

Having an operation to help with an enlarged prostate (TURP)

Department of Urology

Information for patients

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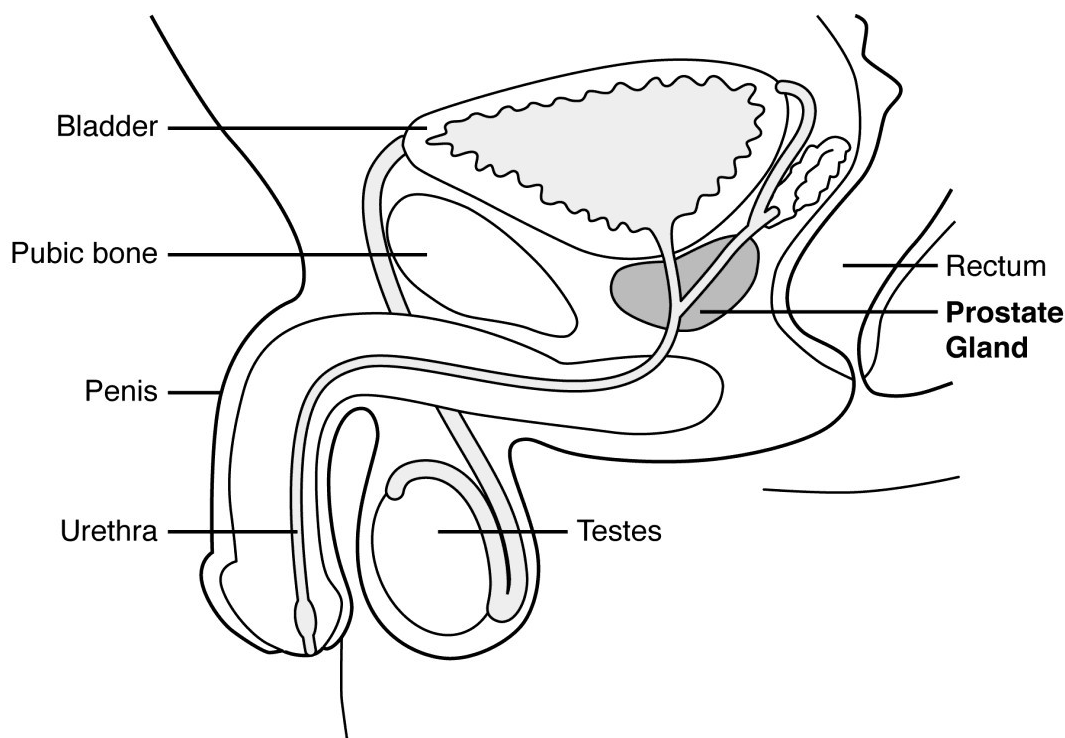
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The prostate

The prostate is a small gland only found in men. It is at the base of the bladder. It surrounds the water pipe (urethra). This takes pee (urine) from the bladder through the penis.

The easiest way to imagine your prostate is to compare it to an apple which has had its core removed. The prostate gland makes substances which help sperm move.

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



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

What is a TURP?

- TURP stands for Trans urethral resection of the prostate.
- This is an operation carried out under anaesthetic.
- A telescope is passed into the water pipe (via the penis).
- Very small slices are cut away from the prostate to make the passage of pee easier.

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.
- 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 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.
- We will tell you about the consent form. This is done electronically and you will get this before your surgery.
- This appointment is a good time for you to ask any questions you may have.
- Depending on your general health and your age, we may do some tests. We will discuss these with you as needed. They may include an ECG (heart tracing) and blood tests.

- Details of when you need to stop eating and drinking will be on your admission letter.
- This surgery is expected to be a day case procedure for most men. This means you will go home on the same day as the surgery with a catheter. You will come back to hospital at some point in the next week to have your catheter removed. Sometimes men will be asked to stay in for 1 night after surgery.

What happens when I arrive on the ward?

Please report to the ward receptionist. They are based in the ward area. You will then be allocated to a nursing team. Before you have your operation. The anaesthetist will visit you.

What happens just after my operation?

You will be taken into the recovery area where you will wake up. The time spent in theatre recovery varies with each patient. As soon as you are well enough a nurse from the ward will collect you, and take you back to the ward.

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.

You may 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. It drains the pee into a bag. Your pee may be blood stained after surgery. This is nothing to worry about.

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

It is common to feel the need to pee or have some minor discomfort whilst the catheter is in. If the pain is intense or worrying please tell your nurse.

You may get out of bed and resume your normal activities. You may feel dizzy and faint so please check with the nurse before getting up.

What happens when I go home?

You will have a trial without catheter around 7 days after the procedure. If you are peeing well with good control you will be able to go home.

Your flow and control will continue to improve, but the need to pee more often may last for a few months.

Fluid intake

Carry on drinking 3 litres (5 pints) a day until your pee is clear. Try not to drink too much after 6pm. You may find that you need to pee more often during the night.

Blood in your pee

Expect to see blood in your pee for about 6 weeks on and off. It may go totally clear for a day or so and then have blood or small clots in it again, particularly about 10 days after your operation. This is normal. However, if the bleeding is very heavy thick blood or you are having problems peeing, contact your GP.

Driving

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

Exercise

You can go for short gentle walks. Do not do too much exercise. Expect to feel tired for a few weeks. Take an afternoon rest if you need it.

Medicines

Before your operation you may have been started on medicines 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 medicines. 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 them.

Sex

You can start having sex 4 to 6 weeks after your operation.

Most men develop retrograde ejaculation after the operation. 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 is permanent.

Fertility

Most men will be infertile after the operation. **Please note** do not rely on this as a reliable method 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.

Follow-up

- You will get a text message to your phone with a post-operative 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.



I have some questions about my operation. What can I do?

This booklet has been written 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, you can contact the specialist nurses or the ward directly. See details below.

Urology Pre-assessment Nurses (Monday to Friday 9 am to 5 pm)

Telephone: 0116 258 4100

Outside these hours:

Urology Emergency Admissions (24 hours)

Telephone: 0116 258 4247

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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