

Transurethral Resection of the Prostate

(TURP)

by [Editorial Staff and Contributors](#)

[En Español \(Spanish Version\)](#)

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Definition

Transurethral resection of the prostate (TURP) is a surgery to remove part of the prostate gland.

The prostate gland is part of the male reproductive system. It makes and stores seminal fluid (a milky fluid that forms part of semen). The gland is below the bladder and in front of the rectum. The urethra (tube that urine flows out through) runs through the prostate.

Reasons for Procedure

A TURP is done when a man has an enlarged, noncancerous prostate. This is called [benign prostatic hyperplasia \(BPH\)](#). In BPH, the prostate grows larger and presses against the urethra and bladder. The pressure can cause problems with the normal flow of urine.

A TURP may also be done when a man has prostate cancer. It may be done if the doctor thinks that a complete prostate removal surgery is too risky. In this case, TURP is done to remove part of the prostate to relieve urine blockage and lessen symptoms. It is not done to treat the cancer itself.

Possible Complications

TUR syndrome (occurs in about 2% of patients, usually within the first 24 hours) might occur. Symptoms may include:

- [Increase](#) or decrease in blood pressure
- Abnormal heart rhythm
- Increased breathing rate
- Nausea or vomiting
- Blurred vision
- Confusion
- Agitation

Other complications may include:

- [Urinary tract infection](#) (most common)
- Bleeding, which may require [blood transfusion](#) (second most common)
- [Incontinence](#) (inability to control urine)
- Retrograde ejaculation—sperm goes into the bladder rather than out the end of the penis (not dangerous)
 - If you plan on having children in the future, talk to your doctor about this surgical side effect before surgery.
- Reaction to anesthesia

Some factors that may increase the risk of complications include:

- Obesity
- Smoking or alcohol abuse
- Use of some prescription and nonprescription drugs
- Malnutrition
- Recent or chronic illness
- Diabetes

What to Expect

Prior to Procedure

Your doctor may do the following:

- Physical exam
- Review of medicines and supplements
- Blood tests, urine tests, and a urine culture
- Ultrasound —a test that uses sound waves to visualize the kidney, bladder, and/or prostate
- Urine flow studies
- X-rays

Leading up to your procedure:

- Talk to your doctor about your medicines. You may be asked to stop taking some medicines up to one week before the procedure like:
 - Aspirin or other anti-inflammatory drugs
 - Blood thinners, such as clopidogrel (Plavix) or warfarin (Coumadin)
- The night before, eat a light dinner. Do not eat or drink anything after midnight.

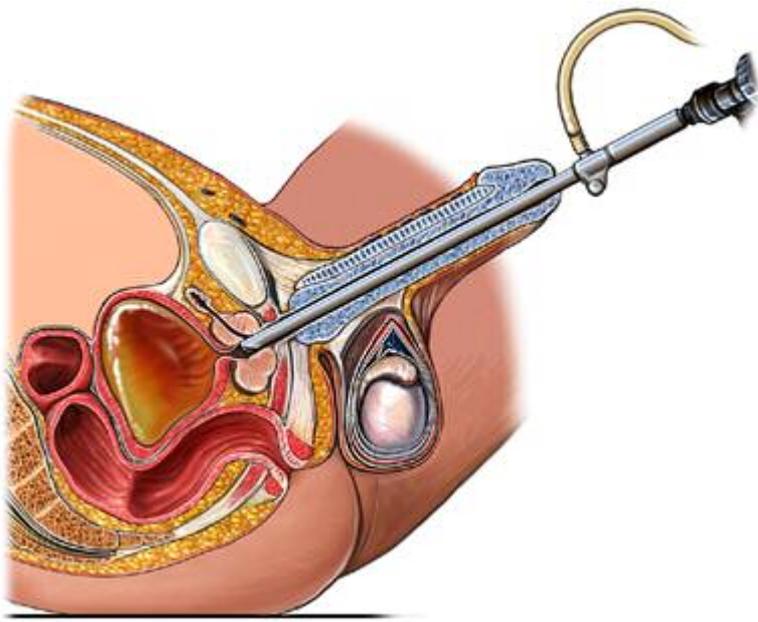
Anesthesia

TURP requires general or spinal anesthesia. General will make you sleep. Spinal will make your lower body numb.

Description of Procedure

Your doctor will use a special scope that looks like a thin tube with a light on the end. This scope is put into the hole at the tip of your penis where urine comes out. The bladder will then be filled with a solution. The solution will let the doctor see the inside of your body better. The prostate gland is examined through the scope. A small surgical tool will be inserted through the scope. The tool will be used to remove a part of the enlarged prostate. A catheter (tube) will be left in the bladder to allow for urine flow after the procedure. It may also be used to flush the bladder and to remove blood clots.

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Immediately After Procedure

Removed tissue will be sent to a lab for testing.

How Long Will It Take?

About 60-90 minutes

Will It Hurt?

For several days after the surgery, you may feel some pain. The catheter may also cause some discomfort. Talk to your doctor about medicine to help you manage pain.

Average Hospital Stay

An overnight stay is typically planned for a TURP. In some cases, the stay can be up to 2 days.

Post-procedure Care

At the Hospital

- There will be a catheter in your bladder to drain urine. The catheter is left in place overnight. The urine may be bloody, but do not be alarmed. This is normal. Water may be flushed through the catheter into your bladder to wash out blood and clots.
- Always keep the catheter drainage bag below the level of your bladder.
- Do breathing and coughing exercises regularly.
- Rest in bed until the next morning. The nurse can help you the first time you get out of bed.

At Home

When you return home, do the following to help ensure a smooth recovery:

- Clean the area where the catheter enters the urethra several times a day. Use soap, water, and a washcloth.
- Drink lots of fluids, especially during the day. This will help to flush your bladder.
- Avoid heavy lifting or exertion for 3-4 weeks.

- Avoid sexual activity for 4-6 weeks after surgery.
- Avoid alcohol, caffeine, and spicy foods.
- Be sure to follow your doctor's instructions.

Recovery from surgery should take about three weeks. Symptoms such as frequent or painful urination may continue for a while. They should lessen in the first six weeks. If there is blood in your urine, lie down, and drink a glass or two of fluid. The next time you urinate the bleeding should stop. If it does not, call your doctor.

The surgery should not affect your sex drive or ability to have sex. Retrograde ejaculation is likely to occur. This is when semen enters the bladder instead of exiting the body. This should not be relied on as birth control.

Call Your Doctor

After you leave the hospital, call your doctor if any of the following occurs:

- Difficulty or inability to urinate
- Pain, burning, urgency or frequency of urination, or persistent bleeding in the urine—This may be normal during the first few days. If the symptoms persist or are getting worse, contact your doctor.
- Signs of infection, including fever and chills
- Pain that you cannot control with the medicines you have been given
- Nausea and/or vomiting that you cannot control with the medicines you were given after surgery, or which persist for more than two days after discharge from the hospital
- Impotence for longer than three months after surgery

In case of an emergency, call for medical help right away.

RESOURCES:

American Cancer Society
<http://www.cancer.org/>

National Cancer Institute
<http://www.cancer.gov/>

CANADIAN RESOURCE:

Men's Health Centre
<http://www.menshealthcentre.net/>

The Prostate Centre
<http://www.prostatecentre.ca/>

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Last Updated: 9/1/2011