



Procedure Information Sheet

Introduction

Benign prostatic hyperplasia (BPH) is the most common disease in male patient with urological problem. TURP is the gold standard surgical treatment for BPH.

The Operation / Procedure

1. The operation will be performed under general anaesthesia or spinal anaesthesia.
2. This operation is performed through the urethra with a resectoscope, no incision is made.
3. During the operation, continuous irrigation of the prostatic bed and bladder is required in order to provide a good view for cutting out the enlarged prostate.
4. The prostate chips will be sucked out at the end of the operation and the bleeding is stopped immediately. A catheter will be passed up the urethra into the bladder to drain and irrigate the bladder.

Before the Operation / Procedure

1. A written consent is required. Cease smoking for at least 2 days.
2. Some tests which may include blood and urine tests, chest x-ray and an electrocardiogram (ECG) to make sure everything is OK before the operating.
3. Patients should inform doctor about the drugs they are now taking, some drugs including blood thinners & aspirin may need to stop before operation.

After the Operation / Procedure

1. In the first day after operation, patient should keep bed rest.
2. The catheter in the bladder for irrigation will be removed 1 to 2 days after the operation if the urine becomes clear.
3. There will be mild pain or red urine during the first week after operation. The pain and red urine will be controlled with medicine and plenty of water intakes.
4. Frequency, urgency and mild incontinence are common and normal after transurethral surgery.
5. Drink 8-10 glasses of fluid each day or according to doctor's order.
6. Eat foods high in fiber and roughage to prevent constipation.
7. Walking short distances is OK, but do not do vigorous exercise for at least 6 weeks.
8. Avoid sexual intercourse for at least 4 - 6 weeks.
9. Continue to take all prescribed medications but check with your doctor before taking aspirin or blood thinners.
10. Can usually go back to work 4-6 weeks after surgery depending on job nature.
11. Should seek medical advice if any of the following signs and symptoms:
 - 11.1 Severe pain despite taking the pain killer
 - 11.2 Haemorrhage
 - 11.3 Difficult to or cannot pass urine
 - 11.4 Fever (body temperature above 38°C or 100°F)
12. Follow up as scheduled.

Patient's Label

Patient Name: _____

Hospital No: _____

Adm No/Episode No: _____



Risk and Complication

1. Complication of general anaesthesia (Rare (<0.01%), but may cause permanent damage or mortality):
 - 1.1 Cardiovascular complications: acute myocardial infarction, cerebral accidents, deep vein thrombosis, massive pulmonary embolism.
 - 1.2 Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airways disease.
 - 1.3 Allergic reaction and anaphylactic shock.
2. Operation related complications (16%):
 - 2.1 Injury adjacent organs including perforation of bladder or injury of urethra or rectum (< 1%)
 - 2.2 Urinary infection (15%)
 - 2.3 Prostatic bleeding (5%)
 - 2.4 Clot retention (1-2%)
 - 2.5 TURP syndrome (< 1%)
 - 2.6 Fail to void (3.6-11%)
 - 2.7 Retrograde ejaculation (68%)
 - 2.8 Urethral stricture (5%)
 - 2.9 Urine incontinence (0.8%)
 - 2.10 Death (0.5%)

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart Patient Website of Hospital Authority: Transurethral Resection of Prostate (TURP) (2011)

Patient's Label
 Patient Name: _____
 Hospital No: _____
 Adm No/Episode No: _____

Patient's Signature: _____ Date: _____