Danbury Hospital

Danbury Hospital Patient Education Sheet

What is a TURP or Transurethral Prostastectomy?

What is a TURP?

A TURP, or transurethral prostatectomy (TRANZ-yoo-REE-thrul PRAH-stuh-TEK-tuh-mee), is removal of part or all of the prostate gland. During a TURP, an instrument is inserted into the urethra to remove the section of the prostate that is blocking urine flow. A TURP is done using general or spinal anesthesia.

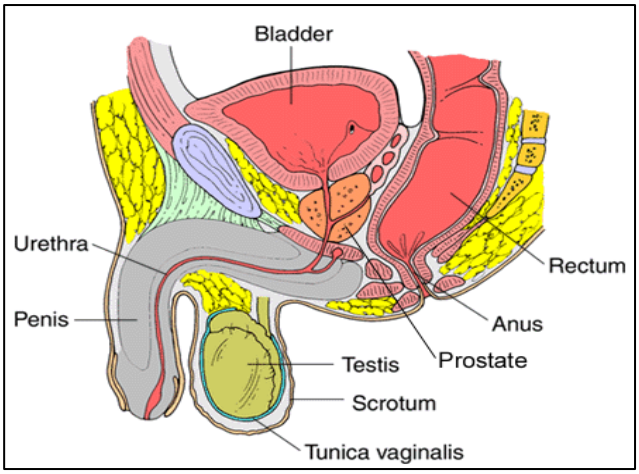
Why is a TURP done?

Urine is stored in your urinary bladder. Once your bladder becomes full, it empties by passing the urine through your urethra. If your prostate gland (which surrounds your urethra) becomes enlarged, it can block the urethra and make it difficult or impossible to pass your urine. When this happens, you may need prostate surgery.

What should I expect after surgery?

Following surgery, a catheter will be placed into your bladder to remove blood or blood clots in the bladder that may result from the procedure. This catheter will also be attached to an irrigation solution to help irrigate your bladder to empty the blood and clots, and to keep the catheter free from blockages. When your urine is free of blood clots and there is a decrease in bleeding, the catheter will be removed and you can go home.

You may feel some bladder spasms in your lower abdomen and feel some pressure in your rectum from the catheter. Once your catheter is removed, you will be instructed in how to accurately record the time and amount of each time



you pass your urine. This will be important to keep track of to make sure that you are emptying your bladder completely.

What should I report to the nurse while in the hospital?

Things you should report to your nurse include:

- The first two times you pass your urine after your catheter has been removed
- If you are urinating less than 75ml or 2 to 3 ounces at a time
- If you are urinating more frequently than every hour and/or feel like you are not completely emptying your bladder
- If you have increased bladder pressure
- If you have an increase in blood or clots in your urine.

Will I have changes in bladder function?

While in the hospital and also after you go home, it is important to drink enough fluids, at least 2 to 3 quarts (8 to 12 full glasses), each day. You can expect a certain amount of loss of bladder control. You may have some dribbling when you pass your urine. You may find that you have to pass your urine more often than usual and with less warning. There may also be some burning when you first begin your stream of urine. Regaining bladder control is a gradual process and the dribbling may persist for a period of time.

What symptoms should I report to my surgeon once I am home?

- There is a decrease in your stream
- There is an increase in bleeding or clots, or it is hard to urinate
- You have increased pain or burning when passing your urine, or you experience mid-back pain or low abdominal pain
- You have a fever
- You are unable to have a BM for 2 days—do not push or strain.

During your follow-up appointment after surgery, your surgeon will advise you regarding the following activities:

- Driving
- Jogging, biking or other strenuous activities
- Sexual activity
- Lifting
- Returning to work

Notes/Additional Information:

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Sources:

Danbury Hospital Surgical Services @ www.danburyhospital.org

National Kidney and Urologic Diseases Clearinghhouse @ kidney.niddk.nih.gov

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