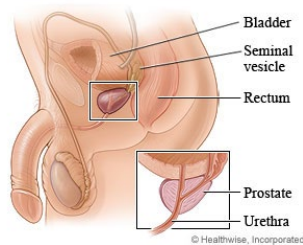


Transurethral Resection of the Prostate (TURP): Before Your Surgery



What is transurethral resection of the prostate?

Transurethral resection of the prostate (TURP) is surgery to reduce or remove prostate tissue. It is done when an overgrown prostate gland is pressing on the urethra and making it hard for a man to urinate.

The prostate gland is a small organ just below a man's bladder. It makes most of the fluid in semen. The urethra is the tube that carries urine from the bladder out of the body through the penis. It passes through the prostate. When the prostate gets too large, it can press on the urethra.

Your doctor will give you medicine to make you sleep or feel relaxed. You will be kept comfortable. If you are awake during the surgery, you will get medicine to numb you from the chest down.

The doctor puts a thin, lighted tube into your urethra. This is called a scope. It goes in through the opening in your penis. Then the doctor puts small surgical tools through the scope. These tools are used to remove the part of the prostate that is blocking urine flow. When the doctor is finished, he or she takes out the scope.

This surgery may make it easier for you to urinate. You may have better control when you start and stop your urine stream. And you may feel like you get more relief when you urinate.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How do you prepare for surgery?

Surgery can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for surgery.



Preparing for surgery

- Be sure you have someone to take you home. Anesthesia and pain medicine will make it unsafe for you to drive or get home on your own.
- Understand exactly what surgery is planned, along with the risks, benefits, and other options.
- If you take aspirin or some other blood thinner, be sure to talk to your doctor. He or she will tell you if you should stop taking it before your surgery. Make sure that you understand exactly what your doctor wants you to do.
- Tell your doctor ALL the medicines and natural health products you take. Some may increase the risk of problems during your surgery. Your doctor will tell you if you should stop taking any of them before the surgery and how soon to do it.
- Make sure your doctor and the hospital have a copy of your advance care plan. If you don't have one, you may want to prepare one. It lets others know your health care wishes. It's a good thing to have before any type of surgery or procedure.

Plan Ahead

- **Plan a ride home.** Ask a family member or friend to bring you home after your hospital visit and stay with you for 24 hours
- **Plan for meals.** Good nutrition is important for your recovery, but cooking may be harder to do right after you get home. Prepare and freeze meals before your surgery or ask friends and family to help you cook or shop for groceries.
- **Get help with chores.** After you get home you may need help. For a short time after your surgery, you may be told to avoid certain physical activities. Plan ahead and arrange to have some help with chores after your surgery.
- **Buy gum or hard candies.** Chewing gum and sucking on hard candies may help get your bowels moving after surgery.

Be as healthy as possible

- **Be active.** Being active before surgery will make it easier for you to be active after surgery. If you're normally active, keep doing your regular activities up to the day of your surgery. If you aren't used to exercising, start slowly. You can start by going for 15 minute walks.
- **Eat healthy.** Eating healthy foods will give your body the nutrients it needs to prepare for and handle the surgery. Eat healthy foods and drink enough fluids in the weeks before your surgery. Your healthcare team will tell you how long before surgery that you need to stop eating and drinking.
- **Manage your medical conditions.** If you have other medical conditions, such as anemia or high or low blood sugar, ask your healthcare team what you need to do to prepare for surgery.
- **Quit tobacco.** You can heal faster and prevent lung problems after surgery if you quit tobacco. Aim to quit smoking and using tobacco and tobacco-like products at least 4 weeks before surgery. Talk to your healthcare team about ways to quit or cut

back. **Don't drink alcohol 24 hours before surgery.** Alcohol, cannabis, and other drugs may interact with medicines you take before and after surgery. Talk to your healthcare team if you need help stopping or cutting back on alcohol, cannabis, or other drugs.

Do the following before your surgery to help you feel better sooner and recover faster.

