Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Transurethral Resection of Prostate (TURP)

1. Introduction

1.1. Benign prostatic hyperplasia (BPH) is the most common disease in male patient with urological problem. Transurethral resection of prostate (TURP) is the gold standard surgical treatment for BPH.

2. Operative procedure

2.1. Transurethral resection of prostate (TURP) is performed through the urethra with a resectoscope. No incision is made and the operation is carried out under either a general anaesthesia or spinal anaesthesia. During the operation, continuous irrigation of the prostatic bed and bladder is required in order to provide a good view for cutting out the enlarged prostate. The prostate chips will be sucked out at the end of the operation and the bleeding is stopped immediately. A catheter will be passed up the urethra into the bladder to drain and irrigate the bladder.

3. Pre-operative care

3.1. Patient will be asked not to eat or drink for 6-8 hours (or instructed by Doctor) before operation.
3.2. Your doctor will tell you whether you should continue your regular medications during the fasting period or may give you other instructions.
3.3. Inform your doctor of any medical condition (for example diabetes, heart diseases, high blood pressure, etc.) and any medications you are currently taking.
3.4. Some drugs including blood thinners & aspirin may need to stop before operation.

4. Possible risk and complication

4.1. Cardiovascular complications: acute myocardial infarction, cerebral accidents, deep vein thrombosis, massive pulmonary embolism.
4.2. Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airways disease.
4.3. Allergic reaction and anaphylactic shock.
4.4. Operation related complications (16%).
  4.4.1. Injury adjacent organs including perforation of bladder or injury of urethra or rectum (<1%).
  4.4.2. Urinary infection (15%).
  4.4.3. Prostatic bleeding (5%).
  4.4.4. Clot retention (1-2%).
  4.4.5. TURP syndrome (<1%).
  4.4.6. Fail to void (3.6-11%).
  4.4.7. Retrograde ejaculation (68%).
  4.4.8. Erectile dysfunction (15.7%).
  4.4.9. Urethral stricture (5%).
  4.4.10. Urine incontinence (0.8%).
  4.4.11. Death (0.5%).

5. Post-operation care

5.1. After operation, patient should keep bed rest.
5.2. The catheter in the bladder for irrigation will be removed 1 to 2 days after the operation if the urine becomes clear.
5.3. There will be mild pain or red urine during the first week after operation. The pain and red urine will be controlled with medicine and plenty of water intakes.
5.4. Urgency, frequency and mild incontinence are common and normal after transurethral surgery.

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6. Follow up

6.1. Drink 6-10 glasses of fluid each day.
6.2. Eat foods high in fiber and roughage to prevent constipation.
6.3. Avoid vigorous exercise for at least 6 weeks.
6.4. Avoid sexual intercourse for at least 4-6 weeks.
6.5. Continue to take all prescribed medications but check with your doctor before taking aspirin or blood thinners.

7. Remarks

7.1. This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

8. References

8.1. Hospital Authority. Smart Patient Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____