



Urology Department Patient Information

Trans Urethral Resection in Saline (TURiS)

Surgery on the Prostate Gland Trans Urethral Resection in Saline (TURiS)

Your consultant has diagnosed that you have a problem with your prostate gland and has recommended that you have an operation called a **TURiS** (Trans Urethral Prostatectomy). This means part of the prostate gland is removed.

This booklet contains some of the questions you may want to ask about your operation. It will help you to understand the operation and the care that you will receive.

If you want to know any more information about the prostate and what the operation involves, please speak to one of the doctors or nurses, they will be more than happy to help.

What is the prostate gland?

It is a gland situated at the base of the bladder, which surrounds the urethra (water pipe). The best way to describe it is to imagine it is like an apple with the core removed. The purpose of the prostate is to produce a fluid, which is important for sperm function.

What problem do I have with my prostate gland?

It is very common for the prostate gland to become enlarged as you get older. This causes it to press on the urethra, which makes the urethra narrower. This in turn causes problems such as making you pass urine frequently, getting up at night to pass urine, and urinating very slowly.

Sometimes the enlargement can block the urethra completely, and stop the flow of urine altogether. You may have experienced all of these problems. The operation can relieve the obstruction.

An instrument is passed up the urethra and the middle of the enlarged prostate is cut away.

What are the benefits of having an operation to remove part of my prostate?

The operation removes part, not all, of the prostate gland. It is carried out by passing an instrument up the penis, which can remove small chips or pieces of the prostate from the inside. By removing these small amounts, the size of the urethra can be enlarged slowly.

The operation should improve your symptoms considerably. In particular you will notice an improvement in the force of your urine stream within a few days. Your other symptoms may take longer to improve and it may be several months before you feel the full benefit.

Will the operation completely cure my symptoms?

It is important that you realise the operation will improve your symptoms, but it will not cure them completely. Your bladder will not return to what it was 20 years ago. You may still find you have to get up once or twice at night to urinate. This is normal as you get older.

Are there any risks involved in having prostate surgery?

Most people get through their operation with no problems and are very pleased with the results. However, it is important to realise that sometimes there can be difficulties.

- ❖ Some people get little or no benefit from having the operation and are left with the same symptoms as before
- ❖ Very few people (less than 1%) can become critically ill as a result of the operation- usually as a result of heavy bleeding.

There are also a number of specific side effects that you need to be aware of:

- ❖ There is a definite chance (50% or more) that you will experience Retrograde Ejaculation after the operation. This means that during orgasm, instead of 'squirting' out in the normal way, semen passes backwards, up the urethra, into the bladder and is later passed out with the urine, which occasionally makes the urine cloudy. This happens because a muscle at the neck of the bladder is partly cut during the operation. This muscle usually contracts at the moment of ejaculation and prevents the semen passing in to the bladder.
- ❖ Retrograde ejaculation will not cause you pain or harm, but the sensation of orgasm may be different. Since normal ejaculation does not occur, there is also a risk of infertility.

- ❖ The operation can affect your ability to have an erection and a small proportion of men (10%) become impotent afterwards.
- ❖ Finally, there is a very small risk (less than 1%) that the operation can cause permanent incontinence. A minor degree of incontinence immediately after the operation is not unusual, but normally settles down.

If you are worried about any of the risks of the surgery, please talk to one of the doctors or nurses.

Getting ready for the operation:

A few weeks before the operation, you will be asked to attend a pre-operative assessment. This will allow us to carry out certain blood tests, blood pressure checks advise on medication, and get a medical history from you. This also helps us identify any potential problems in advance and take steps to sort them out beforehand.

You will be able to speak to a doctor or nurse about the surgery and after care, and discuss any worries you may have.

On the day of the operation:

Most people arrive on the day of their surgery where you will be seen by one of the anaesthetists and get ready to go to theatre. If you have not already signed a consent form, one of the urology team will go through this with you.

What sort of Anaesthetic will I have?

You may have a spinal or a general anaesthetic. A general anaesthetic means you will be fully asleep whilst the operation is carried out. In a spinal anaesthetic, you are given an injection in your back, which completely numbs the lower half of your body and stops you from feeling any pain. However, you will still be awake and aware of your surroundings. The anaesthetist will discuss both methods with you, however if you have a preference please let the pre-assessment staff know.

How long will I have to stay in hospital?

Most people stay overnight, but the surgery can sometimes be performed as a day case. For example, if your operation was scheduled for a Wednesday you should expect to go home on Friday, if you were to have your operation on Friday you should expect to go home on Sunday.