The day before surgery

- Know the time of your surgery, when you need to be at the hospital, and where you need to go when you get there.
- Follow any instructions the healthcare team or your surgeon gave you for your medicines (including herbal or complementary medicines).



- **Stop** eating at midnight. This is very important!



Stop eating and drinking all non-clear fluids at midnight. This is very important

- You may **DRINK CLEAR FLUIDS ONLY** up to 3 hours before surgery. This includes **BLACK** coffee, tea, Gatorade, apple juice and water.

Morning of surgery

Plan to arrive at the hospital on time.

- Follow any instructions provided
- Bring all of the things you packed for your hospital stay **if** you are being admitted.
- Follow **all** other instructions the healthcare team gave you to prepare for surgery.
- Bring your CPAP if you use one



What happens on the day of surgery?

If your doctor told you to take your medicines on the day of surgery, take them with only a sip of water.

- Take a bath or shower before you come in for your surgery. Do not apply lotions, perfumes, deodorants, or nail polish.
- Do not shave the surgical site yourself.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital



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Bring a picture ID health card.

- The area for surgery is often marked to make sure there are no errors.
- You will be kept comfortable and safe by your anesthesia provider. The anesthesia may make you sleep. Or it may just numb the area being worked on.
- The surgery will take 1 to 2 hours.

When should you call your doctor?

- You have questions or concerns.
- You don't understand how to prepare for your surgery.
- You become ill before the surgery (such as fever, flu, or a cold).
- You need to reschedule or have changed your mind about having the surgery

Transurethral Resection of the Prostate (TURP): What to Expect at Home

Your Recovery

Transurethral resection of the prostate (TURP) is surgery to remove prostate tissue. It is done when an overgrown prostate gland is pressing on the urethra and making it hard to urinate.

You may need a urinary catheter for a short time. It is a flexible plastic tube used to drain urine from your bladder when you can't urinate on your own. If it's still in place when you go home, your doctor will give you instructions on how to care for your catheter and organize community care nursing, (LHIN).

For several days after surgery, you may feel burning when you urinate. Your urine may be pink for 1 to 3 weeks after surgery. You also may have bladder cramps, or spasms. Your doctor may give you medicine to help control the spasms.

You may still feel like you need to urinate often in the weeks after your surgery. It often takes up to 6 weeks for this to get better. After you have healed, you may have less trouble urinating. You may have better control over starting and stopping your urine stream. And you may feel like you get more relief when you urinate.

Most people can return to work or many of their usual tasks in 1 to 3 weeks. But for about 2 weeks, try to avoid heavy lifting and strenuous activities that might put extra pressure on your bladder.

How can you care for yourself at home?



Activity

- Rest when you feel tired.
- Be active. Walking is a good choice.
- Allow your body to heal. Don't move quickly or lift anything heavy until you are feeling better.
- Ask your doctor when you can drive again.
- Many people are able to return to work within 1 to 3 weeks after surgery. It depends on the type of work you do and how you feel.
- Do not put anything in your rectum, such as an enema or suppository, for 4 to 6 weeks after the surgery.
- You may shower and take baths when your doctor says it is okay.
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Diet

- Start with light foods such as soup, toast and tea. Avoid dairy and fatty foods as it may upset your stomach
- If your bowel movements are not regular right after surgery, try to avoid constipation and straining. Drink plenty of water. Your doctor may suggest fibre, a stool softener, or a mild laxative.



Medicines

- If you take aspirin or some other blood thinner, be sure to talk to your doctor. He or she will tell you if and when to start taking those medicines again. Make sure that you understand exactly what your doctor wants you to do.
- Be safe with medicines. Read and follow all instructions on the label.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
- Take your antibiotics as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.

Discharge

How you may feel after your operation

- You may feel nauseated, light headed dizzy or sleepy for up to 24 hours after your surgery
- You may have a slight temperature for 2 days
- You may feel tired for a few days after your surgery

For 24 hours after your surgery do not....

- Drive a vehicle
- Operate heavy equipment
- Drink alcohol or smoke
- Make any important or legal decisions

At Home

Slowly get more active.

