West Suffolk NHS
NHS Foundation Trust

PATIENT INFORMATION

Transurethral resection of the prostate (for cancer) (Channel TURP): procedure-specific information

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This operation involves the telescopic removal of the obstructing part of the prostate with heat diathermy and temporary insertion of a catheter for bladder irrigation

What are the alternatives to this procedure?

Drugs, use of a catheter/stent, observation or open operation. Sometimes laser ablation (Green light) or Holmium laser ablation (VLAP)

With this operation we aim to clear a modest channel only to improved urination. We tend remove less tissue than we would for non cancer prostate obstruction in order to minimise the risk of urinary leakage after

What should I expect before the procedure?

If you are taking Aspirin or Clopidogrel on a regular basis, you must discuss this with your urologist because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

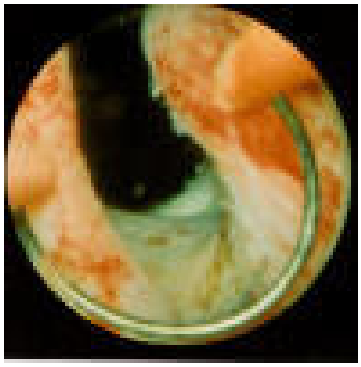
You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

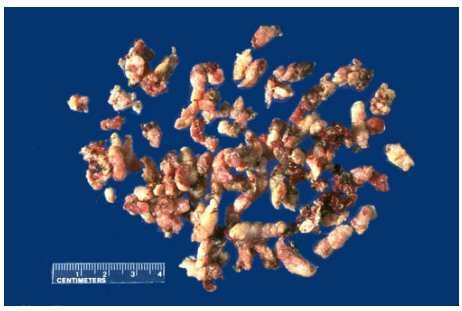
- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.



A telescope is passed into the bladder and the central part of the prostate removed piecemeal using heat diathermy. The prostate fragments are evacuated using suction and sent for pathological analysis. A catheter is usually inserted after the procedure.



The procedure, on average, takes 45-60 minutes.

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

What happens immediately after the procedure?

There is often some bleeding from the prostate area after the operation. The urine is usually clear of blood after 48 hours, although some patients lose more blood for longer. If the loss is moderate, you may require a blood transfusion to prevent you from becoming anaemic. You will be able to eat and drink the morning after the operation although this may be allowed earlier after a spinal anaesthetic.

The catheter is generally removed after 2-4 days, following which urine can be passed in the normal way. At first, it may be painful to pass your urine and it may come more frequently than normal. Any initial discomfort can be relieved by tablets or injections and the frequency usually improves within a few days.

It is not unusual for your urine to turn bloody again for the first 24-48 hours after catheter removal. A few patients are unable to pass urine at all after the operation. If this should happen, we normally pass a catheter again to allow the bladder to regain its function before trying again without the catheter.

The average hospital stay is 2 days for a routine admission.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

☐ Temporary mild burning, bleeding and frequency of urination after the procedure

☐ No semen is produced during an orgasm in approximately 75%

☐ May not relieve all the prostatic symptoms

☐ Poor erections possible (impotence in approx approximately 14%)

☐ Infection of the bladder, testes or kidney requiring antibiotics

☐ Bleeding requiring return to theatre and/or blood transfusion (5%)

☐ Possible need to repeat treatment later due to re-obstruction (approx 10%)

☐ Injury to the urethra causing delayed scar formation

Occasional (between 1 in 10 and 1 in 50)

☐ May need self catheterisation to empty bladder fully If bladder weak

☐ Failure to pass urine after surgery requiring a new catheter

☐ Loss of urinary control (incontinence) which may be temporary or permanent (2-4%)

☐Re-operation at later date

Rare (less than 1 in 50)

☐ Injury to the urethra causing delayed scar formation

☐ Absorption of irrigating fluids causing confusion, heart failure (TUR syndrome)

☐ Very rarely, perforation of the bladder requiring a temporary urinary catheter or open surgical repair

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included)

(obtained from West Suffolk Hospital Infection Control Data June 2009)

☐ MRSA bloodstream infection (0.0000394 cases per bed day occupancy)

☐ Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

Most patients feel tired and below par for a week or two because this is major surgery. Over this period, any frequency usually settles gradually.

When you leave hospital, you will be given a “draft” discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

If you experience increasing frequency, burning or difficulty on passing urine or worrying bleeding, contact your GP.

About 1 man in 5 experiences bleeding some 10-14 days after getting home; this is due to scabs separating from the cavity of the prostate. Increasing your fluid intake should stop this bleeding quickly but, if it does not, you should contact your GP who will prescribe some antibiotics for you. In the event of severe bleeding, passage of clots or sudden difficulty in passing urine, you should contact your GP immediately since it may be necessary for you to be re-admitted to hospital.

Are there any other important points?

It will be at least 14-21 days before the pathology results on the tissue removed are available. It is normal practice for the results of all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

Removal of your prostate should not adversely affect your sex life provided you are getting normal erections before the surgery. Sexual activity can be resumed as soon as you are comfortable, usually after 3-4 weeks.

The results of any tissue removed will be available after 14 – 21 days and you and your GP will be informed of the results. A follow-up appointment will usually be arranged for you before you leave the hospital.

It is normal practice for all biopsies to be discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

Most patients require a recovery period of 2-3 weeks at home before they feel ready for work. We recommend 3-4 weeks' rest before resuming any job, especially If it is physically strenuous. You should not drive until you feel fully recovered; two weeks is the minimum period that most patients require before resuming driving.

Is there any research being carried out in this field?

We are currently closely assessing the outcomes of this operation on an ongoing basis. There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy - Telephone: 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature……Date…….