



Information and consent form for Transurethral resection of prostate (TURP)

Surname: _____

Forename: _____

Date of Birth: _____

What is benign prostatic hyperplasia (BPH)?

Benign prostatic hyperplasia is a condition caused by an excessive growth of prostate tissue around the urethra. The prostate growth is influenced by the male hormone, testosterone. Prostate growth increases with age.

With the increased size of the prostate, the urethra is compressed causing decreased urinary flow and incomplete emptying of the bladder.

The compression of the urethra will cause symptoms that can include a weakened stream, frequency of urination, sudden urge to pass urine and night-time urination. In more severe cases patients may lose the ability to urinate at all and may need a catheter.

What are the indications to have the prostate surgically removed?

- Difficulty in emptying the bladder-if you retain more than 150 ml of urine in your bladder
- Decreased urinary flow rate -less than 10 ml per sec.
- Recurrent episodes of blood in the urine (haematuria).
- Formation of stones in the bladder.
- Recurrent urinary tract infections.
- Decreased kidney function due to back pressure from a constantly full bladder.
- Leaking of urine due to a full bladder.
- Failed conservative and medical therapy.

How is the operation done?

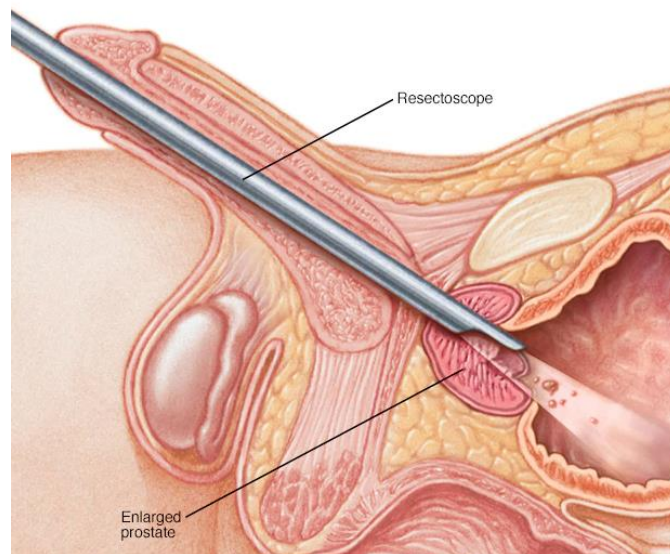
The operation usually takes less than one hour to perform and is normally done under general anaesthesia. Sometimes spinal anaesthesia is used. The anaesthetist will make this decision. When you are under anaesthesia, your legs will be elevated and spread open (lithotomy position).

A special telescope called a cystoscope is inserted into the penis that passes up the urethra until it reaches the prostatic portion of the urethra.

The urethra is the tube that carries the urine from the bladder out through the penis. A special wire loop, called the resectoscope, is then inserted into the urethra. Prostate tissue can either be removed with electrical current or laser as energy source. If electrical current is used the resectoscope as electrical current passing through the loop that acts to cut the prostate tissue. The resectoscope shaves off chips of the enlarged prostate gland. The shaving starts at the margin of the bladder outlet and progresses into the prostatic part of the urethra close to the external sphincter.

The prostate shavings are removed from the bladder by irrigation of the bladder.

If a laser is used as energy source, the resection starts at the verumontanum and the sides of the prostate is enucleated up to the level of the bladder neck. The lobes of the prostate are then diced up into small pieces and removed with a special instrument called a morcellator.



What are the complications associated with this operation?

- Bleeding in the bladder (less than 5%).
- Infection (less than 2%).
- Perforation of the bladder (less than 1%). The incidence of this complication is slightly higher during a right laser prostate enucleation, when the morcellator is used.
- Inability to pass urine-this can be due to muscle dysfunction because of long-standing difficulty in passing urine (5%).
- Stricture formation in the urinary tube secondary to scarring (2.5%).
- Incontinence of urine or problems with urinary control. This can be from damage to the sphincter (less than 2%).
- Weakened erections (5% to 40%). The area where the operation is performed is not close to the nerves that enable you to have erections. Therefore, a problem with erections should not be a problem. Some patients also report an increase in erection quality after the procedure.
- Retrograde ejaculation (50%). Retrograde ejaculation is the movement of sperm back into the bladder with ejaculation instead of pass each of ejaculation fluid through the penis. This happens because of loss of the internal sphincter and causes the spermatic secretions to move upwards into the bladder rather than down through the penis during ejaculation. The secretions will be passed out with the urine. This may give rise to sterility due to reduced sperm count. This is not a dangerous condition and is just something that some people are concerned about.
- TUR syndrome (less than 2%). When this operation is performed on patients with a noticeably big prostate and the time of the surgery is exceptionally long,TU patients might develop a TUR syndrome. With the newer methods of performing the surgery we use a different solution and different technology; the incidence of TUR syndrome is very low. During TUR syndrome patients develop electrolyte imbalances and might also become fluid overloaded leading to heart and lung problems.

- Recurrence of prostate enlargement is possible and 8% of patients will require a 2nd transurethral resection of the prostate in 15 years after the initial surgery.

Risks of any surgery are?

- Blood clots in the legs that may travel to the lungs (DVT).
- Infection-surgical wounds, lungs, bladder, or kidney infections.
- Heart attack during surgery.
- Reaction to certain medication.
- Damage to organs close to the operation site.

What should I know before and after the procedure?

Before the procedure:

- Stop medication that is thinning the blood, such as Aspirin, Plavix, Warfarin.
- Ask a doctor which drugs you should take on the day of the surgery.
- Do not eat or drink anything 8 hours prior to your surgery.
- You will be told when to arrive at the hospital.

After the procedure in hospital:

- You will have to stay in hospital for 2 to 3 days.
- After the surgery you will have a urethral catheter in to drain the urine. The catheter will stay in until your urine is clear and will be removed before you go home.
- The bladder will be irrigated with fluids to keep it clear from clots.
- Initially your urine will be bloodied but will gradually get clearer.
- Blood and urine might leak past the catheter.
- You can eat and drink a normal diet immediately after the surgery.
- You should mobilise as much as possible from the first morning after the surgery. This will help to prevent blood clot formation and help return with normal bowel movements.

After the procedure-follow-up visits?

- The pieces of prostate tissue will be sent for histological analysis to the pathology laboratory. This is to make sure there is no cancer in the prostatic tissue removed. Your doctor will discuss these results with you on your follow-up visit.
- It takes more or less 12 weeks for everything to settle down and return to normal.
- Symptoms that you might experience during the first few weeks after the surgery includes:
 - burning of urination
 - they might be blood in your urine from time to time
 - you might experience a sudden urge to pass urine and might have the need to go to the loo more frequently
 - difficulty, to control the bladder
 - occasionally you might have a weakened urinary stream.

These symptoms are usually transient, but you might need medication given by your doctor to relieve some of the symptoms that are bothersome.

Declaration by Doctor

- I declare that I have explained the nature and consequences of the operation to be performed and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature: _____

Doctor's name: _____

Date: _____

Declaration by patient

- I acknowledge the surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.

Signature of patient: _____ Date: _____

Interpreter's declaration - where needed

I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.

Interpreter's signature: _____ Date: _____