

TURP

Your surgeon, Mr McMullin, has produced a booklet on TURPs, which he gives to his patients. This book will help you understand more about this operation.

Exercises for after your Operation

1. Exercises for Circulation

Bend feet up and down. Repeat 10 times every hour.

Circle feet in as large a circle as possible. Repeat 10 times every hour.

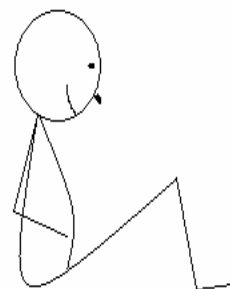
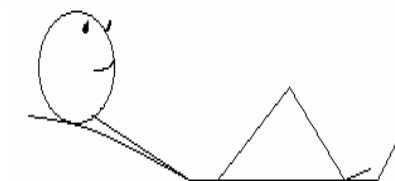
Bend one knee upwards, keeping the heel on the bed, slide it down again, repeat with the other. Repeat 5 times every hour.

With your legs straight, stiffen your legs and tighten your bottom, hold for a count of 5 and then relax. Repeat 5 times every hour.

2. Breathing and Coughing

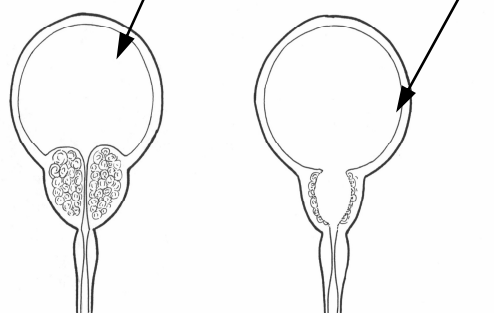
Deep breathing: When sitting or lying, place your hands on the sides of your lower ribs. Breathe deeply making sure your ribs move under your hands. Relax, and breathe out slowly. Repeat 5 times every hour.

Huffing to assist coughing: Breathe deeply and huff on outward breath. Repeat twice every hour.



Enlarged Prostate causing obstruction to flow of urine

TURP Removes the central part of the prostate.



Life After Prostatectomy (TURP)

Recovery can take anywhere from two to eight weeks. During the first weeks after the operation, you may experience some of the same symptoms that you had prior to surgery. If you have had a TURP, sometime during the first postoperative month the scab inside the prostatic urethra may loosen and cause bleeding. The bleeding usually will subside if you increase your fluid intake and decrease your physical activity. However, if bleeding persists and you begin to pass blood clots, you should consult your doctor.

For the first month after your surgery you should **avoid heavy lifting and operation of machinery** such as driving a tractor. It is important to avoid constipation in this period, as straining can put pressure on the operation site. Several weeks after the operation, urination should be easier and less frequent, although you may have to get up at night to urinate. After the initial recovery stage you may be able to train your bladder to hold more urine by postponing passing urine, you may be able to distract yourself, thus lengthening the time between having to empty your bladder.

Months may go by before you feel completely normal. Generally, the longer you had the problem before you were treated, the longer your recovery time will be. If urinary leakage remains excessive, please speak to your surgeon at the follow-up appointment or contact the continence advisor.

Overall, you should eat a balanced diet and try to **prevent constipation**. Straining to have a bowel movement can cause bleeding from the prostate. You may require a stool softener, (ask your doctor, nurse or pharmacist for advice on prevention of constipation).

Many men are afraid that prostate surgery will make their sex life a thing of the past. Today, that is generally not the case. In fact, if you have been suffering with an enlarged prostate for a long period, your sex life may actually improve after surgery. A small percentage (5%) of men may have erectile dysfunction as a complication; but mostly erectile function will be unchanged from how it was before surgery. Ejaculation for most men after the TURP procedure will be retrograde, (semen passing into bladder rather out of the penis at climax), otherwise sensation will usually be unchanged.



Last, but not least, even though you have had part of your prostate removed, you will need regular routine prostate exams by your doctor. Prostate cancer is still a possibility, since surgical procedures such as TURP do not remove all of the prostate. Prostate cancer can appear in the remaining tissue of the prostate. Therefore, it is important to maintain contact with your general practitioner/surgeon, so that he or she can follow up your condition on a regular basis.

