This document is intended for information purposes only and should be used in conjunction with the advice and further details to be discussed by Mr. Ahmed at your consultation meeting.

What causes prostate trouble?
The prostate gland is an organ that lies under the bladder and surrounds the urethra (tube that carries urine and semen to the end of your penis) (see figure 1). Prostate trouble is caused by the growth of the prostate gland. As the gland grows it can narrow the urethra.

![Prostate gland diagram]

**Figure 1**
The prostate gland

Your surgeon has recommended a trans-urethral resection of the prostate (TURP). However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

What are the symptoms of prostate trouble?
It is normal for the prostate gland to get bigger with age. However, if the gland tightens around the urethra it can interrupt the flow of urine from the bladder. This results in the following symptoms:

- The need to pass urine more frequently.
- Slow flow of urine, often with dribbling.
- Having to wait longer than usual before starting to pass urine.
- The feeling of not having fully emptied your bladder.
- Sudden urges to pass urine.

What are the benefits of surgery?
The benefits of surgery are a better flow of urine, improved bladder emptying and less need to get up at night. The worse your symptoms are, the more likely you are to benefit from surgery.

Are there any alternatives to surgery?
For most men an operation is not essential. There are medications available to treat the condition but this is rarely a permanent solution.

However, for a few men an operation is vital and your surgeon will let you know if this is the case. For most men the aim of the operation is to improve their lifestyle by relieving the symptoms. Mr. Ahmed will explain to you why he recommended surgery as the best choice for you.

What will happen if I decide not to have the operation?
Prostate symptoms can come and go. 1 in 3 men will find that their symptoms improve, 1 in 3 will find that they stay the same and 1 in 3 will find that their symptoms get worse. If your symptoms get worse, you may get urinary infections or bladder stones. In severe cases, the flow of urine can become completely blocked (risk: 1 in 50 over a year). Urine will build up in your kidneys, increasing the risk of you developing kidney
failure. If this happens, you will need an emergency procedure to drain the urine.

**What does the operation involve?**
The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having. A TURP is performed under a general or spinal anaesthetic. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes less than half an hour.

Your surgeon will insert a resectoscope (a small operating telescope) into the urethra and remove enough prostate tissue to relieve the pressure on your urethra. At the end of the operation, your surgeon will place a catheter (tube) in your bladder. This will allow you to pass urine easily and for your bladder to be washed out with fluid to prevent blood clots.

**What should I do about my medication?**
You should make sure your surgeon knows the medication you are on and follow their advice. You may need to stop taking warfarin, clopidogrel, aspirin or dipyridamole before your operation.

If you are a diabetic, it is important that your diabetes is controlled around the time of your operation. Follow your surgeon’s advice about when to take your medication.

If you are on beta-blockers to control your blood pressure, you should continue to take your medication as normal.

**What can I do to help make the operation a success?**
If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight. Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

**What complications can happen?**
The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death (risk: 1 in 400). You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of men who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 **Complications of anaesthesia**
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 **General complications of any operation**
   • **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
   • **Bleeding** during or after surgery. Most men will notice blood in their urine. Any bleeding is usually very little. The healthcare team can flush water into your bladder through the catheter to wash out any blood that may collect or to remove any blood clots in the catheter. If the bleeding is heavy, you may need a blood transfusion (risk: less than 1 in 20) and rarely further surgery.
   • **Infection**, which may need treatment with antibiotics (risk: 1 in 10). The risk increases if a catheter is inserted before surgery.
• **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication or special stockings to wear.

3 Specific complications of this operation

• **Impotence** (problems having an erection) (risk: 1 in 20). This is more common in older men who may already have problems with impotence.

• **Retention of urine**, where you cannot empty your bladder in the normal way (risk: 1 in 50). You will need a catheter again for one to two weeks while at home. When the catheter is removed, you should be able to pass urine in the normal way.

• **Incontinence**, which can happen for a short while after the operation. This often involves passing small amounts of urine before reaching the toilet. This can be permanent (risk of new, permanent incontinence: less than 1 in 50).

• **Reduction in fertility**, caused by ‘retrograde ejaculation’. This is where the fluid produced at ejaculation passes back into the bladder rather than coming out of the end of your penis. This almost always happens after TURP. You still get the climax feeling though. Do not rely on this as a form of contraception.

• **Narrowing of the urethra** (stricture), caused by scar tissue forming. You may need further surgery (risk: less than 3 in 100).

How soon will I recover?

• **In hospital**

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home after three to four days. However, your doctor may recommend that you stay a little longer.

After a day or two, your bladder will no longer be washed out with fluid. Once your urine is clear, the catheter will be removed. You will feel a stinging pain the first few times you pass urine. Drink plenty of water, as this will help you to pass urine more easily and will reduce the risk of developing blood clots.

If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• **Returning to normal activities**

The area where the tissue was removed from the prostate will be raw for the first few weeks. This usually gives a sensation of discomfort that travels down the penis towards the end of passing urine. If drinking enough water does not help and the discomfort gets worse, let your GP know.

It is normal to pass blood and small clots when you pass urine. Do not worry as a little blood can look a lot, especially when it is mixed with urine.

A clot or scab will cover the raw area and, as it heals, small pieces will break away and pass with the urine. If you pass a lot of clots and find it difficult to pass urine, let your GP know. You may need to come back to the hospital to have a blood clot removed using a catheter.

Even though there is no external cut, you will have had an operation and it is normal to be tired for at least two weeks. During this time do not do any strenuous activities. After two weeks, build up your activity level gradually. You should be able to return to work after four to six weeks depending on your type of work. Check with your GP first. Regular exercise should help you to return to normal activities as soon as possible.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about
controlling your vehicle and always check with your doctor and insurance company first.

- **The future**
  Most men make a good recovery, with a big improvement in their symptoms. Progress is most rapid in the first six weeks but improvement can continue for many months, particularly if your bladder has become overactive. Occasionally the prostate gland grows bigger again and symptoms can come back and be worse. If this happens, you may need another TURP (risk: 1 in 16).

**Summary**
Prostate trouble is common. If your medication does not help or symptoms are severe, prostate surgery should relieve your symptoms. Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Please remember, TURP is a reboring procedure. Even after a TURP, prostate cancer can occur. TURP neither protects and increases the chance of prostate cancer.

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