

TURP

Transurethral resection of the prostate (TURP) is an extremely common and standard procedure. It is performed when the prostate has enlarged to the point where it blocks the flow of urine from the bladder causing symptoms that interfere with your quality of life or in fact has caused a complete blockage making you unable to pass urine at all. Other less common reasons to have this procedure include ongoing bleeding from an enlarged prostate or possibly even before radiation treatment for prostate cancer to ensure a blockage does not develop during the time of, or soon after the treatment if symptoms are already present.

The procedure is performed by looking down through the urethra (water pipe in the penis) with a telescope. The telescope is initially passed through the prostate into the bladder to ensure there are no unexpected problems. Using an electrified loop of wire through the telescope, strips of prostate tissue can be sliced off the bulging prostate to open up the water channel and ultimately allow the urine to flow more easily.

With this procedure there is a reported one in one thousand risk of incontinence. This rare problem can occur when the sphincter muscle that controls the flow of urine is damaged but is in fact extremely uncommon. What is more common however is men who have irritable or overactive bladders prior to their surgery can have persistence of these symptoms for weeks and sometimes even months after their surgery until the bladder settles down. This can cause urgency and a leakage of some urine but is not true incontinence and will diminish and disappear with time.

Following the procedure most men may experience a symptom called retrograde ejaculation. This occurs because the procedure itself opens up the bladder neck and makes the muscle surrounding the bladder neck incompetent and unable to squeeze tightly during orgasm and ejaculation. This muscle should not be confused with the sphincter muscle that is in a different area and is responsible for the prevention of leakage of urine. Retrograde ejaculation occurs because the semen will tend to dribble back into the bladder rather than come out forward. This is in no way unhealthy or dangerous and the semen will simply pass out with the urine when the man voids. Some men can find it a little uncomfortable but essentially it never causes problems. It is however one reason why resection of the prostate would not generally be offered to younger men who are still contemplating having a family.

Prostatic resection can cause scarring in the region of the prostate and the bladder neck and occurs in a very small number of men (probably between 2-3%). Scar tissue can form and cause narrowing of this area which may impede the flow of urine. If you experienced a very good flow rate for a month or two followed by a period where the flow has decreased, it may be that this has occurred. Scarring may also occur along the urethra or water pipe in a small number of men and again similar symptoms will be noted. It is usually a very simple matter to look inside again with a telescope to cut or dilate the narrowed area.

Significant bleeding is a very uncommon side effect or complication of prostatic resection. It is very rare to ever require a blood transfusion. There will be a catheter (rubber tube) in the

bladder following the procedure which is used to wash out any blood that remains after the operation. This would generally be removed in two days or so. You may however notice blood persisting in the urine for several days or even a few weeks, but it will generally decrease to the point where it is no longer visible. Heavy physical activity following the procedure may place a strain on the raw surface of prostate causing bleeding but as long as you maintain a good fluid intake it is rarely a problem. Patients however who take blood thinning medication such as Warfarin, Plavix, other new agents such as Apixaban or Xarelto and others can experience an increased amount of blood in the urine when these medications are taken after the surgery. Aspirin can cause a slight increase in bleeding but I generally do not stop this prior to the surgery.

Infection is very uncommon following prostatic resection. Your urine will have been checked prior to the surgery and if an infection was present at that time it will have been either treated or the surgery will have been deferred until such time the urine is sterile. In men who have had catheters placed due to a complete blockage prior to the surgery however, there are often bacteria on the surface of the catheter itself which cannot be cleared. Dr Ende will have discussed how best to deal with this prior to the surgery.

The surgery is usually performed with spinal anaesthesia and sedation. Spinal anaesthesia is extremely safe and routine but you can discuss this further with the anaesthetist. If you have had previous back surgery, or are in any way concerned a general anaesthetic can be used.