

**Patient Information to be retained by patient**

# Transurethral resection of the prostate (TURP)

 affix patient label
 

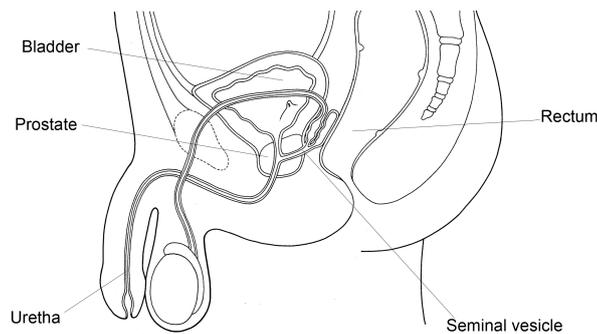
## What is a TURP?

This is an operation to remove the inner part of the prostate gland which is obstructing the flow of urine along your urethra (tube carrying urine from your bladder). It is carried out using a small camera (cystoscope) and instruments passed along the urethra into the prostate.

## Why do I need this procedure?

The prostate lies below the bladder and surrounds the first part of the urethra. As men get older the prostate gland often gets larger. This can lead to difficulties including:

- poor urine flow
- unable to fully empty the bladder (urine retention)
- blood in the urine (haematuria)
- bladder stones.



## Are there any alternative treatments?

Some medicines can help with these problems. A catheter (tube passed along the urethra into the bladder) can also be used. This can be permanently in place or passed by you every time you need to empty your bladder (intermittent self-catheterisation). The surgery can be performed as an open operation. Laser treatment (HoLEP or laser enucleation of the prostate) is currently not available at this Trust. If you would like more information about alternative treatments you should discuss this with your surgeon.

## How do I prepare for it?

You should continue to take your normal medicines unless you have been told otherwise. If you take aspirin, clopidogrel or warfarin you must discuss this with your urologist at the clinic or at your pre-assessment appointment.

Do **not** eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (e.g. tea or coffee with milk) and sweets all count as food. You **can** drink water or a drink without fats in it (e.g. black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will usually be admitted on the day of surgery. A member of the urology team will also see you on the ward. This is usually the surgeon who will perform your operation. Feel free to ask any questions you have about your operation or what will happen afterwards. The surgeon may examine you again. They will also check that this consent form has been completed and signed.

**What does it involve?**

You will be given an injection of antibiotics before the operation starts and also offered some medication to make you feel relaxed/sleepy. The operation takes 30-60 minutes and is usually performed using a spinal anaesthetic. The anaesthetist will carefully inject the anaesthetic into the lower part of your back. This will make your lower body numb allowing the operation to be performed without any discomfort. The numbness will wear off after a few hours. Occasionally a general anaesthetic is used.

A telescopic instrument called a cystoscope is passed along your urethra to your prostate. The inner obstructing area of the prostate gland is removed to leave a wider passage for urine to flow. The prostate 'chips' that have been removed are routinely sent for analysis.

At the end of the operation a catheter is placed into your bladder. It is common for some bleeding to occur from the prostate. Irrigation (saline) fluid will normally be run through the catheter to flush the bladder and prevent any blood clots forming inside.

**What happens afterwards?**

You will normally spend 1-2 days in hospital. Your catheter tube will usually be attached to the irrigation (saline) fluid overnight. After 1-2 days the catheter will be removed. It is common to feel uncomfortable when passing urine but this should settle fairly quickly. Once you are passing urine safely and the ward staff are happy that it is safe to leave you will be discharged home.

Occasionally patients are not able to pass urine after the catheter is removed. If that happens the catheter will be replaced and may need to stay in for a few weeks. You may still go home once it is safe to do so and plans for removal of the catheter will be discussed with you.

**What should I look out for at home?**

You may notice traces of blood and experience some discomfort when passing urine for a few weeks after your operation. It is quite common to pass some blood around 10-14 days after a TURP. Drink plenty of fluid if this happens and it should clear. If not please seek advice from your GP.

**Are there any risks or complications?**

As with all procedures there are risks from having this operation:

**Common risks (Happens to more than 1 in 10 patients)**

Frequency, mild burning or bleeding on passing urine: This should only last a few days. If it persists please consult your GP as it may mean you have a urine infection.

No semen produced during orgasm (dry ejaculation) (~75%): This is due to the removal of the inner part of your prostate preventing forward expulsion of semen after surgery.

Urine infection: The risk is higher in those with indwelling catheters prior to surgery. This generally requires a short course of antibiotics.

Catheterisation for several weeks following surgery (~30%): About 1 in 3 men will not be able to pass urine when the catheter is removed after TURP. The risk is higher in those who had a catheter before surgery. Normally you can still go home if this happens but with a catheter in place and return 1-2 weeks later for removal. This is generally successful. If you are still unable to pass urine it may be that the bladder muscle has lost its contraction strength due to prolonged over-stretching. Management options would then be discussed with you such as a repeat TURP, intermittent self-catheterisation or a permanent catheter. Permanent catheters are sometimes sited in the wall of your lower abdomen.

Continued symptoms: In most men a TURP will improve the symptoms of poor flow, incomplete emptying and to a lesser extent getting up to pass urine at night. Unfortunately in some men surgery does not give sufficient improvement and further treatment may be necessary.

Need for re-treatment in the future (~10%): Prostate tissue re-grows slowly after the operation and it may return to its original size after 10-15 years.

**Occasional risks (Happens to more than 1 in 50 patients)**

Bleeding requiring return to theatre (~5%): It is common for some bleeding through the catheter after surgery. If bleeding persists and doesn't respond to simple measures by the ward staff you may need a further operation to stop the bleeding.

