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Having a laser transurethral resection of prostate (Laser TURP) to treat an enlarged prostate

Department of Urology

Information for Patients

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Introduction

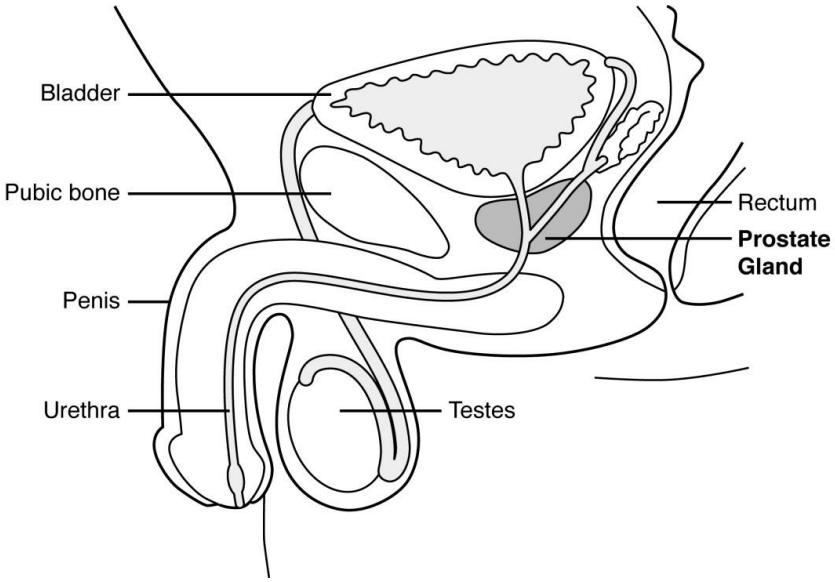
The prostate is a small gland. Itis found only in men. It is found at the base of the bladder. It surrounds the water pipe (urethra) which carries pee (urine) from the bladder to the penis.

The purpose of the prostate gland is to produce substances which assist with the passage of sperm.

The prostate gland in young men is about the same size as a walnut. It may get bigger as you get older. For most men this is entirely harmless, but it may affect your flow of pee.

What is TURP?

- TURP stands for Trans urethral resection of the prostate.
- It is done under anaesthetic.
- A telescope is passed into the water pipe (via the penis).
- Very small slices are cut away from the prostate to make it easier to pee.
- Your surgeon will use a laser to do this.
- It is usually done as a day case surgery but sometimes you may need to stay in hospital for 1 to 2 days.



What are the risks involved?

As with all operations, there are risks. These include:

- Blood in the urine (haematuria). This may happen after the operation. It may take a few weeks to settle fully. It is rare that you would need a blood transfusion.
- Temporary leaking of pee (urine) (urinary incontinence) for 4 to 6 weeks after surgery. You may need to wear a pad. It will settle for most people by doing pelvic floor exercises and with time. Please see the BAUS pelvic floor exercises for men leaflet. The risk of long-term incontinence is 1 to 2%.
- Urine infection. We will give you antibiotics during your operation as a precaution against this risk.
- Not able to pee after the procedure (retention). Between 1 in 10 and 1 in 50 patients
- Pain in your lower belly (over your bladder). Any discomfort after the operation can be controlled with pain killers. If you are in discomfort, please tell the nurse looking after you.
- A hole in the bladder (perforation). This is very rare.
- Damage to the tubes from the kidneys (ureters). This is rare.
- Damage to the bowel behind the prostate (rectum). This is very rare.
- Damage to the water pipe. This may make it narrow where your pee comes out, 2 to 10%.
- Retrograde ejaculation (explained later in this leaflet), 65 to 75%.
- Permanent urinary incontinence 1%.
- Impotence 2 to 10%.
- Infertility
- Need the operation again rate 2 to 10%.

What do I need to do before the operation?

- We will see you in a pre-assessment clinic at some time before your operation.
- At this appointment the nurse will fill in your admission forms. They will give you more information about your operation.
- You will either be asleep for the procedure (general anaesthetic) or be awake but be completely numb from the waist down (spinal anaesthetic)
- An electronic consent form will be sent to you before the operation for you to read and sign. If there are issues or problems with this, then it is also possible to fill it out on the day of the surgery with the surgical team
- This appointment is a good time to ask any questions you may have (please write these down if it will help).
- Depending on your general health and age, you may have some tests carried out. We will talk to you about these. They may include an ECG (heart tracing), screening swabs and blood tests. Please bring in all medication you are taking.

What arrangements do I need to make?

Before you can have day case surgery, you need to plan the following things:

- You must be collected by an adult. They must take you home either in a car or taxi after your procedure.
- You must have a responsible adult at home with you for at least 24 hours after your procedure.
- You must have a phone at home.

You must not cycle, operate machinery or drink alcohol for at least 48 hours after your anaesthetic.

You will not be able to drive for **4 weeks** after your procedure.

Important: Driving after an anaesthetic is a criminal offence. It will affect your insurance cover.

What do I need to do before my procedure?

