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). 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 will 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 will 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 will 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 doctor(s).

Your nurse will give you the resource *Getting Ready for Surgery* ([www.mskcc.org/pe/getting_ready_surgery](http://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

- Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

The Day of Your Surgery

When you get to the hospital, take the B elevator to the 2\textsuperscript{nd} 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 will 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 will fall asleep.

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

**After Your Surgery**

After your surgery, you will be taken to the Post-Anesthesia Care Unit (PACU). Two of your family members or friends can visit you in the PACU. You will stay in the PACU for a few hours. Once you’re awake enough, you will be moved to a hospital room.

You will 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 will 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 will have an appointment in a few days so your nurse can take it out.

Recovering at Home

- You will 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 doctor’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 will 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](http://www.mskcc.org/pe/retrograde_ejaculation)).

**Call Your Doctor or Nurse if You:**

- Have a temperature 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 any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

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

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