

TransUrethral Resection of the Prostate

Your surgery and recovery at home

This booklet belongs to: _____

I am having:

- ☐ Traditional Transurethral Resection of the Prostate
- ☐ Green Light Laser Transurethral Resection of the Prostate

We also give you '**Preparing for Your Surgery**' booklet.

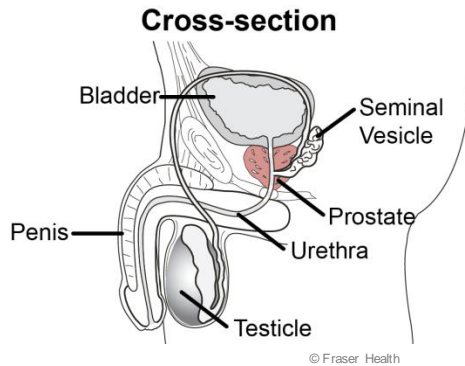
Read both booklets carefully.

Bring both booklets to every hospital visit before your surgery.

TransUrethral Resection of the Prostate

You are having surgery (an operation) to remove some or all of your prostate gland. You might hear the surgery called a TURP (say *terp*).

What is the prostate gland?



The prostate is a walnut-sized gland located between your bladder and your penis. The urethra runs through it. It makes and adds fluid and nutrients to semen.

As you get older, your prostate can get bigger. This is a normal part of aging, and common in men over the age of 50. If the prostate gets too big, it can press on the urethra, making it hard to urinate (go pee).

How is the surgery done?

A transurethral resection of the prostate (TURP) can be done 1 of 2 ways:

☐ Traditional

The surgeon guides a scope through your urethra to the prostate. The surgeon uses the scope to see where the prostate is blocking your urethra. Prostate tissue is shaved out piece by piece from inside the urethra with a tiny electric 'knife'. This opens up the channel to help you urinate faster and more smoothly.

☐ Green Light Laser

The surgeon guides a scope through your urethra. The surgeon passes a laser through the scope called a 'green light laser'. The laser uses energy to shrink or remove the prostate tissue blocking your urethra.

Both types of surgery open up the urethra, helping you urinate faster and more smoothly.

After surgery, you have a flexible tube (urinary catheter) in place for about 2 days to drain urine from your bladder and help the area heal.



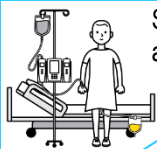





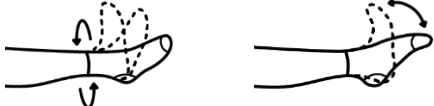

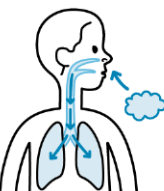
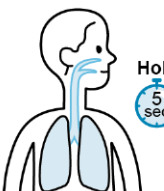

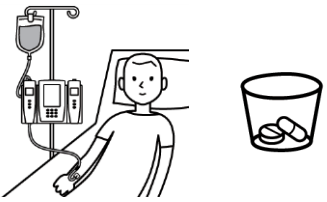


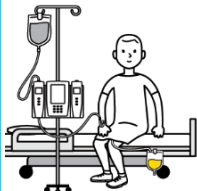
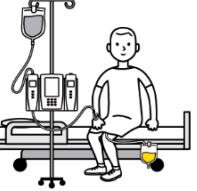
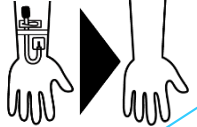

The surgery usually takes about 2 hours.

Read **'Preparing for Your Surgery'** booklet for instructions on how to prepare for your surgery.

Path to Home Guide: Transurethral Resection of the Prostate

This gives you an **example** of a person's recovery in hospital after a **Traditional TURP**.

If you have a **Green Light Laser TURP**, you usually go home the same day as the surgery.

Category	After Traditional TURP Surgery		
	Surgery Day	Day 1	Day 2
Nutrition	 Full fluids	Regular diet 	
Activity	 Sit or stand at bedside  Walk 2 or more times	 3 or more times  Sit in chair for meals	 3 or more times 
	Leg exercises every day 		
Deep Breathing Exercises	Every day  Deep Breathing 10 times per hour   Hold 5 sec 		
Pain Control	 Medicine by intravenous or pills	 Pain at a level comfortable for you	
Tubes and lines	 Intravenous Urinary catheter		 

After Your Surgery

Going home



How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

If you have the **Green Light Laser TURP**, you usually go home the same day. You go home with a urinary catheter in place.

