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Transurethral resection of the prostate



Transurethral resection of the prostate (TURP) is surgery to remove the inside part of the prostate gland in order to treat an [enlarged prostate](#).

Related topics include:

- [Benign prostatic hyperlasia](#)
- [Prostate resection - minimally invasive](#)
- [Simple prostatectomy](#)

Description

The surgery takes about 1 hour.

You will be given medicine before surgery so you don't feel pain. You may get one of the following:

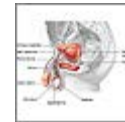
- General anesthesia: You are asleep and pain-free
- Spinal anesthesia: You are awake, but relaxed and pain-free

The surgeon will insert a scope through the tube that carries urine from your bladder out of the penis. This tube is called the urethra. A special cutting tool is placed through the scope. It is used to remove the inside part of your prostate gland using electricity.

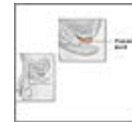
Why the Procedure is Performed

Your doctor may recommend this surgery if you have benign prostatic hyperplasia (BPH). The prostate gland often grows larger as men get older. The larger prostate play causes problems with urinating. Removing part of the prostate gland can often make these symptoms better.

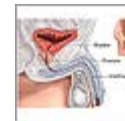
Enlarged Prostate (BPH)



Male reproductive anatomy



Prostate gland



Prostatectomy - Series



Transurethral resection of the prostate (TURP) - Series

[Bladder stones](#)

[Enlarged prostate](#)

[Frequent or urgent urination](#)

[Neurogenic bladder](#)

[Prostate cancer](#)

Prostate removal may be recommended if you have:

- Difficulty emptying your bladder
- Frequent [urinary tract infections](#)
- Bleeding from the prostate
- [Bladder stones](#) with prostate enlargement
- Extremely slow urination
- Damage to the kidneys

Before you have surgery, your doctor will suggest you make changes in how you eat or drink. You may also be asked to try taking medicine. Your prostate may need to be removed if these steps do not help. TURP is one of the most common type of prostate surgery. Other procedures are also available.

Your doctor will consider the following when deciding on the type of surgery:

- Size of your prostate gland
- Your health
- What type of surgery you may want

Risks

Risks for any surgery are:

- [Blood clots](#) in the legs that may travel to the lungs
- [Breathing problems](#)
- Infection, including in the surgical wound, lungs ([pneumonia](#)), or bladder or kidney
- [Blood loss](#)
- [Heart attack](#) or [stroke](#) during surgery
- Reactions to medications

Additional risks are:

- Problems with urine control
- Loss of sperm fertility
- Erection problems
- Passing the semen into the bladder instead of out through the urethra ([retrograde ejaculation](#))

[Prostate resection - minimally invasive](#)

[Simple prostatectomy](#)

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[Indwelling catheter care](#)

[Kegel exercises - self-care](#)

[Preventing falls](#)

[Surgical wound care - open](#)

[Transurethral resection of the prostate - discharge](#)

- [Urethral stricture](#) (tightening of the urinary outlet from scar tissue)
- Transurethral resection (TUR) syndrome (water buildup during surgery)
- Damage to internal organs and structures

Before the Procedure

You will have many visits with your doctor and tests before your surgery.

Your visit will include:

- Complete physical exam
- Treating and controlling [diabetes](#), [high blood pressure](#), heart or lung problems, and other conditions

If you are a smoker, you should stop several weeks before the surgery.

Your doctor or nurse can give you tips on how to do this.

Always tell your doctor or nurse what drugs, vitamins, and other supplements you are taking, even ones you bought without a prescription.

During the weeks before your surgery:

- You may be asked to stop taking medicines that can thin your blood, such as aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), vitamin E, clopidogrel (Plavix), warfarin (Coumadin), and others.
- Ask your doctor which drugs you should still take on the day of your surgery.

On the day of your surgery:

- Do not eat or drink anything after midnight the night before your surgery.
- Take the drugs your doctor told you to take with a small sip of water.
- Your doctor or nurse will tell you when to arrive at the hospital.

After the Procedure

You will stay in the hospital for 1 to 3 days.

After surgery, you will have a small tube, called a [Foley catheter](#), in your bladder to remove urine. The urine will look bloody at first. In most cases, the blood goes away within a few days. Blood can also seep around the catheter. A special solution may be used to flush out the catheter and keep it from getting clogged with blood. The catheter will be removed within 1 to

3 days for most people.

You will be able to go back to eating a normal diet right away.

You will need to stay in bed until the next morning. You will be asked to move around as much as possible after that point.

Your health care team will:

- Help you change positions in bed.
- Teach you exercises to keep blood flowing.
- Teach you how to perform coughing and deep breathing techniques. You should do these every 3 to 4 hours.
- Tell you how to [care for yourself](#) after your procedure.

You may need to wear tight stockings and use a breathing device to keep your lungs clear.

You may be given medication to relieve bladder spasms.

Outlook (Prognosis)

TURP relieves symptoms of an enlarged prostate most of the time. You may have burning with urination, blood in your urine, urinate often, and need to urgently urinate.

Alternative Names

TURP; Prostate resection - transurethral

References

McVary KT, Roehrborn CG, Avins AL, et al. Update on AUA guideline on the management of benign prostatic hyperplasia. *J Urol*. 2011 May;185(5):1793-803. Epub 2011 Mar 21.

[Roehrborn CG. Male lower urinary tract symptoms \(LUTS\) and benign prostatic hyperplasia \(BPH\). *Med Clin North Am*.](#)

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Updated by: Scott Miller, MD, urologist in private practice in Atlanta, GA. Also reviewed by David Zieve, MD, MHA, Bethanne Black, and the A.D.A.M. Editorial team.

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