

TURP's risk and diagnosis

Despite being a safe procedure with proven benefits, there are some risks associated with a TURP. These include problems with urine control, loss of sperm fertility, erection problems, passing the semen into the bladder instead of out through the urethra (retrograde ejaculation), urethral stricture (tightening of the urinary outlet from scar tissue), transurethral resection (TUR) syndrome (water buildup during surgery), and damage to internal organs and structures. However, patients who undergo TURP usually experience relief of their symptoms of BPH and overcome symptoms within a 6-week to 3 month period.



DR MARTIN ELMES

With over 10 years of expertise in the field of Urology, Dr Elmes provides a full range of high quality urological services for patients needs with the use of advanced techniques and cutting edge equipments to perform procedures. Dr Elmes is highly qualified in the field of urology having completed extensive surgical training throughout Melbourne and Sydney.

His main interests in the field include minimally invasive Robotic prostate & kidney surgery, BPH treatments (Advanced laser prostate enucleation (HoLEP) & UroLift) and Erectile Dysfunction (hidden needle intracavernosal injections and penile prosthesis surgery). Dr Elmes is dedicated to teaching and training today's medical students, junior doctors and surgeons to ensure there is continuous development in the field of Urology.

Please visit our website or call us on (07) 5575 7922 for more information about what is best suited for you.

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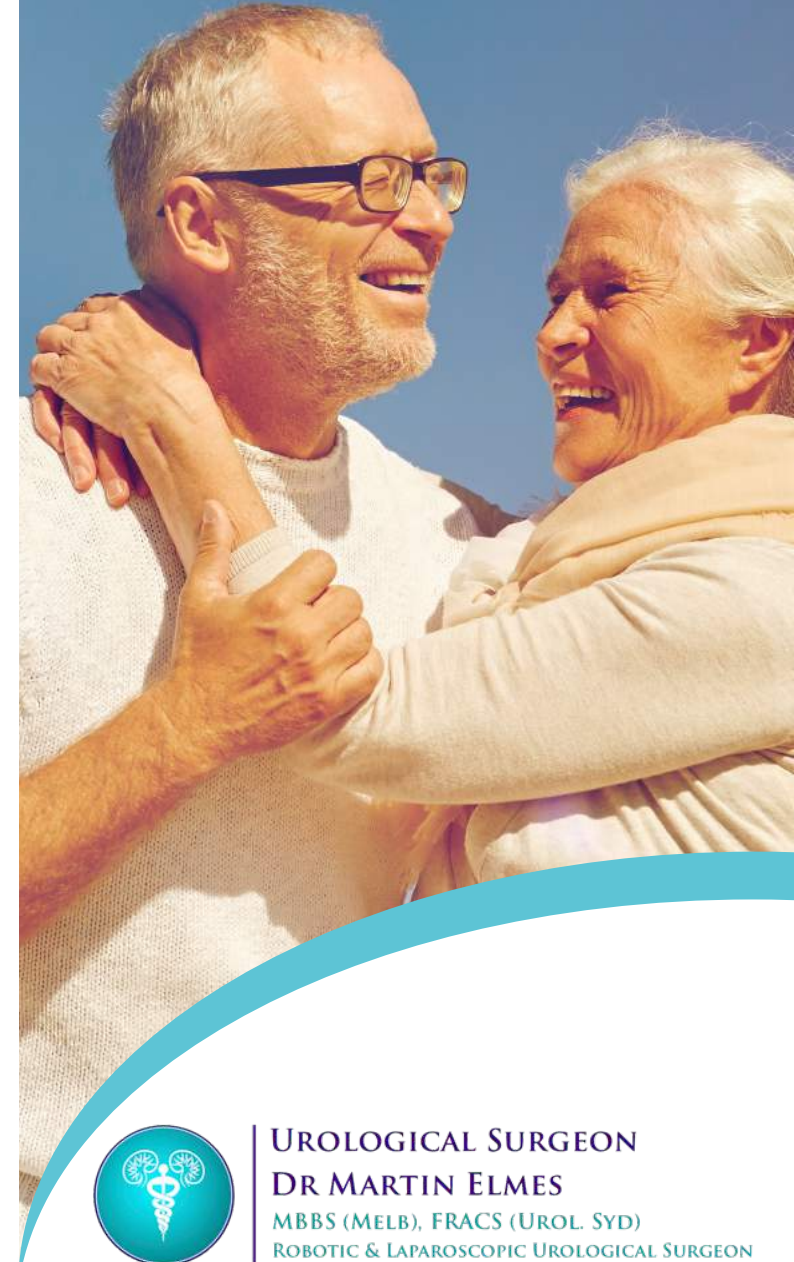
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PROCEDURE	
DATE:	
PROCEDURE	
LOCATION:	