- Read your admission letter carefully.
- Do not eat or drink anything from the time stated in your letter.
- Do not wear contact lenses.
- Do not wear any jewellery, except for a wedding ring.
- University Hospitals of Leicester NHS Trust cannot accept responsibility for loss or damage to personal belongings. Please do not bring any valuables with you into the hospital.
- Do have a bath or shower before you come into hospital.
- Do wear comfortable clothing and footwear to go home in.

What do I need to bring with me?

- Your appointment letter. The time you are given to arrive is not the time of your procedure. The surgeon needs to see you before the start of the session, so you may be waiting for your procedure for between 2 to 6 hours.
- Any drugs, medicines or inhalers you are using. Please take your necessary medication before attending. The pre-assessment nurse will advise you when you should take your medication. Please consult your GP or clinic about stopping warfarin, clopidogrel and aspirin before surgery.
- A contact number for your lift home
- A dressing gown and slippers, if you have them.
- Something to do while you are waiting, such as a book, or magazine to read.

What will happen while I am on the Day Case Unit?

- Please report to reception on the day case surgery unit.
- Your details will be checked. You will be directed on to the ward or to the waiting room where a nurse will collect you.
- The nurse will talk to you about your procedure. They will ask you a few questions.
- You will meet one of the surgical team who will ask you to sign a consent form. Please ask your surgeon if there is anything you do not understand before you sign the form.
- You will be visited by the anaesthetist. This is the doctor who will look after you while you are asleep.
- You will need to change into a theatre gown. The nurse will tell you when to do this, and then take you to theatre.

Expect to wait on the unit before your surgery.

What happens when I return to the ward?

After returning from theatre and being settled into your bed, we will check your blood pressure, temperature and pulse regularly. The day ward staff will make sure you are comfortable, and give you refreshments. If you have any discomfort or sickness please let the staff know so that they can help you.

You may also have:

A drip (intravenous infusion)

This will be in your arm or hand. It replaces any fluids that you may have lost during surgery or by fasting. The drip is usually removed later the same day once you are able to eat and drink. If it becomes painful please tell the nurse looking after you.

A urinary catheter

This is a tube which goes into your bladder and drains the pee out into a bag. Your pee may be blood stained after surgery. This is nothing to worry about.

A large bottle of fluid called irrigation may be connected to your catheter. This is to wash the blood away after your procedure.

It is common to feel the need to pass urine or have some minor discomfort whilst the catheter is in. If the pain is very bad or worrying please inform your nurse.

You will recover on the ward until your nurse is happy that you are well enough to go home. You will need to eat and drink before you can go home.

You may have the catheter in when you go home; the nurse will show you how to empty it before you go home. There will still be blood in the pee. It is very important that you drink plenty of fluids (2 to 3 litres/4 to 5 pints per day) to flush your bladder.

If you go home with a catheter you will usually need to return to the hospital to have the catheter removed after a couple of days. We will give you an appointment for this before you go home.

What happens when I go home?

Pain

Any discomfort after the laser TURP can usually be controlled with paracetamol (or a similar pain killer). If you are not sure, contact us for advice using the numbers in this booklet.

Diet

You can eat and drink as normal straight away. Do not drink alcohol for 48 hours. It is best to drink plenty of fluids, at least 2 to 3 litres (4 to 5 pints) in the first 24 hours. This will make you pass more water, flushing your bladder regularly.

Driving

Do not drive for 3 to 4 weeks. This can cause pressure in the prostate area. It can lead to re-bleeding.

Exercise

You must not do any exercise or strenuous activity for 3 to 4 weeks after the operation. You can go for short gentle walks. Expect to feel tired for a few weeks. Have an afternoon rest if needed.

Sex

You can start having sex 3 to 4 weeks after your procedure.

Most men develop retrograde ejaculation after the procedure. This means that semen passes into the bladder during orgasm instead of out of the penis. This is not harmful. The semen will come out the next time you pee. This effect is permanent.

Fertility

Most men will be infertile after the procedure. **Please note** do not rely on this as a reliable form of contraception.

Work

Your consultant will advise you about going back to work. Be sensible. Remember you have had quite a big operation, even if you cannot see a scar.

Other medicines

Before your operation you may have been started on medication such as tamsulosin or finasteride to help with the symptoms caused by your enlarged prostate. After having a part or all of your prostate removed, you can stop taking these medications. Your symptoms will get better after the operation. Your hospital doctor should have advised you to stop taking them. If not, please ask your GP or consultant about stopping these medications.

Follow-up

- You will get a text message to your phone with a questionnaire about 10 to 12 weeks after your surgery. Please complete this and submit your answers.

- The urology team will review it.
- If you have had a satisfactory outcome from the surgery then you will get a letter explaining that you have been discharged.
- If there are any ongoing issues then these will be picked up and a plan put in place.

Useful contacts

This booklet aims to answer many of your questions, but of course there may be others. If you have any questions you would like to ask before you come into hospital, please call the pre-assessment nurse or the ward directly using the numbers below.

Day Case Unit 1: 0116 258 4192

Day Case Unit 2: 0116 258 8130

Emergency Contact Number (24 hours, 7 days a week):

Urology Unit 0116 258 4247

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice
Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research