

Having bipolar Trans Urethral Resection of Prostate (TURP)

Department of Urology

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Information for day case patients

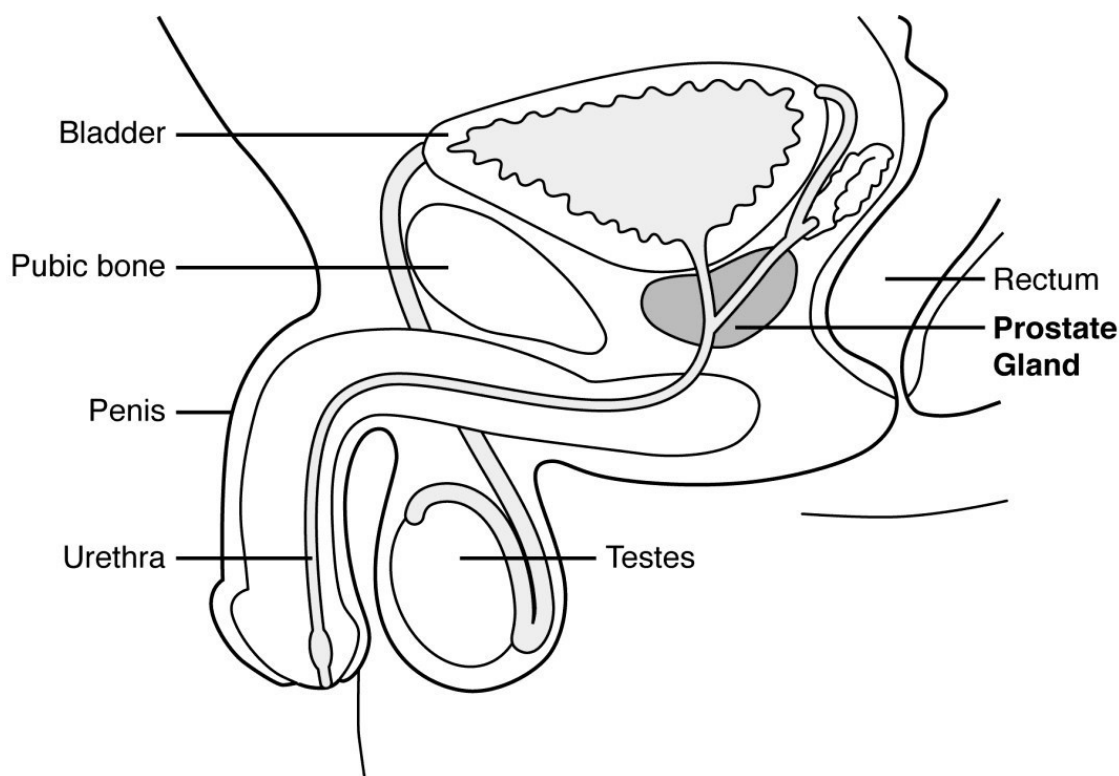
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Introduction

The prostate is a small gland 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 make substances which help the sperm move.

The prostate gland in young men is around the same size as a walnut. It may get bigger as you get older. For most men this is harmless. It may affect you when you pee.



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What is a Transurethral Resection of the Prostate (TURP)?

TURP is a procedure where we pass a telescope into the urethra (through the penis). We cut slivers from the prostate to make the passage of water easier. We do this under anaesthetic. This means you will be asleep for the procedure. Or we can do it while you are awake but be completely numb from the waist down (spinal anaesthetic). We use the bipolar system as it minimises bleeding after day case surgery.

What are the risks involved?