Notify your doctor or present to emergency department if you become unwell (fevers, rigors etc), if you have heavy blood loss in urine or if you are unable to pass urine. Remember to continue to keep drinking more than normal to keep your urine diluted, thus preventing clots. When your urine becomes clear you can drink normal amounts of water. Avoid constipation, by maintaining a high fibre diet.

Adapted from <http://www.medem.com>. (Nov 03) American College of Surgeons

Disclaimer: This patient pathway is intended as a guide only. As each patient is an individual and responds differently, the care plan may alter. If you have questions, please discuss with your Doctor or Nurse.



PATIENT PATHWAY FOR TURP Pathway

TURP = Transurethral Resection of the Prostate

INFORMATION FOR YOU . . .

The following information will be discussed with you in the Pre-Admission Clinic.

Date of Admission to Hospital:

You will need to telephone the Day Procedure Unit on (03) 5381 9265 between 1.00 p.m. and 3.00 p.m. on:

On the morning of your surgery have your normal breakfast, before 9.00 am. **Then nothing more to eat.** You may have sips of water as advised at Pre-admission clinic.

You will need to shower at home on the morning of your operation. You will need to remove all jewellery (your wedding ring may be left on).

BEFORE YOUR SURGERY YOU NEED TO TAKE:

Your Own Medication(s): to be taken with a sip of water on the morning of your operation, unless otherwise advised.

Blood Test to be Done:

Date:at.....

When you come into hospital bring your:

- Own medications (tablets / drops / inhalers) you are taking. These will be continued whilst you are in hospital.
 - Eye glasses and /or hearing aids if you use them.
 - Toiletries, night clothes (3-4 changes), .
- Do **not** bring a large amount of money, jewellery or valuables.

Admission / Discharge Arrangements:

- Please come to Hospital Reception at your admission time.
- Your stay is expected to be from Thursday until Saturday afternoon.
- Before you come into hospital please make arrangements for someone to drive you home on discharge.
- It is best to limit the number of visitors you have immediately after your surgery.

Your Health Care Team

Your Surgeon (Urologist): Mr Richard McMullin

Ballarat Urology Clinic 5331 4811

Continence Adviser: Mrs Gay Baker / Mrs Margaret Witmitz

WHCG 53819321 (leave message).

Resident Doctor: _____

5381 9111 (page)

General Practitioner: _____

Oxley Nurse Manager, Mrs Janette McCabe

5381 9258

Yandilla Nurse Manager, Mrs Wendy James

5381 9256

YOUR CHECK LIST . . .

The following checklist is to assist you in preparing for your admission to Hospital.

Confirm Admission by phoning 5381 9265 the day before your operation:

Date: Time:

Confirm Fasting Time

Nothing to eat or drink from: Time:

Shower at home on the morning of your operation:

no powder, no deodorant.

Wedding ring ONLY.

BEFORE YOUR SURGERY YOU NEED TO TAKE:

Your Own Medication(s): taken as directed

Do not take your:

