



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 skin 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 tissues will be sucked out at the end of the operation. A catheter will be passed up the urethra into the bladder to drain and irrigate the bladder.

Before the Operation / Procedure

1. Cease smoking for at least 2 days.
2. Discuss with doctor in charge about the operation management, nature of operation and possible risks. Read through and understood this information sheet and complete the consent form.
3. You would be assessed for your medical fitness for the surgery by your doctor, including blood and urine tests, chest x-ray and an electrocardiogram (ECG). To make sure the patient's condition is fit for the operation.
4. Patients should inform your doctor any medical condition (for example diabetes, heart diseases, high blood pressure, etc) and any medications you are currently taking. (for example aspirin or blood thinner, may need to stop for a period before operation)
5. Pre-operative anesthetic assessment about the anesthetic management, nature of anesthetic and possible risks and complete the anesthetic consent form.
6. Keep fast for 6-8 hours before operation to avoid risk of aspiration.
7. Follow doctor's advice for pre-medication
8. Change to operation gown, socks and cap and remove underwear, denture, contact lens and jewellery (including hair pins, ear rings and ring etc.) before transfer to Operating Theater.
9. Empty bladder before transfer to Operating Theater.

After the Operation / Procedure

1. Patient should keep bed rest in the first day after operation.
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 blood stained urine during the first few weeks after operation. There will be pain killers to relief post-operative pain.
4. Urinary frequency and urgency are common after transurethral surgery.
5. Drink 8 to 10 glasses of fluid each day or according to doctor's order.
6. High fiber foods to avoid difficult bowel opening.
7. Avoid vigorous exercise for at least 6 weeks.
8. Avoid sexual intercourse for at least 4 to 6 weeks.
9. Continue to take all prescribed medications but check with your doctor before taking aspirin or blood thinners.

<p>Patient's Label</p> <p>Patient Name: _____</p> <p>Hospital No: _____</p> <p>Episode No: _____</p>



- 10. Can usually go back to work 2 to 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 or cannot pass urine
 - 11.4 Fever (body temperature above 38°C or 100°F)
- 12. Follow up as scheduled

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 Erectile dysfunction (15.7%)
 - 2.11 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

Hospital Authority Coordinating Committee in Surgery: Transurethral Resection of Prostate (2018)

Patient's Signature: _____ Date: _____

Patient's Label

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