- Eat healthy and drink fluids as you did before surgery (unless your healthcare team gives you other instructions).
- Drink oral nutritional supplements (like Ensure Protein Max) for the first month after surgery to give you extra protein and help you heal faster.
- Take less pain medicine as your pain gets better.
- Take your blood thinner and other medicines as you were told.

What is anesthesia?

Anesthesia controls pain. And it keeps all your organs working normally during surgery or another kind of procedure.

Anesthesia can relax you. It can also make you sleepy or forgetful. Or it may make you unconscious. It depends on what kind you get.

Your anesthesia provider (anesthesiologist) will make sure you are comfortable and safe during the procedure or surgery.

There are different types of anesthesia.

- **Local anesthesia.** This type numbs a small part of the body. Doctors use it for simple procedures.
 - You get a shot in the area the doctor will work on.
 - You will feel some pressure during the procedure.
 - You may stay awake. Or you may get medicine to help you relax or sleep.
- **Regional anesthesia.** This type blocks pain to a larger area of the body. It can also help relieve pain right after surgery. And it may reduce your need for other pain medicine after surgery. There are different types. They include:

- Peripheral nerve block. This is a shot near a specific nerve or group of nerves. It blocks pain in the part of the body supplied by the nerve. This is often used for procedures on the hands, arms, feet, legs, or face.
- Epidural and spinal anesthesia. This is a shot near the spinal cord and the nerves around it. It blocks pain from an entire area of the body, such as the belly, hips, or legs.
- **General anesthesia.** This type affects the brain and the whole body. You may get it through a small tube placed in a vein (IV). You are unconscious and will not feel pain. During the surgery, you will be comfortable. Later, you will not remember much about the surgery.

What type will you have?

The type of anesthesia you have depends on many things, such as:

- The type of surgery or procedure and the reason you are having it.
- Test results, such as blood tests.
- How worried you feel about the surgery.
- Your health. Your doctor and nurses will ask you about any past surgeries. They will ask about any health problems you may have, such as diabetes, lung or heart disease, or a history of stroke. They will want to know if you take medicine, such as blood thinners. Your doctor may also ask if any family members have had any problems with anesthesia. You will talk with your anesthesia provider about your options. In many cases, you may be able to choose the type of anesthesia you have.

What can you expect after having anesthesia?

Right after the surgery, you will be in the recovery room. Nurses will make sure you are comfortable. As the anesthesia wears off, you may feel some pain and discomfort from your surgery.

Tell someone if you have pain. Pain medicine works better if you take it before the pain gets bad.

You may feel some of the effects of anesthesia for a while. It takes time for the effects of the medicine to completely wear off.

- If you had local or regional anesthesia you may feel numb and have less feeling in part of your body. It may also take a few hours for you to be able to move and control your muscles as usual.
- When you first wake up from general anesthesia, you may be confused. Or it may be hard to think clearly. This is normal.

- Don't do anything for 24 hours that requires attention to detail. This includes going to work, making important decisions, or signing any legal documents.

Other common side effects of anesthesia include:

- Nausea and vomiting. This does not usually last long. It can be treated with medicine.
- A slight drop in body temperature. You may feel cold and shiver when you first wake up.
- A sore throat, if you had general anesthesia.
- Muscle aches or weakness.
- Feeling tired.

You may go home the same day of surgery or you may stay in the hospital. Your doctor will check on your recovery from the anesthesia. He or she will answer any questions you may have.

For answers to frequently asked questions about your anesthetic, please visit <https://www.cas.ca/en/about-cas/advocacy/anesthesia-faq>



When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have chest pain, are short of breath, or cough up blood.

Call your doctor or seek immediate medical care if:

- You have new or more blood clots in your urine. (It is normal for the urine to be pink for a few days.)
- You can't pass urine.
- You have symptoms of a urinary tract infection. These may include:
 - Pain or burning when you urinate.
 - A frequent need to urinate without being able to pass much urine.
 - Pain in the flank, which is just below the rib cage and above the waist on either side of the back.
 - A fever.