TIME TO BE ADVISED BY ROOMS THE WEEK
PRIOR TO PROCEDURE DATE

A PATIENT GUIDE TO TRANSURETHRAL RESECTION OF PROSTATE (TURP)



UROLOGICAL SURGEON

DR MARTIN ELMES

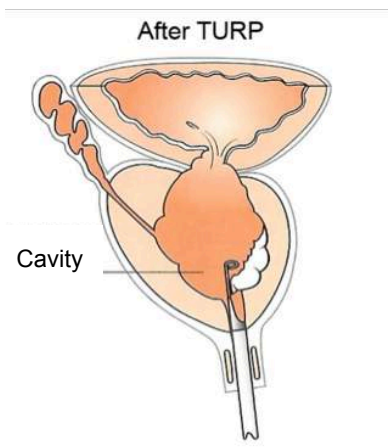
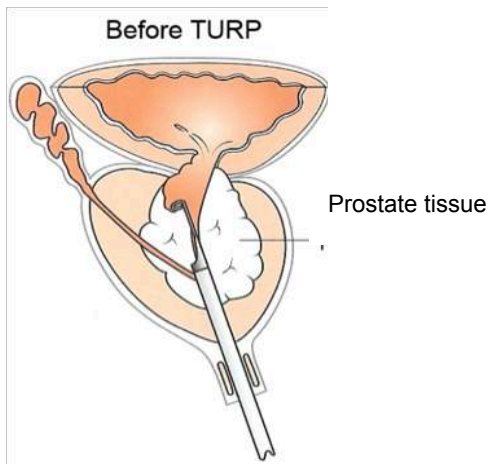
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ROBOTIC & LAPAROSCOPIC UROLOGICAL SURGEON

What is TURP?

Transurethral resection of the prostate is performed usually because a man is having trouble urinating as a result of an enlarged prostate. The prostate is a "valve" that sits below the bladder and if too tight or swollen it can choke off the urethra (pipe urine flows through from the bladder to the toilet). Instruments are inserted via the penis and under vision a series of curettings (small flakes) are resected to widen the diameter of the urethra.

A catheter (drainage tube) is placed at the end of the procedure for 12-36hours.



Before Surgery

FASTING

You will be instructed by the hospital or Dr Elmes' rooms when to fast (food & fluid).

TABLETS

Continue all tablets (including if fasting with a sip of water) except blood thinners.

BLOOD THINNERS

- **Plavix or Clopidogrel or Persantin or Asasantin**
 - ⇒ Cease TEN DAYS prior
 - ⇒ You may be instructed to take 100mg aspirin daily in its place
- **Warfarin**
 - ⇒ Cease SEVEN DAYS prior
 - ⇒ You may need Clexane bridging therapy (last dose 24 hours before surgery)
- **Brilinta or Xarelto or Pradaxa**
 - ⇒ Cease THREE DAYS prior
 - ⇒ You may be instructed to take 100mg aspirin in its place
- **Asprin**
 - ⇒ Stay on this unless otherwise instructed by Dr Elmes' rooms

INSULIN

Please let Dr Elmes know if you are on insulin as the dosage will need to be adjusted peri-operatively.

PRE-OP ASSESSMENT/PATHOLOGY TESTS

- You must attend this visit if asked by Dr Elmes or the hospital
- You must get all blood/urine tests done approximately one week prior to operation

FILMS

Please bring your CT's/US or other appropriate films to your operation. In some cases your surgery will be postponed if you do not.

After Surgery

Expect:

- Catheter (tube into your bladder) with fluid running in to reduce any blood clots
- Catheter to be removed within 12-36hrs
- Nursing staff will check with an ultrasound that you are emptying your bladder well
- Six weeks (**sometimes up to 3 months**) of:
 - ⇒ Frequency, urgency of urination, rarely accidents on the way to the toilet
 - ⇒ Penile shaft or tip pain on voiding or at other times
 - ⇒ Pinkish discoloration of urine, occasional blood clots or blood in part of your stream

What to do:

- Drink plenty of fluid
- Take URAL sachet (up to 4 times per day if burning)
- Take it easy for 6 weeks

Avoid:

- Driving for 1 week
- Heavy lifting or constipation for 6 weeks

Inform Dr Elmes' rooms if:

- Unable to urinate
- Heavy continuous bleeding / multiple clots
- Fevers / unwell

Risks:

- Bleeding/transfusion <5%
- Infection 2%
- Anaesthetic complications – AMI/DVT/PE/Stroke
- Urinary incontinence - 5% temporary, 0.5% longterm
- Retrograde (backwards) ejaculation – 70-100%
- Erectile dysfunction 2%
- Scar tissue – stricture or bladder neck contracture 3%
- Other - rare