



Transurethral Resection of the Prostate (TURP)

TABLE OF CONTENTS

Introduction 2

Before Surgery 3

Day of Surgery.....5

While in the Hospital 6

General Discharge Instructions 9

When Should I Call the Doctor? 11

Resources 12

INTRODUCTION

You are scheduled for admission and surgery to NYU Hospitals Center for **Transurethral Resection of the Prostate**. You may hear this referred to as a **TURP**. Please read this handout, which discusses how you can prepare for your surgery as well as what you can expect during your stay in the hospital and when you go home. It describes how the members of the health care team -- physicians, nurse practitioners, nurses, social workers, and nutritionists -- will work with you, the most important team member, to ensure a smooth transition to home. Please share this information with your family members and/or friends.

Bring the information packet to the hospital, as staff will be reviewing it with you.

It is anticipated that you will be ready for discharge **2 days after your surgery** although this will vary depending on your individual needs. Many people are surprised at how quickly their activity progresses after surgery. The health care team will be helping you with any concerns you have about discharge. Included in this booklet is a list of questions to help you plan for your discharge. If you have any questions, please speak with your doctors or nurses.

BEFORE SURGERY

PRE-ADMISSION TESTING:

Several days to a week before your surgery, you will be scheduled for an appointment at Pre-Admission Testing. At this appointment you will:

- ◆ Have an interview and an assessment with a nurse and a resident/nurse practitioner from your surgeon's service.
- ◆ Meet with an anesthesiologist who will explain the type of anesthesia you will have.
- ◆ Have blood tests, EKG and in some cases, a chest x-ray.
- ◆ You may sign a consent form giving your permission for the surgery after it has been explained to you.
- ◆ Have additional tests if they are indicated.

ADDITIONAL PREPARATION:

- ◆ If you are taking Coumadin (warfarin), or aspirin once a day for heart, vascular or neurological reasons, check with your doctor for specific instructions. You may need to stop Coumadin or Aspirin 7 days before surgery. Please check with your doctor.
- ◆ Avoid aspirin, aspirin containing products and medications from the class known as non-steroidal anti-inflammatory agents for one week prior to surgery. In addition, avoid Vitamin E and multivitamins.
- ◆ In most cases, antihistamines should not be taken.
- ◆ You only need to bring toiletries, slippers, and a robe to the hospital. Make sure you have comfortable clothing (no belts). Please do not bring any valuables, such as jewelry, cash, or credit cards to the hospital.
- ◆ Do not eat or drink anything after midnight the night before your surgery.

- ◆ Shower the night before or morning of surgery.

- ◆ The morning of surgery take your medications with a sip of water as recommended by your physician. If you are taking diuretics (water pills) or medications for diabetes, make sure you get specific instructions. When you brush your teeth or gargle, do not swallow any water.

DAY OF SURGERY

You should report to the Minimally Invasive Urology Unit (MIUU), 530 First Avenue, 2nd floor, at the time specified. Here you will be admitted and final preparations for surgery will be completed.

- ◆ Immediately before you go to the Operating Room you will need to change into a hospital gown and remove all jewelry, including wedding ring, dentures, etc.
- ◆ You may be given a sedative to help you relax.
- ◆ The surgery will generally take 1-1 ½ hours (preparation and actual surgery) and 2-3 hours in the Recovery Room.
- ◆ Your visitors can wait in the MIUU waiting area (maximum of 2 visitors). It is advisable for one contact person to let the surgeon's office know where he/she can be reached so he/she can be contacted after surgery. Your surgeon will meet your family at the waiting area of the MIUU.

Immediately after surgery you will be taken to the MIUU Recovery Room until the effects of the anesthesia wears off. Generally, from the Recovery Room you will be transferred to a post-operative unit on one of the surgical floors. Visitors will be able to visit every 30 minutes for 5 minutes in the Recovery Room.

WHILE IN HOSPITAL

ASSESSMENT

- ◆ Most patients spend the first night after surgery in a Post-op Unit. This is a 4-bed, coed room with a nurse present who will closely monitor your condition.
- ◆ Initially after surgery, your blood pressure, pulse, and temperature will be taken frequently.
- ◆ Your nurse will help you change position to help make you comfortable.
- ◆ In addition, your nurse will monitor your urine output, drainage, and IV lines.
- ◆ Over night, you may need continuous bladder irrigations. In addition, your nurse may need to irrigate your urethral catheter to avoid blood clots causing urine retention.

