

TURP RISKS

- Bleeding/transfusion <5%
- Infection 2%
- Anaesthetic complications – AMI/DVT/PE/Stroke
- Urinary incontinence – 5% temporary, 0.5% longterm
- 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

Tailored Erectile
Dysfunction medications

With over 10 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)

Rezum water vapour steam therapy

UroLift

Erectile Dysfunction

Hidden needle Intracavernosal injections

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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Pindara

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Contact us

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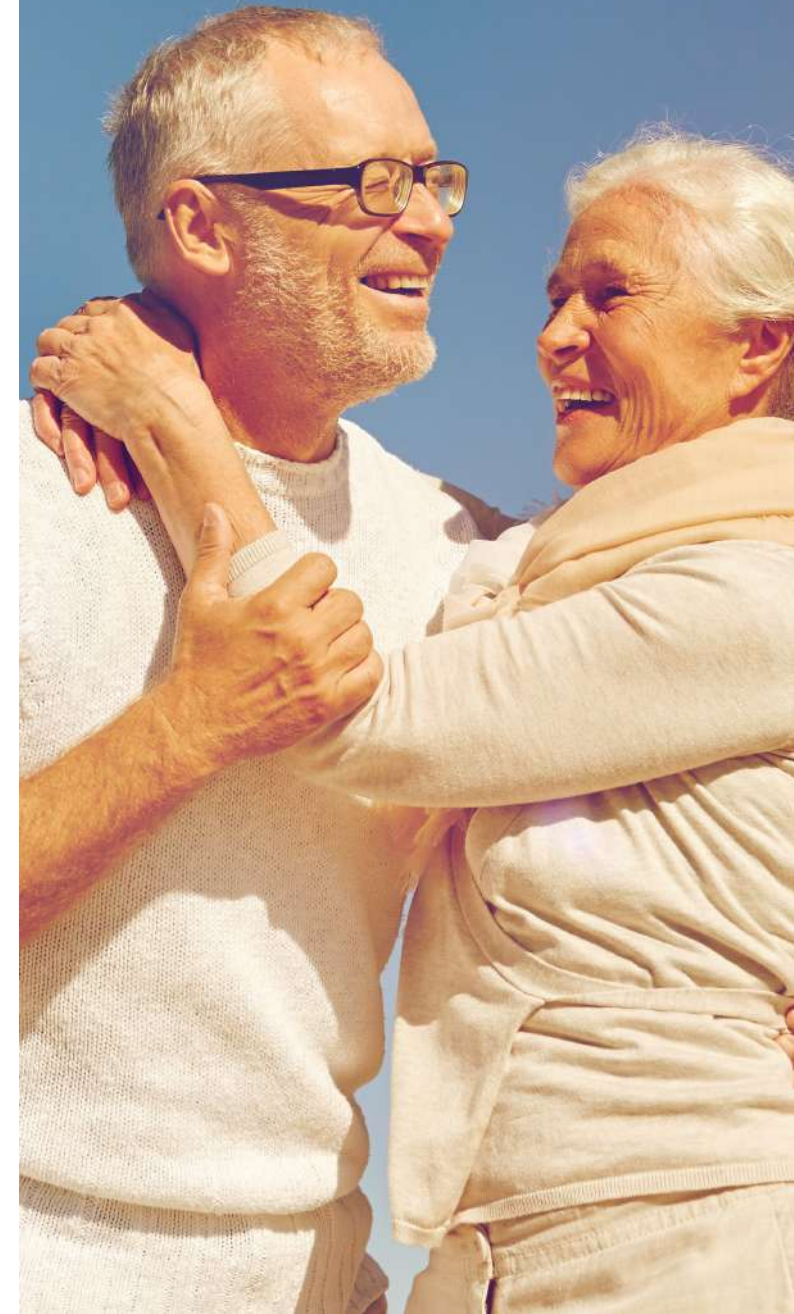
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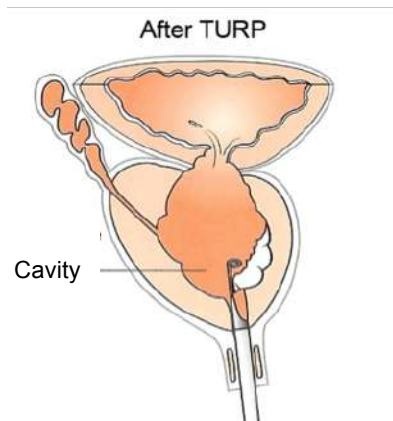
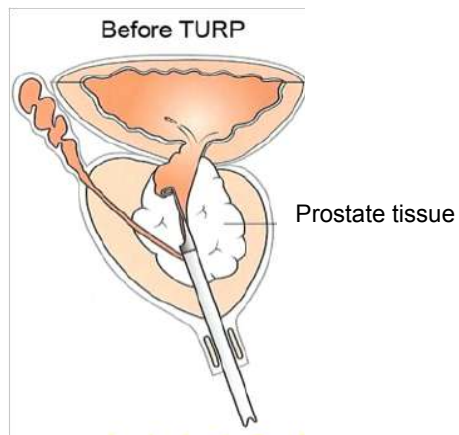
A PATIENT GUIDE TO TURP



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 12–36 hours.



BEFORE SURGERY

You will be instructed by the hospital or Dr Elmes' rooms when to fast (food & fluid).

TABLETS AND BLOOD THINNERS

Dr Elmes rooms will advise you to cease or continue medications prior to your procedure.

Consult Dr Elmes rooms if you have questions and be sure to follow instruction given by Dr Elmes regarding ceasing any medications.

INSULIN

Please let Dr Elmes know if you are on insulin.

PATHOLOGY TESTS

Dr Elmes rooms will advise you pre-operatively when to do any pathology tests required, usually 1–2 weeks pre-operatively.

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)
- 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 for severe pain

Avoid:

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

Inform Dr Elmes' rooms if:

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