



PATIENT & CAREGIVER EDUCATION

Transurethral Resection of Your Prostate (TURP)

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

TURP is used to treat benign prostatic hyperplasia (BPH) when medication doesn't 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.

Before Your Surgery

Before your surgery, you'll have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon's office.

You can eat and take your usual medications the day of your PST

appointment.

During your appointment, you'll meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you medication to put you to sleep during your surgery). Your NP will review your medical and surgical history with you. You'll have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your surgery.

It's very helpful to bring the following things to your PST appointment:

- ☐ A list of all the medications you're taking, including prescription and over-the-counter medications, patches, and creams.
- ☐ Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- ☐ The name(s) and telephone number(s) of your healthcare provider(s).

Your nurse will give you the resource *Getting Ready for Surgery* (www.mskcc.org/pe/getting_ready_surgery). This explains what you need to do to get ready for your surgery. Your nurse will also give you any other instructions you need. Please read them carefully.

Instructions for eating and drinking before your surgery



- **Stop eating 8 hours before your arrival time.**
 - Your healthcare provider may tell you to stop eating earlier. If they do, follow their instructions.
- 8 hours before your arrival time, do not eat or drink anything except these clear liquids:

- Water.
- Soda.
- Clear juices, such as lemonade, apple, and cranberry juices. Do not drink orange juice or juices with pulp.
- Black coffee or tea (without any type of milk or creamer).
- Sports drinks, such as Gatorade®.
- Gelatin, such as Jell-O®.

You can keep having these until 2 hours before your arrival time.

The Day of Your Surgery

Instructions for drinking before your surgery



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

At the hospital

When you get to the hospital, take the B elevator to the 2nd floor. 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.

After Your Surgery

After your surgery, you'll be taken to the Post-Anesthesia Care Unit (PACU). Two of your family members or friends can visit you in the PACU. You'll stay in the PACU for a few hours. Once you're awake enough, you'll be moved 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 Foley catheter will probably be removed before you're discharged from the hospital. If you're still 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.

Recovering at Home

- You'll be given an antibiotic to take when you go home. Take all of the pills as prescribed.
- You may feel discomfort or pain. Drinking liquids will help. You can also take acetaminophen. If the discomfort doesn't get better after you take acetaminophen, contact your healthcare provider's office.
- You might see tiny particles floating in your urine. This is normal. These

are pieces of prostate tissue and tiny blood clots. This gets better by drinking more fluids. Try to drink 6 to 8 (8-ounce) glasses of water every day.

For 2 weeks after your surgery:

- Don't do any strenuous activities (such as jogging or tennis).
- Don't 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.

Urinary changes

- You may need to urinate more often or more urgently than you did before your surgery. This gets better over time.
- Depending on your bladder function before having the surgery, you might be incontinent (not able to control your urination). This is usually temporary. If you're still incontinent a few weeks after your surgery, tell your surgeon. They may order tests to see if anything can be done to make it better.

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.

For more information about retrograde ejaculation, read the resource *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.

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

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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