DIET

- ◆ On the day of surgery, you will be able to resume your normal diet.

ACTIVITY

- ◆ You will generally need to stay in bed until the morning after your surgery. Your nurse will help you turn side to side every few hours for comfort.
- ◆ The first time you get out of bed the nursing staff will assist you. You will progress to walking in the hallway independently.
- ◆ You will be encouraged to get out of bed as much as possible and increase your activity level as tolerated.

COUGHING/DEEP BREATHING:

- ◆ Your nurse will show you how to do some simple deep breathing and coughing exercises. You should do these exercises every 4 hours while awake.
- ◆ In addition, you will be shown how to use the Incentive Spirometer, or Inspiron. You should use it 10 times every one to two hours while you are awake in order to prevent lung problems after surgery.

ELASTIC STOCKINGS (TEDS) OR ACE BANDAGES

- ◆ You may be instructed to wear special elastic stockings called TEDS or Ace bandages while you need to stay in bed to improve circulation and prevent the formation of blood clots in your veins.

MEDICATIONS

- ◆ You will have an IV line and will receive some medications, such as antibiotics, through your IV. Antibiotics may be given in pill form the next day.
- ◆ You will receive your routine medications as well. Notify your nurse if medications are not given. The nurse will obtain a medication order from the doctor. **Do not take your own medications.**

PAIN MANAGEMENT

- ◆ Your nurse will give you pain medication that the surgeon has ordered. Right after your surgery you may receive injections for pain relief.
- ◆ As your level of discomfort decreases and you are able to tolerate liquids and food, you will receive pills for pain management. In addition, since it is important that you do the coughing and deep breathing exercises and increase your activity, it may be helpful to take pain medications prior to these activities.
- ◆ To help the staff assess your pain level you will be asked to rate your pain on a scale of 0-10 with 0 being no pain and 10 being unbearable pain. (See Pain Control brochure) You will be given pain medication when needed and your pain relief will be assessed.

BOWEL FUNCTION

- ◆ You may experience some constipation after surgery and can be minimized by increasing fluids and fiber in your diet.
- ◆ You will also be given a daily stool softener or laxative to prevent or treat constipation. Do not strain to move your bowels.

BLADDER FUNCTION

- ◆ Your urine output will be monitored. Your doctor will be notified if you have not urinated.
- ◆ The majority of patients will be able to urinate before discharged home. You may experience, however, urinary frequency, urgency, and/or pinkish urine. All the conditions will improve each day.

HYGIENE

- ◆ You can take a shower after surgery. You should not take a bath while you still have the urethral catheter.

FOLEY CARE

- ◆ If you go home with a Foley catheter, keep the catheter system sealed and empty out the urine before you shower.
- ◆ Cleanse the catheter daily with soap and warm water. It is not unusual to experience leakage of urine around the tip of the penis. This can be due to bladder spasm.
- ◆ Call your physician if no urine appears in your bag in a 4-hour period.

DISCHARGE TIME/PROCEDURE

- ◆ It is anticipated that you will be discharged 2 days after surgery depending on your individual condition. Your nurse and doctor will discuss specific discharge information at this time. Also, you will receive any prescriptions you need.

GENERAL DISCHARGE INSTRUCTIONS

DIET

- ◆ No special diet is ordered after a transurethral resection of the prostate; however, if you are on a special diet for another medical problem it should be continued.
- ◆ Normal fluid intake is usually recommended.

ACTIVITY AFTER DISCHARGE

- ◆ As with all surgery, activities will be restricted for a while. Your doctor will discuss any restrictions to activity.
- ◆ Spend the first week in and around your home.
- ◆ Do not do heavy lifting (more than 5 pounds) for at least 1 month.
- ◆ You will be encouraged to walk as tolerated. Do not exert yourself. Allow yourself to increase your activity level slowly.
- ◆ Your doctor will tell you when you can resume driving, light housework, and sexual relations. Discuss this at first office visit after discharge.

BOWEL FUNCTION

- ◆ You may experience some constipation after surgery and can be minimized by increasing fluids and fiber in your diet.
- ◆ A stool softener may be prescribed for use at home. Do not strain to move your bowels.

HYGIENE

- ◆ You may take shower while the catheter is in. You can take a bath once the catheter is removed.

REST AND SLEEP

- ◆ Your recovery will take several weeks depending upon your age, general health, and reason for surgery. Rest as needed.