Scar formation along the urethra (~5%): This can occur some months after surgery and may cause a recurrence of your previous symptoms. It can generally be treated by a simple daycase procedure.

Poor erections (~4-5%): The cause for this is not fully known. However there are effective treatments available which your urologist can discuss with you if this happens.

Finding unsuspected cancer in the removed tissue: All prostate 'chips' removed during surgery are sent for analysis. If prostate cancer is found in the specimen your urologist will be informed and the findings discussed with the specialists that manage these cancers. You will be contacted and a plan made for your treatment.

Need to self-catheterise: In some men due to long-term over-stretching of the bladder the bladder muscle fails to contract well enough to empty after surgery. If this happens you may be taught how to regularly insert a disposable self-lubricating catheter to empty your bladder fully. This avoids the need for permanent catheterisation, improves symptoms and reduces the risk of infection or kidney damage.

Loss of urinary control (incontinence) (2-4%): Those at particular risk are the elderly, patients having a repeat TURP and those with pre-existing incontinence or incomplete bladder emptying. Depending on the severity the management options will be discussed with you once you have fully recovered from the surgery.

**Rare risks (Happens to fewer than 1 in 50 patients)**

Perforation of the bladder or prostate capsule: This may occur if too much prostate tissue is removed or during catheter placement at the end of the procedure. Once recognised a correctly sited catheter is placed which is kept for a few days more than normal to allow healing of the defect. If the perforation connects to the abdomen open surgery may be required.

Excessive absorption of irrigating fluids causing confusion and heart failure (TUR syndrome): The risk of this increases with long operation time, prostate capsule perforation and a low sodium level before surgery. Your surgeon will take great care to avoid these but TUR syndrome can happen causing breathlessness, confusion and preventing normal kidney function. Rarely the symptoms can be life threatening. It is treatable with simple measures such as diuretics (medicines that encourage water loss), restricted fluid intake and close observation. It would not normally cause any permanent problems.

Risk from anaesthetic: For a healthy person any problems arising from an anaesthetic is very small. However anaesthetic complications occasionally occur particularly in patients with other medical conditions.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690



**CONSENT FORM 1**  
**PROCEDURE SPECIFIC PATIENT AGREEMENT**

# Transurethral resection of the prostate (TURP)

An operation to remove the inner part of the prostate gland which is obstructing the flow of urine along your urethra (tube carrying urine from your bladder).

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient.** In particular, I have explained the intended benefits and summarised the risks, as below:

- To remove obstruction to the flow of urine along the urethra.

**Significant, unavoidable or frequently occurring risks:**

- Burning, bleeding or frequency passing urine, infection requiring antibiotics, dry ejaculation, difficulty passing urine requiring a short term catheter, need for further treatment.

**Uncommon/later risks:**

- Bleeding requiring return to theatre, scar formation in the urethra, poor erections, finding cancer in the removed tissue needing further treatment, need to self-catheterise to empty bladder, loss of urinary control (incontinence).

**Rare but serious risks:**

- Perforation of the bladder or prostate capsule requiring temporary catheter or surgical repair, absorption of irrigating fluids causing confusion and/or heart failure, risk from anaesthetic.

**Any extra procedures which may become necessary during the procedure (including associated risks):**

- Blood transfusion (required very infrequently)
- Other (please specify):

**I have also discussed what the procedure is likely to involve**, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflet for this procedure: Transurethral resection of the prostate (TURP) CHA3242 which forms part of this document.**

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia  Local anaesthesia  Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

**STATEMENT OF PATIENT**

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Transurethral resection of the prostate (TURP) CHA3242 which forms part of this document.**

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION OF CONSENT** (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FORM 1**  
**PROCEDURE SPECIFIC PATIENT AGREEMENT**

# Transurethral resection of the prostate (TURP)

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

AFFIX PATIENT LABEL

*An operation to remove the inner part of the prostate gland which is obstructing the flow of urine along your urethra (tube carrying urine from your bladder).*

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient.** In particular, I have explained the intended benefits and summarised the risks, as below:

- *To remove obstruction to the flow of urine along the urethra.*

**Significant, unavoidable or frequently occurring risks:**

- *Burning, bleeding or frequency passing urine, infection requiring antibiotics, dry ejaculation, difficulty passing urine requiring a short term catheter, need for further treatment.*

**Uncommon/later risks:**

- *Bleeding requiring return to theatre, scar formation in the urethra, poor erections, finding cancer in the removed tissue needing further treatment, need to self-catheterise to empty bladder, loss of urinary control (incontinence).*

**Rare but serious risks:**

- *Perforation of the bladder or prostate capsule requiring temporary catheter or surgical repair, absorption of irrigating fluids causing confusion and/or heart failure, risk from anaesthetic.*

**Any extra procedures which may become necessary during the procedure (including associated risks):**

- *Blood transfusion (required very infrequently)*
- *Other (please specify):*

**I have also discussed what the procedure is likely to involve,** the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflet for this procedure: Transurethral resection of the prostate (TURP) CHA3242 which forms part of this document.**

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia     Local anaesthesia     Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

**STATEMENT OF PATIENT**

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

**I agree** to the procedure or course of treatment described on this form.

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I understand** that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

**I have received a copy of the Consent Form and Patient Information leaflet: Transurethral resection of the prostate (TURP) CHA3242 which forms part of this document.**

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION OF CONSENT** (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**Important notes** (tick if applicable):

See advance decision to refuse treatment  Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_