Going home checklist for same-day surgery:

- ☐ You have a ride home and someone to stay with you for 24 hours, or longer if needed.
- ☐ You know what medicine(s) to take, as well as when and how to take them.
- ☐ You know how to care for your urinary catheter and drainage bag
- ☐ You know what you cannot do for 24 hours (because of anesthetic) including:
 - ✗ No driving or operating hazardous machinery
 - ✗ No drinking alcohol or using any substance or street drug
 - ✗ No making important decisions or signing legal documents

If you have the **Traditional TURP**, you stay in the hospital for up to 2 days. The urinary catheter is removed before you go home.

You are ready to go when:

- ✓ You are eating and drinking regular food and drinks.
- ✓ Your bowels are working (passing gas and maybe have a bowel movement or poop).
- ✓ Your pain is controlled with pills.
- ✓ You can move around safely.
- ✓ You know what medications (including new ones) you are taking, how to take them, and why you need them.
- ✓ You have prescription(s) for your medications, if needed.
- ✓ You have a ride home from the hospital.
- ✓ You have arranged for some help at home for the first few days, if needed.

Caring for Yourself at Home

Drinking and Eating

When you go **home the same day** as your surgery:

- Drink 3 to 4 litres (12 to 16 cups) of liquid a day until the catheter is taken out. For example, drink about 250 to 500 mL (1 to 2 cups) of water every 2 hours while awake (unless you have been told differently because of a medical condition).
- Return to your normal diet. You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated. If you feel sick or throw up:
 - Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from carbonated soft drinks and acidic fruit juices while feeling sick.
 - Drink and eat small amounts often.
 - Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
 - Try not to smoke or be around smoking. Smoke can make your nausea worse.



Need help with food choices?

Call 8-1-1.
Ask to speak to a dietitian.

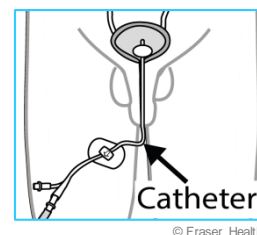
For at least 7 days, do not drink any fluids or eat foods that have caffeine in them such as coffee, tea, cola, or chocolate. These can irritate your bladder.

Once your urinary catheter is taken out, continue to drink 2 to 3 litres (8 to 12 cups) of water a day for the next 2 to 3 weeks. This helps to flush out the bladder.

After you have healed from your surgery, it is best to drink at least 1 ½ to 2 litres (6 to 8 cups) of liquid every day (unless you have been told differently because of a medical condition). This keeps your urine clear and a light yellow colour.

Caring for your urinary catheter

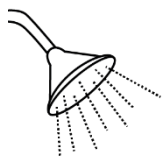
The urinary catheter has a small, water-filled balloon at the end of the tube and holds the catheter in your bladder. Your surgeon lets you know when your urinary catheter can be removed – usually the day after your surgery.



If going home with a urinary catheter, we tell you how to care for your urinary catheter and bag, as well as how to remove your catheter (if you are doing it) before you leave the hospital.

When you have a urinary catheter:

- **Always** wash your hands with soap and water before and after touching the urinary catheter and bag.
- While you have the catheter, take only showers. No tub baths until the catheter is taken out.
- Wash your penis and around the catheter carefully with soap and water **every morning and evening, and after every bowel movement** (poop).
 - If not circumcised, pull back and clean under the foreskin.
 - Always wash from front (where the catheter enters your body) to back.
- Secure the tubing to your thigh. Leave enough slack between the tape (or the securement device we give you) and your penis. Never pull or tug on the catheter. Any pulling on the catheter can damage your urethra and bladder.
- Always keep the drainage bag below the level of your bladder so the urine can drain properly. Keep the drainage bag off the floor.
- When emptying the bag, do not let the drain spout touch the toilet, container, or floor. If it accidentally touches anything, clean it with rubbing alcohol.



We give you more information on **Caring for Your Urinary Catheter and Bag at Home.**

Urinating

Your urine will be red with blood. Your urine gradually gets clearer as you heal. This can take up to 4 weeks.

After the urinary catheter is taken out:

- You might notice that you are urinating (going pee) more often, or leaking or dribbling urine. This can last up to 4 weeks after surgery.
- When you need to urinate, you might feel you must go right away (called urgency). This should get better over the next 6 weeks as your urethra opens and gets larger.

Managing pain

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

Your surgeon gives you instructions to take pain medicine. This could be for non-prescription (over the counter) pain medication such as acetaminophen (Tylenol®) or non-steroidal anti-inflammatory drugs ★ (NSAIDs) such as ibuprofen (Advil®, Motrin®) or naproxen (Naprosyn, Aleve®).

