

TURP RISKS

- Bleeding/transfusion <5%
- Infection 5%
- Anaesthetic complications – AMI/DVT/PE/Stroke
- Urinary incontinence - 10% temporary, 0.5% long-term
- Retrograde (backwards) ejaculation – 70-100%
- Erectile dysfunction 5%
- Scar tissue – stricture or bladder neck contracture 3%
- Other - rare



DR MARTIN ELMES
UROLOGICAL SURGEON
Specialising in
Robotic Prostate and Kidney
surgery

Advanced BPH treatments
Erectile Dysfunction Surgery

With over 15 years of expertise in the field of Urology, Dr Elmes provides a full range of high quality urological services for patients with the use of advanced techniques and cutting edge equipment to perform procedures. Dr Elmes is highly qualified in the field of urology having completed extensive surgical training throughout Melbourne and Sydney.

His main interests in the field include:

Minimally invasive Robotic Prostate & Kidney surgery

Advanced BPH treatments

Laser prostate enucleation (HoLEP)
Rezūm water vapour steam therapy
UroLift

Erectile Dysfunction

Penile Prosthesis (no-touch technique)

Visit our website or call us on (07) 5575 7922 for more information about our urological services.

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A PATIENT GUIDE TO TURP

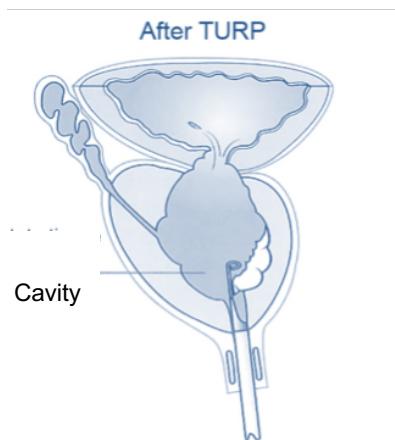
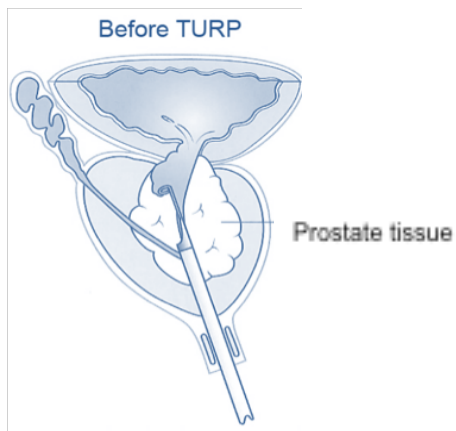


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WHAT IS TURP?

Transurethral resection of the prostate (TURP) is performed usually because a man is having trouble urinating as a result of an enlarged prostate. The prostate is a “valve” that sits below the bladder and if too tight or swollen it can choke off the urethra (pipe urine flows through from the bladder to the toilet). Instruments are inserted via the penis and under vision a series of curettings (small flakes) are resected to widen the diameter of the urethra.

A catheter (drainage tube) is placed at the end of the procedure for 12-36hours.



BEFORE SURGERY

Dr Elmes rooms or the Hospital will instruct you a week before your surgery with information regarding Hospital admission times, fasting instructions, medications to cease or continue. You will also be provided information about pathology tests that may need to be done before your procedure.

WHAT TO EXPECT POST YOUR PROCEDURE

Expect:

- Catheter (tube into your bladder) with fluid running in to reduce any blood clots
- Catheter to be removed within 12-36hrs
- Nursing staff will check with an ultrasound that you are emptying your bladder well
- Six weeks (sometimes up to 3 months) of:
 - ⇒ Frequency, urgency of urination, rarely accidents on the way to the toilet
 - ⇒ Penile shaft or tip pain on voiding or at other times
 - ⇒ Pinkish discoloration of urine, occasional blood clots or blood in part of your stream

What to do:

- Drink plenty of fluid
- Take URAL sachet (up to 4 times per day if burning) for first 3-5 days
- Take it easy for 6 weeks
- Use oxytrol patches or vesicare (never both at the same time unless instructed by Dr Elmes) for frequency, urgency of urination and if you experience penile tip pain
- Use endone/panadine forte/tapentadol for severe pain

Avoid:

- Driving for 1 week
- Heavy lifting or constipation for 6 weeks
- Sex for 6 weeks

Inform Dr Elmes' rooms or admit to the John Flynn emergency department if:

- Unable to urinate
- Heavy continuous bleeding / multiple clots
- Fevers / unwell