

Adjunct Clinical Senior Lecturer, University of Notre Dame Australia Conjoint Senior Lecturer, UNSW

Robotic Surgery | Urological Oncology | Laser Surgery | Kidney Stones | Prostate | Incontinence

TRANSURETHRAL RESECTION OF PROSTATE

You have been scheduled for an operation on your prostate to help relieve the symptoms you have passing water. The procedure involves passing a telescope through the penis. There is an electric wire on the end of the telescope which allows the surgeon to shave off slices from the enlarged prostate to open up the water channel. The procedure usually takes somewhere between 30 & 60 minutes to complete. You will either have a general anaesthetic during which you go to sleep, or a spinal anaesthetic in which you are awake but cannot feel anything from about the waist down. The decision on whether you have a spinal or general anaesthetic will be made after discussion with Dr Ende and your anaesthetist on the day of your surgery. In general, it is safer to have a spinal anaesthetic, but both are acceptable methods.

After the procedure you will have a tube placed through the penis into the bladder. This washes out any blood clots that may form following the procedure and is typically left in place for one to three days depending on the amount of bleeding.

During this period blood clots can occasionally block the catheter. This will cause your bladder to fill up and will require the catheter to be flushed with water. Usually this is enough to clear the catheter but very occasionally the catheter needs to be changed. Urine may also leak around the side of the catheter and you may have the sensation that you are emptying your bladder. This rarely causes a problem, but you should let the nursing sister looking after you know that it is occuring.

Once the urine is clear the catheter will be removed (usually very early in the morning). You should drink one or two glasses of water every hour or so until you feel a normal desire to void. When you void the sister will ask you to use a bottle and the volume will be measured. When you are voiding satisfactorily and are comfortable you will be discharged home.

Sometimes when the catheter is removed the bladder may be a little irritable. The area within the prostate where the operation has taken place may be quite raw and can cause some burning and stinging when you pass your water. It may also cause you to pass your water very urgently and you may have trouble controlling the flow. This usually only lasts a few days. You should try and resist the urge to void very frequently and especially try not to strain or push to empty your bladder. This often causes more bleeding and may complicate your stay in hospital. It is particularly important not to strain to open your bowels as this may also cause some bleeding. If you are prone to constipation, please make the nursing staff looking after you aware of this so that appropriate action can be taken. If you usually use laxatives at home, you should continue to use these in hospital.



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Once the catheter is removed and you are voiding you may still notice some blood in the urine. As long as you are passing your water freely and there are no clots this is rarely a problem. Once you are discharged home you may continue to see blood in the urine for some time, even up to 2 or 3 weeks. Again, this is not a problem if you are passing your water freely.

At about 10 - 14 days after you leave hospital you may notice a sudden increase in the amount of blood in your urine. This occurs because the scab that is attached to the raw surface of the prostate has come away and is associated with a sudden onset of bleeding. Again, this is rarely a problem. You need to drink extra water on that day to flush the blood through and you will find that in most cases it stops within 12 - 24 hours. If you find that you are unable to pass your water, or if you feel there is an excessive amount of blood either contact Dr Ende or present to your nearest Casualty.

In most circumstances you will need to be reviewed by Dr Ende in about 6 - 8 weeks time after the operation. If you have any problems before your scheduled appointment, please contact the rooms or present to your nearest casualty. Note that it is quite rare to get an infection following the procedure and that often you do not need to go home with antibiotics. If you feel that you might have an infection it is important to contact Dr Ende and he will arrange for you to have a urine test performed. Antibiotics can then be commenced if required.

Do not restart aspirin or arthritis medication until discussing this with Dr Ende. Do not undertake any strenuous exercise or activity for at least 4 weeks. Do not drive a car for one to two weeks until you are comfortable. Do not have sex for 4 weeks.

If your erections were normal before the operation there should be no change. Some men however report that their erection/orgasm and ejaculation (if any) feels different. There is no limitation on the amount of sexual activity you may undertake once you have recovered from the operation.

SIDE-EFFECTS OF THE OPERATION

1 Bleeding (possibly requiring blood transfusion).

Infection

Scarring or stricturing in the water pipe (bladder neck or urethra)

Persistence of your symptoms, especially if your symptoms included going to the toilet frequently and urgently.

Persistent difficulty in emptying your bladder which may on occasion may require a catheter to be replaced.

Dry ejaculation

Incontinence

Problems associated with the anaesthetic.

Re-growth of the prostate over the next 10 - 20 years.