What happens after the operation?

When the operation is over you will have your blood pressure, pulse and breathing checked regularly by the nursing staff.

You will have a drip running into a vein in your arm, which will give you fluids until you are eating and drinking again. There will be a flexible tube (called a catheter) going up the penis into your bladder, to drain away the urine and blood. There may also be fluid running through the catheter to flush out blood from the bladder. A drainage bag is attached to the catheter and you may find that it

looks very bloodstained, this is normal, and will resolve on its own with time.

How long will it take to recover?

The day after the operation you can usually get out of bed and walk around. You will be able to eat and drink normally. You may feel tired over the next few days, so we advise that you take plenty of rest. You will be sent home with a catheter and the district nurses will visit you at home to take the catheter out in 48 hours. The nursing staff on the ward will teach you how to manage the catheter at home and on discharge will then arrange for the district nurse to remove the catheter in the comfort of your own home. Removing the catheter is not normally a painful experience, and you should then be able to empty your bladder without difficulty. We advise you to drink plenty of fluids to help flush the bladder out and improve the colour of the urine.

When the catheter has been removed, you may experience some difficulties, for example needing to pass urine frequently and urgently. You may also experience some dribbling. This is normal and is nothing to worry about. It occurs because it takes time for the area operated on and the bladder to recover.

After the catheter has been removed at home, occasionally it may not be possible to pass urine. If this happens please contact your district nurses during normal working hours to reinsert a catheter. If it is out of hours please attend your local Emergency Department (A&E). If the catheter has to be reinserted, it is normal for it to stay in for 2-4 weeks.

What should I do when I get home?

At home you may still see blood in your urine. This is normal and can last for up to 4 weeks. As with any wounds, scabs form and eventually drop off, causing minor bleeding. If this happens, you should drink plenty of fluids to dilute any blood that is present. If the bleeding is heavy, or lasts for more than 48 hours then you should contact your GP.

You may continue to pass urine frequently. This should gradually improve over the next few weeks and months. Continue to practice any pelvic floor exercises you have been taught.

If you experience increasing frequency of needing to pass urine, pain while passing urine, or you develop a temperature, there is a possibility you may have a urine infection. Please contact your GP and you may be asked to provide a urine sample and if necessary take a course of antibiotics.

What exercise can I do?

Strenuous exercise such as gardening, decorating, heavy lifting, golf, and cycling should be avoided for two weeks. You should gradually increase your level of activity after that. The speed of recovery will vary from patient to patient, but as a general guide four to six weeks is seen as normal.

Gentle walking and swimming are beneficial and can be undertaken immediately.

When can I go back to Work?

This depends on your type of work. Most light jobs may be resumed after four weeks, and any heavy jobs should be avoided for at least six weeks.

When can I drive again?

Driving is best avoided for two weeks after the operation, but you may travel as a passenger in a car immediately. Driving for long distances should best be avoided until you have completely recovered.

When can I have sex?

Sexual activity should be avoided for four weeks. Sex earlier than this can trigger bleeding from the raw areas left in the prostate. Do not be surprised if you do not feel like having sex for longer than this as it is quite normal.

What follow up can I expect?

You may be seen in outpatients three months after the operation, or you may be contacted by telephone.

General things to remember

If you have been given antibiotics after your operation, please make sure you complete the whole course of medication.

Try not to strain when you go to the toilet. If you become constipated, contact your family doctor (GP) for advice.

Contact Numbers

We hope that you have found this information useful. If you have any questions or are worried about anything, please speak to your family doctor (GP) or:

Consultant Urological Surgeons:

Mr N Afzal	01305 255468
Mr S Andrews	01305 255274
Mr A Cornaby	01305 255470

Urology Nurse Specialist:	01305 255415
---------------------------	--------------

Lulworth Ward	01305 255471
Abbotsbury Ward	01305 255481
Continence Advisors	01305 259978

Notes:

Authors: Andy Goffe/Kirsten Ryan
Updated: June 2017
Last reviewed: June 2017
Review date: June 2020
Edition: 1

References:
British Association of Urological Surgeons (BAUS)
website, April 2017

If you have feedback regarding the accuracy of the
information contained in this leaflet, please email
pals@dchft.nhs.uk



© 2017 Dorset County Hospital NHS Foundation Trust
Williams Avenue, Dorchester, Dorset DT1 2JY
www.dchft.nhs.uk