Blood Test

Attended to as directed




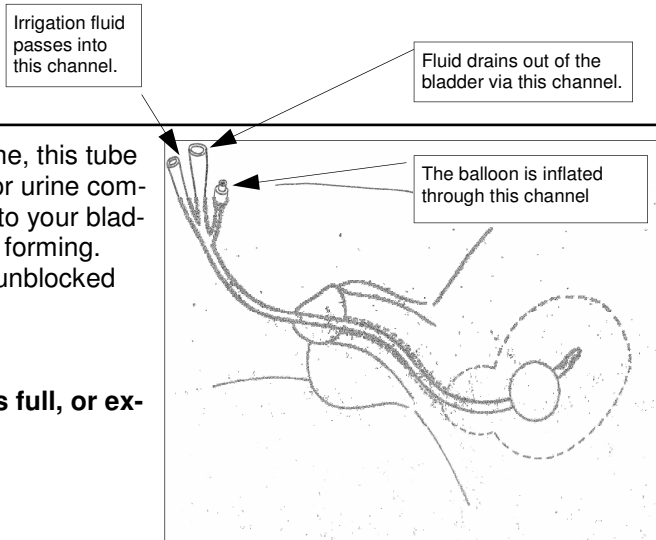
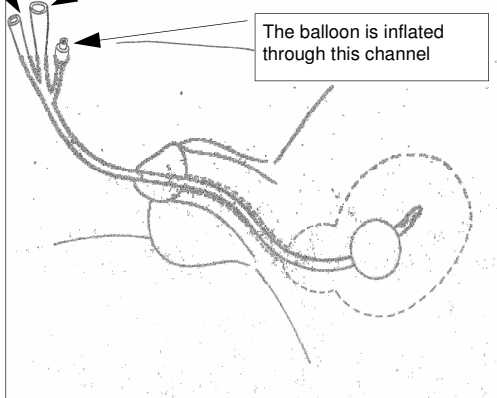
Do you have your:




- Own medications
- Eye glasses and / or hearing aids
- Toiletries, loose pyjamas, or boxers
- Patient Pathway (this document)

Admission / Discharge Arrangements:

- Arrangement made for family / friend to take you home on discharge from hospital.
- Present to Hospital Reception on your admission.



	At Pre-Admission	Day of-Admission / Surgery Thursday
Treatment and Observations 	You will: <ul style="list-style-type: none"> be assessed by a doctor for the anaesthetic have your blood and urine tested have an electrocardiograph (ECG) have your blood pressure, pulse, oxygen levels and weight measured. 	<ul style="list-style-type: none"> You will be admitted to the Day Procedure Unit and transferred to a ward after your operation. Your surgery will take around an hour . You will be seen by an anaesthetist who will look after you during your operation. You will have a drip in your arm to give you fluids and medications. You may have oxygen for 24 hours. You will have frequent blood pressure, pulse and oxygen levels measured for the first 24 hours after surgery.
Medication 	You will <ul style="list-style-type: none"> be asked about your medical history and medications you take. be told to stop taking aspirin one week before your operation. Some other blood thinning medications may need to be stopped earlier. discuss the anaesthetic you will receive. 	Medications Take your regular medications the morning of your operation. You should not be taking Aspirin or any other blood thinning medication. Spinal Anaesthesia Spinal anaesthesia involves the injection of medication into the canal next to the spinal cord. The area where the needle will be inserted is first numbed with a local anaesthetic, then the needle is guided into the spinal canal and the anaesthetic is injected. A spinal anaesthetic numbs the body below the chest. It may also prevent movement of the legs until the anaesthetic wears off. (Continued below).
Nutrition 	You will be <ul style="list-style-type: none"> Instructed not to eat anything after your normal breakfast, (before 9 am). given instructions as to when you have to stop sipping water. 	After you return to the ward you will be able to have ice chips until you are completely awake, this may be up to 4 hours if you had a general anaesthetic. After you have recovered from the anaesthetic, you are encouraged to drink at least 3 jugs a day until your urine is clear of visible blood. This prevents clots from forming and possibly blocking the flow of urine
Mobility	You will be <ul style="list-style-type: none"> Instructed on gentle exercises after your surgery Instructed about the need to get up soon after surgery to prevent complications. 	You will rest in bed until the anaesthetic has worn off. You are then encouraged to have short walks although it may not be until the next morning before you are out of bed. Do your deep breathing and leg exercises (see back cover of this brochure.)
Personal Care	You will be <ul style="list-style-type: none"> advised to shower before your operation. To give up smoking to reduce risks associated with smoking and operations. 	After your operation you will be given a wash in bed and assisted with mouth care. <div style="text-align: center;">  </div>
Bladder and Bowel Care	You will have a tube into your bladder to drain your urine, this tube is the catheter. The catheter has two channels, one for urine coming out and the other for saline which will be dripped into your bladder to keep your urine dilute, stopping blood clots from forming. Sometimes the catheter can block and will need to be unblocked using a syringe. Tell the nursing staff if you feel as if your bladder is full, or experience low abdominal pain.	
Discharge and Education	<ul style="list-style-type: none"> You will be given a time to come to hospital. Go to the admissions office at the main entrance. You will then be directed to the Day Procedure Unit. Your surgery will be on Thursday afternoon. Discharge day is normally Saturday afternoon . 	Continued from above: — Medications. During surgery, if you have a spinal anaesthetic you will be awake but given some medication to relax and make you sleepy. You will most likely remember little or anything of what happened in the operating theatre. After your operation tell nursing staff if you have discomfort / nausea. They will offer suggestions and may administer tablets or injections.

