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# CYSTOSCOPY & TRANSURETHRAL RESECTION OF THE PROSTATE

*Providing Specialist Care in South Australia & Northern Territory*

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## **What is the prostate?**

The prostate sits below the bladder and forms the beginning of the urethra (water-pipe). It produces part of the seminal fluid which is important for reproduction. As men age the prostate can enlarge and this can lead to restriction of the urinary flow. It may lead to symptoms including poor stream and incomplete emptying. Other symptoms may include frequency, urgency and getting up at night to void.

## **What is a Transurethral Resection of the Prostate (TURP)?**

A TURP is an operation for men who have problems passing urine because of an enlargement of the prostate gland. The aim of the operation is to remove the prostate tissue which is causing the blockage, so you get relief of your symptoms.

A cystoscope is passed through the urethra (water-pipe) to visualise the prostate and bladder. A cautery loop is used to cut away the enlarged lobes of prostate tissue. The capsule of the prostate is left intact. The effect of this is to remove the obstructing prostate tissue. A catheter is then inserted which drains urine from the bladder. It is usually removed the following day.

An anaesthetic is required for this procedure. This may be a general anaesthetic, but could also be a spinal anaesthetic. Your anaesthetist will discuss the benefits and risks of each of these with you prior to your operation.

## **Preparation for your procedure**

We will provide you with instructions regarding all aspects of preparing for your operation.

- *Pre-operative blood and urine tests.*
- *Details of admission to hospital.*
- *Information regarding fasting and medications.*



## **What to expect afterwards**

The stay in hospital is usually 1 or 2 nights. You will have a catheter in the penis draining urine from the bladder. You may have fluid bags attached and fluid irrigating slowly through. The catheter will usually be removed the following day.

You are usually able to eat and drink what you feel like after the surgery. Pain relief is always available; however, it is not usual to have significant pain after this procedure. A combination of the surgery and the catheter can cause bladder irritation and sometimes bladder spasm.

After removal of the catheter there will most likely still be some blood in the urine. Once we can see that you are passing urine satisfactorily then you are able to go home.

You will be given pain relief if required and antibiotics if necessary to take home with you.

It is important to be aware of the potential risks associated with this surgery including;

### **Infection**

*The risk of infection is 2-5%.*

### **Bleeding**

*Some bleeding after surgery is to be expected but significant bleeding is unlikely.*

*The chance of a blood transfusion is <5%.*

### **Incontinence**

*Incontinence related to urgency (bladder irritability), may be as high as 50% initially, but is around 10% in the long-term.*

*The chance of stress incontinence i.e. leakage with coughing and sneezing is <1%.*

*We sometimes recommend pelvic floor exercises if men are experiencing this difficulty.*

*Medications are sometimes offered to help improve the symptoms of urgency.*

### **Sexual difficulty**

*Between 5 and 10% of men may develop increased sexual difficulty after this surgery. In most men erectile function is not affected.*

### **Retrograde Ejaculation**

*Because the bladder neck has been opened, seminal fluid passes freely back into the bladder with ejaculation, rather than passing out the end of the penis. This is not dangerous. It is then passed with urination.*

### **Need for further surgery**

*About 5-10% of men require a further procedure over the following 5-10 years after laser prostatectomy. Scarring or narrowing can occur along the urethra or in the prostate or bladder neck, or there can be regrowth of prostate tissue over the years.*

## **Emergency Contacts**

In the event of an emergency, please call our office within business hours. If assistance is required out of hours, please call our On-Call Urologist via our Tennyson office OR present to your nearest Emergency Department.

### **Ashford Hospital**

55 Anzac Highway, Ashford SA 5035      8375 5205      Until 10:00 PM

### **Wakefield Hospital**

300 Wakefield Street, Adelaide SA 5000      8405 3440      24 Hours

### **Royal Darwin Hospital**

Rocklands Drive, Tiwi NT 0810      8922 8888      24 Hours

\*\*For patient's outside the Metropolitan area, please present to your nearest hospital emergency department.

## **Follow up**

A follow up appointment will be planned for about 2-3 weeks post operatively.

If you have any concerns after your procedure, then please contact our Tennyson office and speak to one of our practice nurses.

*The content provided within this document is intended as a guide only and does not apply to all patients. Additional information, including patient specific potential risks, must be obtained during consultation with your Urologist.*

(S): Handouts/ Operation Handouts / Cystoscopy TURP / Updated 21.1.2019