- ◆ You can expect to gradually resume all activities you participated in before surgery within 3 - 8 weeks after discharge.

FEVER/INFECTION

- ◆ Do not take rectal temperatures. Take an oral temperature if you do not feel well.
- ◆ Temperatures over 100.8°F, chills, flank or side pain, or nausea and vomiting should be reported to your doctor. (See attached “When Should I Call the Doctor”)

MEDICATIONS

- ◆ If you were taking aspirin or non-steroidal anti-inflammatory (NSAID) medications before admission, speak with your Urologist about restarting these medications after discharge.

SEXUAL ACTIVITY

- ◆ It is important to note that a condition of retrograde ejaculation (semen movement in the opposite direction) occurs. Since the semen passes into the bladder, cloudy urine can occur the first time you urinate after intercourse. Or, you may not have an ejaculation during erection. Ask your doctor when you can resume sexual activity.

POST-OP VISIT

- ◆ Arrange the date and time of your after surgery visit with your doctor.

RETURN TO WORK

- ◆ After your recovery is complete you will be able to return to work and resume all of the activities in which you participated before surgery. Your doctor will inform you when you can return to work.

WHEN SHOULD I CALL THE DOCTOR?

Your doctor should be notified if any of the following possible danger signs develop:

- ◆ Increased pain or pain not relieved by pain medication
- ◆ Difficulty urinating or excessively bloody urine
- ◆ Fever (*greater than 100.8° F*) or chills
- ◆ Prolonged or unusual fatigue and depression
- ◆ Unrelieved constipation
- ◆ Nausea and vomiting
- ◆ Inability to urinate within 6 hours or urinating frequently in small amounts (less than 50cc)

After you have completed reading this pamphlet, please speak to your nurse regarding any additional questions or concerns you may have. Remember that we would like to make your stay as comfortable as possible.

Thank you.

UROLOGIST'S NAME: _____

UROLOGIST'S NUMBER: _____

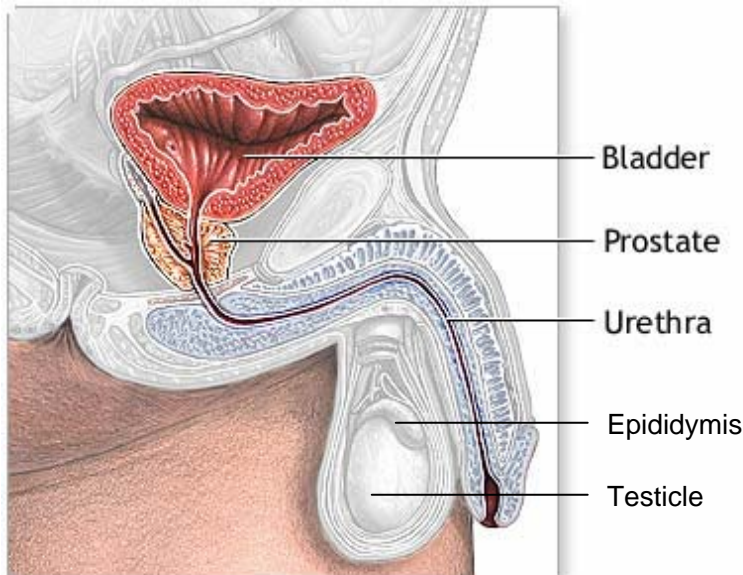
YOUR NEXT OFFICE VISIT/APPOINTMENT: _____

RESOURCE

THE MALE REPRODUCTIVE SYSTEM

Sperm are formed in the testicles, a system of coiled tubes located in the scrotum. These immature sperm cells swim out of the testicles through a long coiled duct called the epididymis, where sperm cells continue to mature. From the epididymis, the sperm cells swim to the vas deferens where they completely mature. The vas deferens ends in the prostatic urethra.

The prostate gland is a small gland that is below the bladder and surrounds the urethra (the tube that connects the bladder to the tip of the penis). The prostate gland produces a fluid, which is a major component of the semen.



ADAM.

TRANSURETHRAL RESECTION OF THE PROSTATE (TURP):

In a Transurethral Resection of the Prostate (TURP), the prostate gland, which has become enlarged, is partially removed (resected). The surgery takes place through the urethra of the penis so there is no visible incision.

TURP (5/99); revised 5/03
disease specific disk #116B