As with all procedures, there are risks involved. These include:

- **Blood in pee (haematuria).** This may happen after the procedure and may take several weeks to settle. It is rare for a blood transfusion to be needed.
- **Urine infection.** We will give you antibiotics during the procedure to help against this risk.
- **Not being able to pee** after the procedure (retention).
- **Pain over your bladder (lower abdomen).** Any discomfort after the procedure 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 happens in 1 in 1000 patients.
- **Damage to the tubes from the kidneys (ureters).** This happens in 1 in 1000 patients.
- **Damage to the bowel behind the prostate (rectum).** This happens in 1 in 1000 patients.
- **Damage to the urethra** causing a narrowing of the tube where the pee comes out. This happens in 2 to 10 in 100 patients.
- **Retrograde ejaculation** (explained later in this leaflet). This happens in around 2 in 3 patients to 3 in 4 patients.
- **Incontinence.** Your pee could leak or you may have less control on your bladder. This happens in 1 in 100 patients.
- **Impotence.** You may have trouble getting or keeping the penis hard during sex. This happens around 2 to 10 in 100 patients.
- **Infertility.** You may not be able to have a child. This is a common risk. This happens in 70 to 80 in 100 patients.
- **Needing an operation again.** This happens in 2 to 10 in 100 patients.

What happens before my procedure?

We will see you at the pre-assessment clinic before your procedure. This is to make sure you are fit for day surgery. At this appointment you will fill out your paperwork with the nurse and get information about your procedure. We will tell you about the consent form. 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 this. The tests may include an electrocardiograph (heart tracing/ECG), swabs and blood tests. Please bring in all medicines you are taking.

How do I prepare for the procedure?

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

- You must be collected by an adult, who 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 (1 day) after your procedure.
- You must have a phone at home.

You must not cycle, operate machinery or drink alcohol, for a minimum of 48 hours (2 days) 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, and 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 on the day of the procedure?

- 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. You may be waiting for your procedure for between 2 and 6 hours.
- Any drugs, medicines or inhalers you are using. Please take medicine you need to take before attending. The pre-assessment nurse will advise you when you should take your medicine.
- 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 surgery unit?

- Please report to reception on the day case surgery unit.
- We will check your details and 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 and 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.

You will need to wait on the unit before your surgery.

What happens when I return to the ward?

You will return from theatre and we will settle you into a bed. We will monitor your blood pressure, temperature and pulse regularly. The day ward staff will make sure you are comfortable and given 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 often 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. After surgery urine can be heavily blood stained. 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 intense or worrying please tell 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 will 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 urine. It is very important that you drink plenty of fluids (2 to 3 litres or 4 to 5 pints per day) to flush your bladder.

You will 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 bipolar TURP can often be controlled with paracetamol (or a similar pain killer). If you are unsure contact us with the number on page 6.
- **Diet:** You can eat and drink as normal straight away. Do not drink alcohol for 48 hours (2 days). It is best to drink plenty of fluids, at least 2 to 3 litres (4 to 5 pints) in the first 48 hours (2 days). This will make you pass more water, flushing your bladder regularly.
- **Driving:** Do not drive for **4 weeks**. It can cause pressure in the prostate area and lead to bleeding.
- **Exercise:** You can go for short gentle walks but avoid too much exercise. Expect to feel tired for a few weeks and take an afternoon rest if needed.
- **Sex:** You can go back to sexual activities 4 to 6 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 and the semen will come out the next time you pee. This effect is permanent.
- **Fertility:** Most men will be infertile after the procedure. You may not be able to have a child. You will still need to use contraception.
- **Work:** Your consultant will advise you about going back to work. Above all, be sensible and remember you have had quite a big procedure, even if you cannot see a scar!
- **Medications:** Before your operation you may have been started on medicines like tamsulosin or finasteride to help with the urinary symptoms caused by your enlarged prostate. After having a part or all of your prostate removed, you can stop taking these medicines as 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:** For follow up you will receive a text message to your phone with a post-operative questionnaire at approximately 10-12 weeks after your surgery. Please complete this and submit your answers. This will be reviewed by the Urology team and if you have had a satisfactory outcome from the surgery then you will receive a letter explaining that you

After you have been discharged, we will look at any ongoing issues and put a plan in place to help you.

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

This booklet has been designed 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 pre-assessment nurse or the ward directly. See details on page 6.

