Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Transurethral Resection of Your Prostate (TURP)

This information explains your transurethral resection of your prostate (TURP) surgery at MSK.

TURP is used to treat benign prostatic hyperplasia (BPH) when medication does not work. BPH is when your prostate is enlarged (bigger than it should be). With BPH, your prostate presses down on your urethra. This makes it hard to urinate (pee).

If you don't empty your bladder for long periods of time, you may get:

- A urinary tract infection (UTI).
- Bladder stones.
- Bladder diverticulum (stretching and outpouching of the bladder wall).
- Kidney damage due to urine that's backed up to the kidneys because of blockage in the urethra.

During your TURP, your surgeon will trim part of your prostate tissue away. This will make it easier to urinate.

What to do before your surgery

Presurgical testing (PST)

You'll have a PST appointment before your surgery. Your appointment may be an in-person visit or a video visit. You'll get a reminder from your surgeon's office with the appointment date, time, and location. Visit www.msk.org/parking for parking information and directions to all MSK locations.

You can eat and take your usual medicines the day of your appointment.

It's helpful to bring these things to your appointment:

- A list of all the medicines you're taking, including prescription and over-the-counter medicines, patches, and creams.
- Results of any medical tests done outside of MSK in the past year, if you have them. Examples include results from a cardiac stress test, echocardiogram, or carotid doppler study.
- The names and telephone numbers of your healthcare providers.

You'll meet with an advance practice provider (APP) during your PST appointment. They work closely with MSK's anesthesiology (A-nes-THEE-zee-AH-loh-jee) staff. These are doctors with special training in using anesthesia during a surgery or procedure.

Your APP will review your medical and surgical history with you. You may have tests to plan your care, such as:

- An electrocardiogram (EKG) to check your heart rhythm.
- A chest X-ray.
- Blood tests.

Your APP may recommend you see other healthcare providers. They'll also:

- Talk with you about which medicines to take the morning of your surgery.
- Give you instructions for eating and drinking before your surgery.

You can find your preprocedure instructions (such as your medicine, eating, and drinking instructions) in your MSK MyChart account:

1. Log in to your MSK MyChart account. On the homepage, select "Visits."
2. Go to the "Past" or "Past visits" section and find your PST appointment. Select "View After Visit Summary."
3. Read the "Preprocedure Instructions" section in your After Visit Summary.

It is very important to follow these preprocedure instructions. If you do not follow them, your surgery may be delayed or canceled.

7 days before your surgery

Follow your healthcare provider's instructions for taking aspirin

Aspirin can cause bleeding. If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless they tell you to.**

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.mskcc.org/pe/check-med-supplement).

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements

Vitamin E, multivitamins, herbal remedies, and other dietary supplements can cause bleeding. Stop taking them 7 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *Herbal Remedies and Cancer Treatment* (www.mskcc.org/pe/herbal-remedies).

2 days before your surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), can cause bleeding. Stop taking them 2 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.mskcc.org/pe/check-med-supplement).

What to do the day before your surgery

Note the time of your surgery

A staff member will call you after 2 p.m. the day before your surgery. If your surgery is scheduled for a Monday, they'll call you the Friday before. If you do not get a call by 7 p.m., call 212-639-5014.

The staff member will tell you what time to get to the hospital for your surgery. They'll also remind you where to go.

This will be one of the following locations:

- **Presurgical Center (PSC) on the 2nd Floor**
  1275 York Avenue (between East 67th and East 68th Streets)
  New York, NY 10065
  M elevator to the 2nd floor
- **Presurgical Center (PSC) on the 6th Floor**
  1275 York Avenue (between East 67th and East 68th Streets)
  New York, NY 10065
  B elevator to the 6th floor

Visit www.msk.org/parking for parking information and directions to all MSK locations.

Instructions for eating

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.



Stop eating at midnight (12 a.m.) the night before your surgery or procedure. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer

before their surgery or procedure.