Day 1 After Your Surgery—Friday	Day 2 and Discharge Day Saturday
You will <ul style="list-style-type: none"> have your blood pressure, temperature, pulse and oxygen saturations done every 4 hours. You will be seen by Mr McMullin in the morning before his clinic and then again in the afternoon. Nursing staff will measure carefully everything you drink and urinate. 	You will <ul style="list-style-type: none"> have your catheter out early in the morning, around 6 am. be able to go home this afternoon if there are no problems with your recovery. 
<ul style="list-style-type: none"> You will have pain relief, tablets or injections. The intravenous fluids will stop if you are drinking enough, latter the needle in your arm may be removed. The pharmacist will see you and provide information on the medications which you will be taking home. 	<ul style="list-style-type: none"> Your medications will be returned to you. You will be provided with discharge medications. You will be advised what tablets to take for discomfort when you are at home. If you are on Aspirin / Warfarin / or any other blood thinning medication, make sure that you know when to start taking them again by discussing it with your doctor. This is likely to be Sunday, the day after you leave hospital. You will need to continue taking these medications.
You may be back on your normal diet. It is not unusual to feel unwell for a day or two surgery. If you do, tell your nurse, who may be able to help with some advice or medication.	You should be having no problems with your normal diet. At home try to avoid constipation by increasing the fibre in your diet, and making sure you have adequate fluids, especially on hot days.
You will be encouraged to get out of bed in the morning and have short walks. You will still have your tubes in so you will need help. Getting up soon after your operation has been shown to help with recovery, preventing problems such as chest infections and clots in the lungs.	Gradually increase the amount of walking you do each day, this will aid your recovery.
Nursing staff will assist you with a wash / shower, after which you will feel much better.	You will: <ul style="list-style-type: none"> be showering and self caring with minimal assistance.
The irrigation will stop today if Mr McMullin is happy with the amount of bleeding from the surgery site. It is important that you continue to keep drinking more than usual. We suggest over 3 litres (or 3 jugs). This will help prevent clots which can block the passage of urine. <i>It is only necessary to drink extra fluids while there is blood in the urine.</i> Nursing staff will continue to record what you drink and measure the amount of urine you pass. If you use the toilet please advise nursing staff, so this can be recorded on the fluid balance chart.	<ul style="list-style-type: none"> Passing urine after the catheter has been removed may burn a little at first. Urine can be blood stained for up to four weeks. Allow time for your bladder to fully empty. It may be necessary for the nursing staff to do a bladder scan to measure how much is left in your bladder after passing urine. You may have some occasional urinary leakage problems. If required a packet of incontinence pads will be provided to you on discharge. If urine leakage continues to be a problem after 2 weeks, please contact the continence advisor at WHCG or discuss with Dr McMullin at your follow-up appointment. Occasionally men go home with a catheter left in place and are then taught how to put a tube into the bladder to completely drain all urine. If you have ongoing needs such as these you will be seen
<i>This patient pathway is a guide to the care you will have during your stay in hospital. However, sometimes it may not be possible to follow the pathway exactly, due to complications or perhaps your particular condition does not fit .</i>	Follow up by your surgeon: An appointment will be sent to you from Mr McMullin's surgery. This appointment may be 4 to 6 weeks after surgery. If you have concerns please contact his surgery or contact the continence advisor at WHCG.