

Transurethral resection of the prostate is a safe and effective operation to treat difficulty with urination due to benign (non-cancerous) enlargement of the prostate. This is a minimally-invasive procedure where the enlarged prostate tissue is removed, without the need for any incisions. This operation is highly successful at relieving the symptoms of an enlarged prostate and requires only an overnight hospital stay.

PREPARATION FOR SURGERY >

Medications to avoid prior to surgery

Any medications that affect bleeding should be stopped prior to surgery. The following medications should be stopped 7 days prior to surgery: ASA (Aspirin/Entrophen), warfarin (Coumadin), clopidogrel (Plavix), dipyridamole (Aggrenox), ticagrelor (Brilinta), ibuprofen (Advil/Motrin) and other non-steroidal anti-inflammatories (NSAIDs). The following medications should be stopped 72 hours prior to surgery: dabigatran (Pradaxa), rivaroxaban (Xarelto) and apixaban (Eliquis). If you have any questions about your medications prior to surgery, please contact your surgeon.

Diet prior to surgery

You may eat your normal diet up until midnight the night before your surgery. Do not eat any solid food, milk or cream after midnight the night before your surgery. You may drink up to 400 mL (1.5 cups) of water up to 3 hours before surgery. You may not drink any other fluids. You may have sips of water with your morning medications.

THE SURGERY >

In the operating room

Transurethral resection of the prostate is performed under a general anesthetic, meaning you will be asleep for the operation, or under a regional anesthetic, meaning you will be frozen from the lower abdomen downward. The operation is performed through a small telescope placed through the urethra (the tube that allows passage of urine from the bladder). There are no incisions. A catheter will be inserted into the bladder at the end of the procedure. The operation typically takes 30-90 minutes, depending on the size of the prostate.

Potential risks and complications

Although the operation is very safe, a number of potential risks exist. These include the following:

- Bleeding
- Infection
- Temporary inability to urinate
- No improvement in your urinary symptoms
- Bladder irritation causing increased frequency and urgency of urination
- Burning during urination
- Scarring along the opening of the bladder, requiring additional treatments in the future
- Regrowth of prostate tissue
- Retrograde ejaculation (the ejaculate falls backward into the bladder instead of forward out the penis, and is released during the next urination)
- General risks associated with all types of surgery including heart attack, stroke and blood clots in the legs or lungs

WHAT TO EXPECT AFTER SURGERY >

During your stay in hospital

- **Length of hospitalization:** Most patients are able to return home the day after surgery.
- **Pain:** Most patients experience no pain and require no pain medication.
- **Diet:** You will be able to resume your normal diet after your surgery.
- **Ambulation:** You are encouraged to walk around shortly after your surgery.

After leaving the hospital

- **Showering:** You may shower the day of your surgery. You may take a bath after your catheter has been removed.
- **Activity:** Walking is strongly encouraged after your surgery. Prolonged lying in bed should be avoided to prevent the development of blood clots in your legs. You should avoid heavy lifting, sports, vigorous activity or sexual activity for 2-4 weeks as this can increase the risk of bleeding.
- **Diet:** You may resume your normal diet once you have returned home from hospital.

- **Work:** Most people can return to work 2-3 days after surgery if they perform desk work or jobs with minimal physical activity. If your work requires heavy lifting or strenuous activity, you may be required to avoid work for 2-4 weeks.
- **Antibiotics:** You may be given a prescription for antibiotics to take after your surgery to prevent infection.
- **Catheter:** You will have a catheter (a tube draining urine from your bladder) after your surgery. Your catheter will typically be removed the day after your surgery, prior to leaving the hospital. If you are unable to urinate after the tube is removed, it may need to be reinserted in order to empty your bladder. If the tube has to be reinserted, you will be able to go home with the catheter attached to a urine drainage bag. A home care nurse will typically remove this tube again within a few days after surgery. It is normal to experience some cramping in the bladder while the catheter is in place.
- **Follow-up appointment:** You will need an appointment to visit your surgeon 4-6 weeks after your surgery. Please call your surgeon to schedule this appointment if it has not been done for you before your discharge from hospital.

WHEN TO SEEK MEDICAL CARE >

Contact your surgeon if you experience any of the following after surgery:

- Bright red urine
- Large blood clots in the urine
- Inability to pass urine
- Your drainage bag is not filling with urine
- Significant leakage around your catheter
- Pain that is not controlled by your prescribed medications
- Unexplained fever over 38.5 degrees Celsius / 101 degrees Fahrenheit

Proceed immediately to the emergency room if you experience any of the following after surgery:

- Difficulty breathing or shortness of breath
- You have a serious concern and are unable to contact your surgeon