What to do the day of your surgery

Instructions for drinking

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
  - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
  - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It's easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgeries and procedures, so drink if you're thirsty. Do not drink more than you need. You'll get intravenous (IV) fluids during your surgery or procedure.



Stop drinking 2 hours before your arrival time. This includes water.

Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.

At the hospital

When you get to the hospital, take the elevator to the floor your surgery is on. Check in at the desk in the Pre-Surgical Center (PSC) waiting area.

After you check in, a nurse will take you to an exam room. Tell the nurse the dose of any medications (including patches and creams) you took after midnight and the time you took them.

The nurse may place an intravenous (IV) line into one of your veins, usually in your arm or hand. If the nurse doesn't place the IV, your anesthesiologist will do it later once you're in the operating room.

You'll either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Once you're comfortable, your anesthesiologist will give you anesthesia (medication to make you sleep) through your IV line and you'll fall asleep.

Once you're asleep, your surgeon will start your surgery.

What to do to after your surgery

In the Post-Anesthesia Care Unit (PACU)

You'll be in the PACU when you wake up after your surgery. A nurse will keep track of your temperature, pulse, blood pressure, and oxygen levels. You may get oxygen through a tube resting below your nose or a mask over your nose and mouth. You may also have compression boots on your lower legs.

You'll stay in the PACU for a few hours. Once you're awake enough, your care team will bring you to a hospital room.

You'll stay in the hospital overnight. While you're in the hospital:

- Tell your nurse if you have any pain or discomfort. They will give you acetaminophen (Tylenol®) to help.
- You'll have a urinary (Foley) catheter (thin, flexible tube) through your urethra, into your bladder. The Foley catheter will drain urine (pee) from your bladder into a bag. It may also be used to continuously put fluid into your bladder. This is called flushing your bladder. Doing this can help lower the risk of blood clots forming.

Your nurse will remove your Foley catheter before you're discharged. If you're having trouble emptying your bladder when it's time for you to be discharged, you may go home with your Foley catheter in place. If you do, you'll have an appointment in a few days so your nurse can take it out.

What to expect at home

Your healthcare provider will give you an antibiotic to take when you go home. Take all the pills as prescribed.

You may feel discomfort or pain in your pelvic area (the area between your stomach and legs). Drinking liquids will help. You can also take acetaminophen. If the discomfort does not get better after you take acetaminophen, contact your healthcare provider's office.

You might see tiny pieces of prostate tissue and tiny blood clots floating in your urine. This is normal. This gets better by drinking more liquids. Try to drink 6 to 8 (8-ounce) glasses of water every day.

For 2 weeks after your surgery, do not do any strenuous activities, such as jogging or playing tennis. Do not lift anything heavier than 10 pounds (4.5 kilograms). After 2 weeks, if your urine is yellow with no blood, you can go back to doing your usual activities.

You may need to urinate more often or more urgently than you did before your surgery. This gets better over time.

Some people become incontinent after surgery. This is when you cannot control your urination (pee). This is rare and will depend on how your bladder was working before your surgery. If you become incontinent, this often gets better after a few weeks.

Call to make an appointment to see your surgeon 2 to 3 months after your surgery.

Retrograde ejaculation (dry orgasm)

Retrograde ejaculation is when semen flows back into your bladder instead of out through your penis when you ejaculate. Retrograde ejaculation is very common. It's not dangerous.

You'll have normal sensation of orgasms, but there will be much less semen. The semen that flows into your bladder will come out with your urine the next time you urinate.

To learn more about retrograde ejaculation, read *Retrograde Ejaculation* (www.mskcc.org/pe/retrograde-ejaculation).

When to call your healthcare provider

Call your healthcare provider if you:

- Have a fever of 101 °F (38.3 °C) or higher.
- Have pain that isn't relieved by pain medication.
- Can't urinate.
- Have bright red bleeding that doesn't stop.
- Have any unexpected problems.
- Have any questions or concerns.

If you have any questions, contact a member of your care team directly. If

you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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