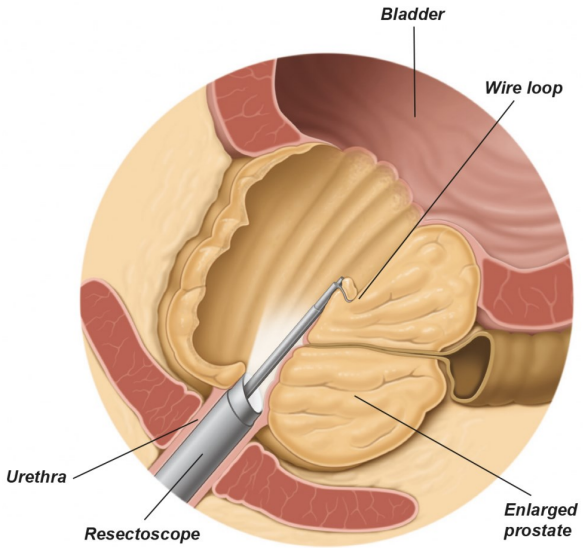
Side–effects

- Retrograde ejaculation in more than 90% of patients. Therefore if you have not completed your family, this procedure is not for you unless absolutely necessary.
- Infertility as a result of the retrograde ejaculation.
- Stress incontinence especially in the elderly and the diabetic patients
- Patients with Multiple Sclerosis, Strokes and Parkinsons have a higher risk of incontinence and risks should be discussed and accepted prior to surgery.
- Urethral structuring in 2-3% of patients, requiring intermittent self dilatation.
- Regrowth of prostate lobes within 3-5 years requiring a second procedure.
- NB! Each person is unique and for this reason symptoms vary!



Remember

You still have a peripheral zone of your prostate and regular PSA reviews are required up to the age of 75.

Jo Schoeman
FRACS, FCS (Urol) SA, MBChB

The Wesley Hospital
Suite 46 Level 4
The Wesley Medical Centre
24 Chasely Street
AUCHENFLOWER QLD 4066

Ph: 07) 3371-7288
Fax: 07) 3870-5350
E-mail: jo@urojo.com.au
Emerg: 0403 044 072
www.**drjoschoeman**.com.au

Urologist

Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

MONO-POLAR TRANS URETHRAL PROSTATE RESECTION (TURP)

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Monopolar Trans Urethral Prostate Resection (TURP)

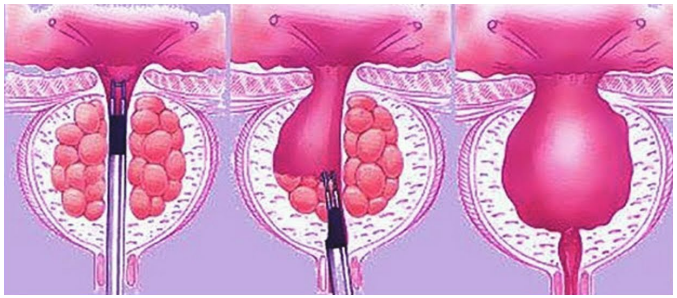
This is the procedure used to resect the inside (enlarged, obstructive part) of the prostate.
Known generally as the "Re-Bore".
Glycine is used as irrigant.

Why is it done?

- This procedure is performed when the prostate gland is enlarged to such an extent that medication cannot relieve the urinary symptoms.
- Symptoms include: a weak stream, nightly urination, frequent urination, inability to urinate, **(LUTS)** kidney failure due to the obstruction, bladder stones, recurrent bladder infections.
- Medication such as Flomaxtra, Urorec Minipress etc. should always be given as a first resort.
- Step-up therapy should have been used for prostates larger than 35-50cc with either Duodart, Avodart or Proscar
- Prostate cancer first needs to be ruled out by doing a PSA, and when indicated, with a 3T MRI scan of the prostate with an abnormal PSA with a possible prostate biopsy of any suspicious lesions.
- A TURP can also be performed to dis-obstruct a severe prostate cancer, to allow a normal urination process.

How is it done?

- patients will receive a general anaesthesia, unless contra-indicated.
- A cystoscopy is performed by placing a camera in the urethra with the help of a lubricant jelly and an irrigant fluid.
- The inside of the bladder is viewed for pathology. If any suspicious lesions are seen, a biopsy will be taken.
- A resection of the prostate is then started and should take 60-90 minutes.
- Prophylactic antibiotics will be given to prevent any infections.



What can go wrong?

- Any anaesthesia has its risks and the anaesthetist will explain this to you.
- You may in extreme cases experience blood loss, which may require a blood transfusion.(<1%)
- Please inform the practice and the hospital if you are a Jehova's witness, and cannot use blood products.
- TURP Syndrome can occur due to the use of Glycine
- You will wake up with a catheter in your urethra and bladder. This will remain in the bladder for 3 days.
- You will have a continuous bladder irrigant running in and out of your bladder to prevent clot formation.
- Lower abdominal discomfort for a few days
- NB! Each person is unique and for this reason symptoms vary!

TURP SYNDROME

- Dilutional Hyponatremia Na< 136
- Due to prolonged Resection with Glycine > 90 minutes
- Large Venous plexuses in prostate allowing re-absorption of Glycine
- Effects:

  Brain Swelling, Confusion, Seizures, Coma

What next?

- You will spend 3-5 days in hospital.
- You will have a trial without a catheter as soon as your urine is clear (day 3).
- You will be discharged as soon as you can completely empty your bladder.
- You may initially suffer from urge incontinence and will improve within the next 6 weeks.
- Allow for 6 weeks for stabilization of symptoms.
- There may be some blood in your urine. You can remedy this by drinking plenty of fluids until it clears.
- Passage of a wet scab @ week 4-6
- A ward prescription will be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 6 weeks. Should your pathology be worrisome, you will be contacted for an earlier appointment.
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**