Information for Patients about Transurethral Prostatectomy

How is a prostate removed?

The prostate lies in the pelvis between the bladder and the urethra (urine channel). The prostate wraps around the urine channel like a ring. Prostate glands grow with age. About one in four men has difficulty passing urine as the prostate grows and creates a blockage. Your surgeon has recommended that you have a transurethral prostatectomy. This surgery is performed through a special telescope called a resectoscope.

This instrument has a metal wire electrode that can cut through tissue and control bleeding. Pieces of the prostate are shaved from the inside of the gland toward the outside surface. The procedure takes about one hour. After the surgery a catheter is placed in the bladder to drain the urine and control bleeding. This catheter usually stays in place for 1-3 days. After your catheter is removed, you may notice that when you have an urge to urinate, you will need to urinate promptly or risk losing urine.

Although no outside incision is made during this surgery, it is still considered major surgery. You should plan to limit your activities and avoid doing any stressful physical activity. If you do too much, you may cause the prostate to bleed. While you are in the hospital and shortly after you arrive back home, your urine may have a significant amount of blood. This is normal. If you notice blood clots in your urine, or if you have trouble urinating, please call us immediately. Within several days, your urine will clear up. Then, about 10-14 days after surgery, you will probably have another 1-2 days of bloody urine. This is normal.

What are the possible complications of having a prostate removed?

Although we try our best to do everything possible to make the surgery safe, there are potential complications of the procedure. The most common complication following prostate removal is continued blockage of urine. Removing too much tissue can cause other problems. We try to remove just the right amount of prostate tissue and most of the time the surgery is very successful at relieving blockage and improving urine flow. Sometimes the connection point between the prostate and the bladder can develop scar tissue following this type of surgery. This can cause blockage of urine flow. A second surgery performed using a cystoscope can help.

Some men have trouble controlling urine (leakage with coughing, sneezing or straining as with lifting) after prostate surgery. Normally, two control muscle systems, called sphincter (sfink-ter) muscles, close the urine channel, preventing urine from leaking. When the prostate is removed, one of those sphincters is removed. Most of the time, the remaining sphincter keeps urine drainage under control. Some men notice urine leakage with coughing, sneezing or straining after prostate removal. Rarely, a man may not have any control of urine drainage following prostate surgery. Medical and surgical treatments are available if this happens.

Impotence (difficulty having and/or keeping an erection) is a relatively uncommon problem following this type of prostate surgery. Inflammation caused by the surgery may prevent the nerves that control erection from functioning normally. If you had full erections before surgery, you will probably have full erections following prostate removal. You may notice having
more difficulty getting an erection. Some men are able to have an erection, but they find that it is not as firm or it does not last as long as it did before surgery. Often, this improves with time. Many surgeons recommend using a medication and/or having sexual activity within a few weeks of prostate removal because doing so has been shown to improve the ability of prostate patients to have erections firm enough and for long enough to have sexual intercourse. If a man is unable to have an erection after prostate removal, treatment (medication or surgery) may help.

The prostate gland has many blood vessels, so there’s always a possibility of some bleeding. If bleeding occurred, a blood transfusion or a second surgery may be necessary. This is not common. Infection is also possible following major surgery such as this. If an infection occurred following a prostate removal, antibiotics may be necessary.

As with any major surgery, it is possible that a blood clot in the leg, a blood clot traveling to the lung, or pneumonia could develop following prostate surgery. We take special precautions to try to prevent such complications. This includes having patients cough and take deep breaths regularly to keep the lungs opened up. We also encourage patients to walk starting the day following the surgery. Other more rare complications could also occur. If you have specific questions, please ask your surgeon.

**How long will I stay in the hospital?**

Most patients are ready to leave the hospital 1-3 days after surgery. Of course, each patient is unique, so your hospital stay could be longer. When you are eating regular food, when your pain is controlled with pain pills and when you are able to do the physical activities necessary at home, you will be ready to leave the hospital.

**How much pain will I have? What can you do to control the pain? How long will the pain last?**

These are some of the most difficult questions to answer because each person experiences pain in a different way. Following your surgery, you will be given pain pills that you can take at home. Most people need to take pain medicine at home for less than a week following the surgery. However, because each person is unique, it is impossible to predict how long you’ll need to take pain pills.

**When will I be able to eat?**

Most patients can start drinking liquids the evening following surgery. Solid food follows rapidly unless there are concerns about the bowels moving. Many patients notice that their appetite isn’t as strong for a few days following surgery.

**When can I drive again?**

We recommend that you not drive until you no longer need narcotic pain medication. These medications can alter your ability to respond quickly in an emergency situation. You should not sit in one place for more than 45 minutes for four weeks following your surgery. You should not drive or sit in a car for more than an hour for at least a month.

**When can I go back to work?**

You should plan to take about 1-2 months off work. Some patients are ready to go back to work sooner and some are ready later than four weeks. You will need to listen to your body to know when you are ready. It may be helpful to return to work part-time or doing light work at first. If you need a letter for your employer, let us know.

**What physical activities can I do following the surgery?**

After you get home from the hospital, you should plan to do a little walking every day. Start slowly and gradually build up your endurance. If you overdo it, you will be sore. Listen to your body and use your head. Starting 2-3 weeks following the surgery, you may begin to do some stretching exercises that will help you to stay limber. Starting three weeks following the surgery, you may begin to do some light exercise. Gradually build up your exercise plan over the next four weeks.

One of the most frustrating things that surgical patients complain about is lack of energy. Major surgery takes a lot out of a person. When you think about spending 3-4 weeks at home, away from work, you will probably think of some projects around the house that you’d like to finish such as cleaning out a closet, organizing the garage, doing some yard or housework, etc. We advise you to put all those plans on hold for a while. It will be better for you to plan to read some good books, watch movies, listen to music or try some low energy hobbies. Plan to do things that will keep your active mind busy while your body is healing.
When can I shower?

You can take a shower starting the day following the surgery.

How long will it take before I feel “normal?”

Most patients tell us that it takes approximately 4-6 weeks before they feel back to “normal.” Remember, there is a lot of variation from one person to another. Don’t get discouraged if you don’t feel back to 100% six weeks following your surgery.

Will I need to eat a special diet after the surgery?

No. You can eat anything you would like. Of course, we recommend that you eat a healthy diet including plenty of fresh fruits and vegetables.

Can I drink alcohol?

Yes. As with your diet, we recommend moderation.

What about sex?

As with other physical activities, you should take it slowly. Wait until you’re ready and don’t overdo it. Listen to your body. You may want to try some non-intercourse sexual activities until you’re feeling better. You may notice that you have difficulty getting or keeping an erection following your surgery. It is helpful for you to try to have an erection regularly after surgery. This will help you keep your ability to have an erection or improve it. After the prostate is removed, no semen (cum) will come out of your penis during sex. This is because the semen flows backwards into the bladder. This does not mean that you or your partner will not enjoy sex as much following surgery, but it may be different. If you have trouble with sexual function, please let your surgeon know. Treatment is available for these problems.

What if I have other questions?

We’re happy to answer all of your questions. It may be best to write down questions as you think of them. Please call your surgeon with any questions you may have.