- ★ **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

Depending on the type of surgery, you might also get a prescription for a pain medication that contains an opioid (narcotic). Examples:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★

- ★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. It is important to know because you should not take more than 4000mg of acetaminophen in a day from all sources (too much can harm your liver).

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

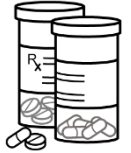
At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

Non-prescription pain medicines (also called 'over-the-counter' medicines) – You buy them at the pharmacy without a prescription. You might only need to take this type of medicine if you don't have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
- acetylsalicylic acid or ASA (Aspirin®)
- non-steroidal anti-inflammatory drugs (NSAIDs)
Examples: ibuprofen (Advil®, Motrin®) ★
naproxen (Naprosyn, Aleve®) ★

- ★ **Note:** **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.



Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.

Family Practitioner: Refers to either a family doctor or nurse practitioner

Opioid (narcotic) pain medicines – You might get a small number of pills for severe pain.

They are only meant to be taken for a short time. Take only as much as you need to allow you to do daily activities.

Examples of opioid pain medicines:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

When taking non-prescription pain medicines as well, most people need to take a lower amount of the opioid or take the opioid less often.

Safe use of opioid pain medicines

If you are using any medicines with opioids (narcotics) in them, we want you to do so safely. However, serious problems can happen. Take note of the following safety information.

Before taking opioids:

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.

Safely storing opioids:

- Store opioid medicines in a secure place.
- Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.

Safely disposing of unused opioids:

- Take any unused opioid medicines back to your pharmacy to be safely disposed. **Do not** keep unused medicines at home.

Safely taking opioids:

- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines: **Do not** drive or drink alcohol. **Do not** take any sleeping pills unless your doctor has said you can.

Always read the label and/or information from the pharmacist for how to take medication safely.

Keeping your bowels regular

You can get constipated if you are less active, eating less fibre, or taking opioid pain medicine. Straining to have a bowel movement can cause bleeding into your bladder.

To prevent constipation:

- Drink at least 1 ½ to 2 litres (6 to 8 cups) of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Walk and move around as much as you can.

If you continue to be constipated, talk with a pharmacist or family practitioner. You might need a laxative.

Activity and Rest

For the first few days, balance your activity with rest. Try to get at least 8 hours of sleep each night. Take rest breaks as needed.

For the next 4 weeks, limit heavy activities to prevent any straining or pressure on your bladder:

- ✗ **Do not** lift, push, or pull anything over 4 to 5 kilograms (10 pounds). This includes carrying children and groceries.
- ✗ **Do not** do high intensity exercise or weight training.

We teach you how to do some pelvic floor exercises. These exercises help you stop any leaking or dribbling of urine after you urinate (go pee) or when you cough or sneeze. Start doing these exercises after you have removed your catheter.

If you notice blood in your urine after doing an activity:

- Stop what you are doing and rest.
- Drink fluids to help flush out your bladder.

Do not have sex until your surgeon says it is safe to do so.

Usually, you can return to **driving** 1 week after surgery when you can shoulder check and brake in an emergency. If you are not sure about it, ask your surgeon.

Remember: Do not drive or drink alcohol when you are taking opioid pain medication.



A 4 litre milk jug weighs 4kg (9 pounds)





When to get help

Call your surgeon or family practitioner if:

- You have a fever over 38°C (101°F).
- Your urine stops draining from your catheter.
- After you take out your catheter, you have not urinated (gone pee) for 6 hours even though you drank enough fluids.
- You have blood or blood clots in your urine that do not go away with rest and drinking more fluid.
- Your urine smells bad or you notice stinging, burning, or pain when you urinate (go pee).
- You have redness, tenderness, or pain in your calf or lower leg.
- Your pain does not ease with pain medicine, or stops you from moving and recovering.
- You feel increasingly tired or dizzy.

Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

► Call Fraser Health Virtual Care, 10:00 a.m. to 10:00 p.m., daily **1-800-314-0999**
fraserhealth.ca/virtualcare

► Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

► **Call 9-1-1** if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden, severe pain

9-1-1



HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Appointments after surgery

See your family practitioner 7 to 10 days after going home from the hospital.

My appointment is on: _____

See your surgeon 3 to 4 weeks after going home from the hospital.

My appointment is on: _____

Have your urinary catheter removed _____ days after surgery.

My catheter to be taken out by: _____

Questions you might have:

Examples: 'When will I be able to return to my regular activities?' 'When can I go back to work?' 'When can I return to my sports?'



www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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To order: patienteduc.fraserhealth.ca

