contact your doctor.
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These steps can help you recover after your procedure.

- Drink plenty of water to flush out the bladder.
- Avoid straining during a bowel movement. Eat fiber-containing foods and avoid foods that can cause constipation. Ask your doctor if you should take a laxative if you do become constipated.
- Do not take blood-thinning medications until your doctor says it's OK.
- Don't do any strenuous activity, such as heavy lifting, for four to six weeks or until your doctor says it's OK.
- Do not have sex. You will likely be able to resume sexual activity in about four to six (6) weeks.
- Do not drive until your doctor says it's OK. Generally, you can drive once your catheter is removed and you're no longer taking prescription pain medications.

This material is for educational purposes only and should in no way be taken to be the practice or provision of medical, nursing or professional healthcare advice or services.

The information should not be used in place of a visit, call, consultation or advice of your physician, nurse or other health care provider.

The information obtained herein is not exhaustive and does not cover all aspects of the specific disease, ailment, physical condition or their treatments.

Should you have any health care related questions, please call or see your physician, nurse or other health care provider promptly.