



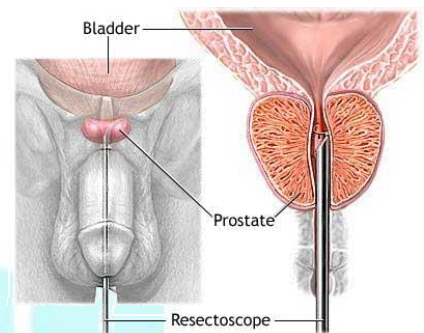
## Operation Information

### **Transurethral Resection of Prostate (TURP)/ Transurethral Electrovaporization of Prostate (TUEVP)**

#### **Introduction**

The prostate is an organ situated at the outlet of the bladder. Benign Prostatic Hyperplasia (BPH) is a condition in the prostate enlarges that gradually with aging. This may lead to the narrowing of the bladder outlet resulting in difficulty in urination, frequency or retention of urine.

TURP and TUEVP are endoscopic procedures for the treatment of BPH which are performed by inserting an endoscope through the urethra and removing the obstructing prostate tissue with an electric current. Basically, TURP and TUEVP are the same procedure, performed with slightly different instruments.



Source:  
[https://www.nytimes.com/slideshow/2007/08/01/health/100047TURPseries\\_index/s/10060Procedure.html](https://www.nytimes.com/slideshow/2007/08/01/health/100047TURPseries_index/s/10060Procedure.html)

#### **Outcomes**

This operation solves the problem of voiding and relieves retention of urine effectively in male patients.

#### **Procedures**

1. The operation takes about 60-120 minutes on average, depending on the prostate size.
2. The operation can be performed under spinal anaesthesia or general anaesthesia.
3. An instrument called a resectoscope is inserted into the urethra. The resectoscope provides vision for the surgeon to operate.
4. An electric loop or button electrode is used to cut and/ or vaporize the enlarged prostate and thus the outlet of the bladder is widened.
5. Fluid is used to irrigate the bladder during the procedure to provide good vision.
6. After haemostasis, an indwelling urinary catheter is inserted into the bladder for irrigation. This helps to wash out blood from the resection bed.

#### **Possible Risks and Complications**

1. Urinary tract infection (~10%)
2. Bleeding (5%) / Transfusion (<5%)
3. Clot retention (1 – 2%)
4. TURP syndrome (<1%): symptoms include nausea, dizziness, headache, disorientation, abdominal swelling and slow heartbeat
5. Fail to void (3.6-11%)
6. Retrograde ejaculation (68%)
7. Bladder neck stricture (<5%)
8. Urethral stricture (0.5-3.2%)
9. Impotence (15.7%)

10. Urine Incontinence (0.8%)
11. Injury to nearby organs, including bladder perforation or urethral injury (<1%), requires surgical repair
12. Death (0.5%)

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

### **Pre-operative Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Routine pre-operative investigations such as blood tests, ECG, and X-ray may be performed.
4. No food or drink six hours before the operation.
5. Please inform the doctor if there are any symptoms of urinary tract infection, such as painful urination, turbid urine or fever.
6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the operation.

### **Post-operative Instructions**

#### **General**

1. You need to stay in bed for 1-2 days after the operation.
2. Bladder irrigation is usually needed after the operation.
3. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
4. After the spinal anaesthesia:
  - You feel numb from the injection site down to the lower limbs temporarily. Bed rest is necessary.
  - Sensation and power of your lower limbs are closely observed.
  - After recovery from anaesthesia with motor function of the lower limbs returned, please move your lower limbs as tolerated.

#### **Urination**

1. Bladder irrigation:
  - Normal saline is instilled into the bladder through the urinary catheter to wash blood clots and any other debris out.
  - If you feel any pain, discomfort or leakage during the process, please inform the nursing staff.
2. The catheter will be removed in 1-2 days.
3. Mild pain during voiding and blood-stained urine are common. Drinking plenty of water is encouraged and taking the painkiller as prescribed by the doctor can ease the pain.
4. Frequent urination and some extent of difficulty in controlling urination might occur. These will gradually improve in a few weeks.

### Diet

1. In the first 2 days, 2-3 liters of water intake per day is recommended if not contraindicated (such as having cardiac or renal condition requires limitation of fluid intake).
2. Intake of adequate vegetables and fiber is encouraged to prevent constipation.
3. Coffee, tea, cola, alcohol and tonic food which trigger bladder sensitivity and contraction should be avoided.

### **Advice on Discharge**

1. Avoid heavy lifting and strenuous activity for at least 6 weeks.
2. Avoid sexual activity for at least 4 weeks.
3. It is normal to have blood-stained urine occasionally. Around 1-2 weeks after the operation, the amount of blood may increase as the scab on the prostate falls off. Drinking plenty of fluids if not contraindicated helps to flush blood out of your bladder.
4. The medication should be taken as prescribed by the doctor. Please consult the doctor before resuming blood-thinning medications, e.g. Aspirin or Warfarin as needed.
5. Immediately consult your doctor or return to hospital for professional attention in the event of heavy blood or purulent drainage in urine, voiding difficulty, shivering, high fever over 38°C or 100.4°F, etc.
6. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

---

---

---

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification