



TRANSURETHRAL RESECTION OF PROSTATE (TURP)

Date of Surgery _____

Estimated Date of Discharge _____

QHC#398

TABLE OF CONTENTS

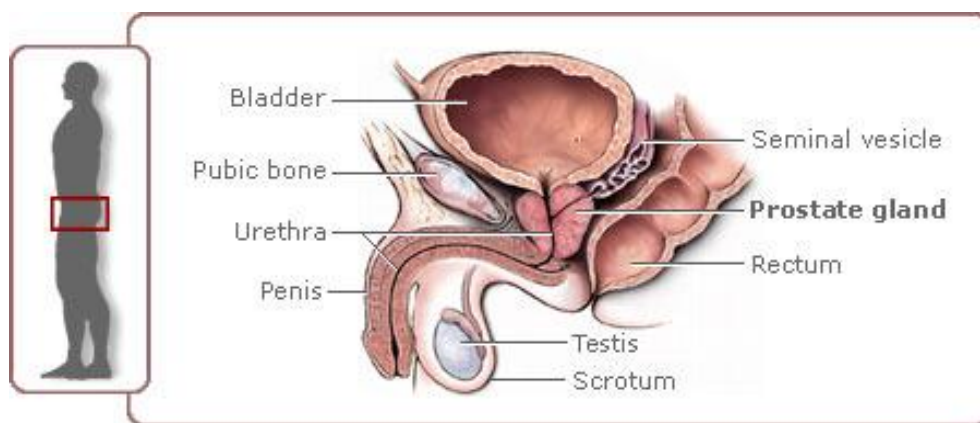
1. What is a Transurethral Resection of Prostate	2
2. Planning for your Discharge	3
3. Packing for your Hospital	4
4. Preoperative Instructions	5
5. Visiting Hours	8
6. Pre op Checklist	9
8. Transurethral Resection of Prostate Pathway	13
9. The Day of Surgery	14
10. Hospital Stay	18
11. Discharge Checklist	22
12. Guidelines for Home	25
13. When to call the Doctor	26

What is Transurethral Resection of Prostate?

The prostate gland is located just below the bladder. It surrounds the urethra, the tube that urine passes through as it leaves the body. If the prostate becomes enlarged, which can happen as a normal part of aging or because of prostate disease, it may squeeze the urethra making the normal flow of urine out of the bladder difficult.

A Transurethral Resection of Prostate (TURP) is done by removing the inner portion of the prostate that is pressing on the urethra. The surgeon will insert an instrument up the penis through the urethra and cut away the prostate tissue until the passage is well open. The tissue that is cut away will drain out through the catheter. No incision is made.

This area takes about 8-12 weeks to heal completely.



Usual length of stay is 2 days.

PLANNING FOR YOUR DISCHARGE

Remember that your surgery is planned. It is *very important* that you have made the necessary arrangements for your discharge home prior to coming in for your surgery.

Arrange for family or a friend to stay with you for the first week or so until you see for yourself that you can manage on your own. Alternate arrangements such as staying with family or friends should be considered. You will need some help for **several weeks** with such tasks as cooking, laundry, housework, shopping, shovelling, mowing the lawn and transportation (you will not be able to drive yourself until your surgeon advises you).

Your discharge plans will be documented prior to your surgery at your Pre admission Clinic visit.



PACKING FOR YOUR HOSPITAL STAY

Please bring the following:

- Personal items: toothbrush, toothpaste, unscented soap, deodorant, Kleenex, comb, brush, electric razor, etc.

- Non-slip supportive shoes or slippers

- Knee length housecoat

- If you wear glasses, hearing aid or dentures, be sure to bring a case to put them in, as well as any cleaning solutions. These should be labeled with your name

PREOPERATIVE INSTRUCTIONS

Notify your surgeon if you receive antibiotics before dental work or other surgery due to heart murmur and/or heart valve replacement, joint replacement, etc.

Notify your surgeon if you are taking **blood thinners, aspirin, arthritic or anti-inflammatory medications, vitamins or herbal supplements.** These may need to be stopped before your surgery. Inquire when to restart these after your surgery

Notify your surgeon if you have **sleep apnea**. If you use a breathing machine (i.e. CPAP), you must bring it with you the day of surgery. Plan to be in the recovery room for 4 hours after your surgery.

No smoking is advised within 48 hours of your surgery. Smoking may increase the risk of complications after surgery and decrease wound healing. There is no smoking in the hospital.

No alcoholic beverages for at least 24 hours before your surgery as alcohol may interfere with the medications you will be receiving.

PREOPERATIVE INSTRUCTIONS

If you develop a sore throat, fever, cold or flu within a few days of your surgery, call your doctor. Your surgery may be delayed until you are feeling better. Please notify the Surgical Preadmission Clinic at (613) 969-7400 ext.2827, if you have ever been told you have VRE or MRSA.

If you would like an appointment(s) booked for your preoperative testing (blood work, ECG, X-ray if ordered), please call 969-7400 ext. 2494. If no appointment is arranged prior, you will be seen on a first come, first serve basis.

If your surgeon has ordered blood work and the lab applies a pink bracelet to your arm, do not remove it. If it falls off, bring it to the hospital with you. Your surgery will be delayed otherwise.

The hospital will notify you of your **arrival time** 2 business days prior to surgery at the Belleville site and 1 business day prior to your surgery at the Trenton and Picton sites. The hospital number will not appear on your phone. It will show up as a private number/unknown number or a blocked number.

PREOPERATIVE INSTRUCTIONS

A \$5.00 telephone charge for phone use is to be paid in admitting on arrival, if you wish to use the phone in your room. Local calls – dial 9, Long distance calls – dial 0 to go through the hospital operator.

Leave money and jewelry at home. The hospital is not responsible for lost items.

QHC Reduced Scent Policy (patients, visitors and staff). Please refrain from wearing any scented products (perfumes, colognes, scented soaps, lotions, etc.)

If you are not able to speak English or do not understand English, please bring an interpreter with you.

Discharge time is 10 a.m. Please ensure that your ride home is arranged before your surgery.

PARKING IS ALLOWED IN DESIGNATED AREAS ONLY. NO PARKING IS ALLOWED IN FIRE ROUTES. Drivers are only permitted to stop in these driveways to drop off or pick up someone. Unattended vehicles will be considered parked and subject to ticket and/or towing. Patient pick-up instructions will be given by hospital staff.

Visiting Hours

Visiting Hours are from 2-4 p.m. and 6-8 p.m. (2 visitors per patient per 2 hour visitation block).

Visitors should be restricted to immediate family and close friends for short visits. Children are allowed but must be quiet and under constant adult supervision

Visitors should **not** visit if feeling unwell or have any infection (i.e. flu, sore throat, etc.)

Patient care is our priority. If visitors are asked to leave for any reason, please abide by staff request. There is a waiting area provided on the patient care unit.

PRE OP CHECKLIST

This checklist has been designed to assist you in preparing for your surgery. Please use it as your guide and check off items as they apply.

3-4 weeks before Surgery

- Review Transurethral Resection of Prostate booklet
- Make arrangements for help at home on discharge (page 6 in this booklet)

My Discharge Plans

- Arrange ride for the day of surgery and on discharge

PRE OP CHECKLIST

2-3 weeks before Surgery

- All pre admission testing completed (blood work, ECG and X-rays - if ordered)

1-2 weeks before Surgery

- Medication(s) to discontinue (if applicable)

48 hours Before Surgery

- Hospital has notified you of your arrival time
- Pack personal items (page 6)
- Take a mild laxative for bowels (if needed)
- Try not to smoke (if applicable)

PRE OP CHECKLIST

Day before Surgery

- Eat well-balanced meals. Avoid fatty foods. Drink plenty of fluids
- Bath or shower evening before surgery and/or morning of surgery
- Remove all jewelry (may leave wedding band on)
- Nothing to eat or drink after midnight.** Your surgery may be delayed or cancelled otherwise

Day of Surgery

Please Bring:

- Your Hospital card and Health card
- \$5.00 for phone charge (if desired)
- Breathing machine (CPAP) if used
- Your **Transurethral Resection of Prostate (TURP) Folder**

PRE OP CHECKLIST

Day of Surgery

Medication

Take all of your usual *prescription* medication, including any inhalers with small amounts of water only **UNLESS TOLD OTHERWISE BY YOUR DOCTOR**. Do not take any diabetic medication(s) unless instructed by your Surgeon and/or Anaesthetist. Check with your doctor for special instructions if you are on an *Insulin Pump*.

Special Instructions

- Bring **all** medications to the hospital (prescription and non-prescription items) including puffers in their **original** containers

- Arrange for family or a friend to bring your personal items to your hospital room after you have arrived in your room

TRANSURETHRAL RESECTION OF PROSTATE CARE PATHWAY

Your Transurethral Resection of Prostate Care Pathway is a guide for you to follow during your hospital stay. It is a day-to-day plan of what to expect during your hospital stay and what you should do to assist in your recovery. Each day is mapped out as to what you will be doing (under “Goals for Today”) in this booklet.

Please review all of the information and be familiar with what to expect during your hospital stay. Then you will be able to work with your Health Team to make a successful recovery.



The Day of Surgery

Arrive at Patient Registration – (Admitting/Emergency entrance) at your scheduled time.

You will then be directed to Day Surgery where your nurse will prepare you for your surgery.

Your nurse will:

- Review deep breathing and coughing exercises
- Review leg exercises

Once you are prepared for surgery, a family member or friend may sit with you until it is time to go over to the Operating Room.

While you are in the Operating room and Recovery room, family may wait in the OR Waiting room (located across from the Operating room doors).

Your Surgeon will provide your family with an update after your surgery or a phone number may be left for the surgeon to call.

The length of surgery is approximately 1-2 hours.

ANAESTHESIA

You will have an opportunity to speak with the Anaesthetist prior to your surgery. The most common types of anaesthesia are general anaesthesia (which puts you to sleep) or spinal/epidural anaesthesia (numbs from the waist down). Your Anaesthetist will discuss the risks and advantages of each type of anaesthesia and answer any questions and/or concerns that you may have.

Recovery

After surgery, you will remain in the recovery room for 1-2 hours while recovery from anaesthesia is monitored. You will then be taken to your hospital room. Patients often return from surgery with a variety of tubes:

- Intravenous is given for fluids and medication
- Catheter with Continuous Bladder Irrigation (CBI). The Continuous Bladder Irrigation (CBI) will flow from 1-2 bags through the catheter into the bladder to flush the tissue out of the bladder to prevent clot formation. This fluid and urine will drain into a catheter bag. The rate of the irrigation will be adjusted to keep the urine clear. Sometimes, blood clots may pass through the catheter. If this happens, the nurse or doctor will wash the clot using a syringe of sterile salt water

Managing your pain is an important part of your recovery. Our goal is to keep you as comfortable as possible.

Measuring your Pain

To help your doctors and nurses evaluate your pain, you will be asked to rate your pain using a scale of 0-10 with 0 meaning no pain and 10 indicating the worst possible pain. Using this scale will help your doctors and nurses make sure that your pain is adequately controlled.



After surgery, anti-nausea medication will be given if you are experiencing any nausea or vomiting.

You will be allowed to increase your diet as your condition permits, starting with ice chips and clear fluids to diet as tolerated. Specific diets may be ordered according to your health and cultural needs.

PREVENTING LUNG CONGESTION

Deep breathing and coughing is **very important** to help prevent congestion and pneumonia. Inhale deeply through your nose then slowly exhale through your mouth. Repeat 3 times and then cough twice. Do this 10 times per hour when awake. A breathing device called an incentive spirometer may also be taught and used.

PREVENTING BLOOD CLOTS

Leg and foot exercises (i.e. moving your feet up and down in circles) are encouraged 10 times per hour to promote good blood flow and decrease chance of blood clots. You will be helped to turn in bed every 2 hours for comfort and to prevent complications.

GOALS FOR THE DAY OF SURGERY

- Bedrest the day of surgery, nursing staff will assist you with positioning every 2 hours if needed
- Deep breathing and coughing (10 times per hour while awake)
- Ankle pumping (10 times per hour while awake)

POST OP DAY 1

Once urine begins to clear, you will start by sitting on the side of the bed and then progress to short walks with assistance.

Avoid prolonged periods of sitting to avoid stress or strain on the area of the prostate. As your strength returns, you will be able to get up on your own. Ask for help as needed.

The drainage bag must be kept lower than the level of the bladder. This prevents urine from flowing back into your bladder, which may cause an infection.

While the catheter is in, you may have the urge to pass urine. You may have bladder spasms, which may feel like a muscle cramp that comes and goes. This is common after surgery and can be relieved with medication.

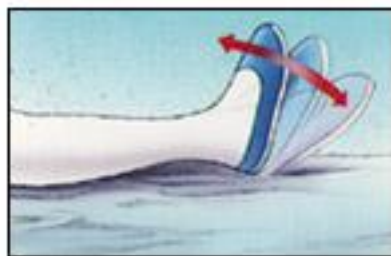
Your diet will be increased if you are drinking well and have no nausea.

The intravenous (IV) will be changed to a saline lock (short-tube left in the vein) if you are drinking well.

POST OP DAY 1

GOALS FOR TODAY

- Patient teaching: Importance of increasing fluid intake, restricting activity and avoiding constipation
- Patient teaching: Pain management, bladder spasms and pressure
- Continue with deep breathing and coughing (10 times per hour)
- Continue with leg exercises (10 times per hour)



POST OP DAY 2

Your diet will be increased to a regular diet as tolerated. Adequate fluids are necessary to keep your urine clear, prevent clot formation and to prevent constipation. Drink at least 8 glasses of fluids per day.

High fibre foods such as grains, fruits and vegetables should be eaten to improve bowel function. It may be necessary to receive a laxative to assist with regular bowel movements since medication and reduced activity may change your bowel habits

The catheter is removed when the urine is pink to clear in colour without irrigation fluid (CBI) and free of clots.

After catheter removal, it is **very important** that you void into a urinal so the nurse can measure your urine and check the colour.

You may experience difficulty controlling your urine at first. There may be some difficulty controlling urination at first. Empty your bladder when you feel the urge. There may be burning or frequency. Dribbling may occur, so wearing a protective pad may be required.

20

POST OP DAY 2

It may be necessary to have the catheter reinserted if you are having difficulty voiding. If discharged home with a catheter, it may be attached to a leg bag. Instructions will be given on the care of the catheter. Your surgeon will make arrangements for catheter removal when the swelling from the surgery lessens.

GOALS FOR TODAY

- Patient teaching: importance of increasing fluids, restricting activity and avoiding constipation reinforced prior to discharge

- Instructions given on care of the catheter at home (if applicable)

DISCHARGE CHECKLIST

- Prescription(s) provided (if applicable)
- Discharge Instructions provided by your surgeon and nurse
- All questions/concerns answered
- All belongings packed and returned
- All medications you brought with you to hospital have been returned (if applicable)
- Follow-up appointment with surgeon

Date _____ Time _____

Place _____ Phone _____

Special Instructions

We hope that your hospital stay has been a pleasant one.

GUIDELINES AT HOME

For the first few weeks, drink plenty of fluids to keep your urine flowing freely. One glass per hour is recommended, until early evening to prevent getting up at night

Good nutrition promotes healing and helps to prevent constipation. Choose iron rich foods such as red meat, green vegetables, whole grain breads and cereal. The vitamin C in juice or citrus fruits helps iron to be better absorbed

Alcohol is **not recommended** after surgery for at least a month, as it prevents or slows down the healing process. Avoid coffee and spicy foods as they may cause discomfort

Avoid constipation to prevent straining which can cause bleeding. Eat a high fibre diet (fresh fruit, vegetables, bran, prunes) and if necessary, take a mild laxative (magnolax, milk of magnesia). No enemas or suppositories

Avoid long car trips for 2-3 weeks after surgery. Short trips are okay. Prolonged sitting or a bump could cause bleeding

GUIDELINES AT HOME

No stooping, bending, hoeing, shovelling or cutting grass for one month

No sports (including golf and swimming) for 4-6 weeks

Sex should be avoided until after you have seen your surgeon for a checkup. Your sexual activity will normally not be affected; however, you may experience a change in the sex act. Sometimes after surgery, the semen is discharged not forward but back into the bladder and this is passed with the next passage of urine, which may be cloudy. This is normal. This does not change sexual performance

Blood in your urine may occur for 4-6 weeks after surgery. It is very common for blood to suddenly appear in the urine 7-14 days after surgery. This bleeding is temporary and is a normal part of the healing process caused by the the scab inside the prostate breaking away. When this occurs, it is important to increase your fluids to help flush your system and decrease your activity. If bright red bleeding continues after increased fluids and rest, call your surgeon

GUIDELINES AT HOME

Check with your surgeon before taking any aspirin or blood thinner

No strenuous exercise or lifting heavy objects (more than 10 lbs.) until directed by your surgeon

No long walks, no fast stair climbing for the first 2-3 weeks. Short walks are recommended. Start slowly and increase the distance daily as tolerated

Returned to work as directed by your surgeon

You may experience some temporary loss of control of urination or dribbling. These symptoms are temporary and will resolve. Strengthening exercises may help to regain control.

Strengthening Exercises

- Tighten the muscles in your thighs and buttocks and pull upwards
- Hold for 3 seconds
- Pause and relax

Repeat 10 times. Do these exercises every hour while awake for the first week. Then do the exercises several times a day only.



Call your doctor or come to the nearest Emergency Department immediately if you experience:

- Fever and chills
- After voiding, you have a fullness sensation in the bladder (may be retention)
- Increased blood in urine and/or clotting that continues with rest and increased fluids
- Unable to pass urine

