

## **Bipolar Transurethral Resection of the Prostate (TURP) For Enlarged Prostate (BPH)**

Transurethral Resection of the Prostate (TURP) is a surgical procedure used to open up the inside of the prostate by physically scraping away areas of excess prostate tissue with a telescope in order to improve urinary function in men.

Transurethral Resection of the Prostate was once the most commonly performed operation in America besides cataract operations. This was before the availability of medical therapies for treating an enlarged prostate (also known as Benign Prostatic Hypertrophy, or BPH), including alpha blockers and 5-alpha reductase inhibitors. Now, patients with BPH symptoms who want to be treated, or those who have to be treated due to another complication, are usually treated in a stepwise fashion. First, medical therapy is introduced. If symptoms continue to progress despite medical therapy, at that point the patient may be offered a variety of surgical procedures. A TURP is one of the most common procedures to be done on the prostate, and is generally considered “The Gold Standard” for relieving prostate obstruction.

### **HOW THE TURP IS PERFORMED**

The TURP has gone through several improvements over the years, largely in part from competitive pressure by lasers used for the same purpose, such as the Greenlight laser or Holmium laser (HoLaP). Now, a TURP is done using a safer and advanced *bipolar* electrical current. This is called a “BIPOLAR TURP”. This allows the surgeon to use saline as an irrigant rather than water, and this has dramatically increased our ability to offer a Bipolar TURP to patients with larger prostates, allowing for longer resection times and far fewer complications. A Bipolar TURP is the preferred procedure of Dr. Disick, with benefits that far outweigh those provided by other various laser systems currently marketed.

A Bipolar TURP is done in the OR of a hospital, under general or spinal anesthesia. The procedure is done using a special type of telescope (“resectoscope”) that is placed through the urethra and into the prostate. At the end of the scope is a loop of electrified wire that can scrape away (“resect”) the inside of the prostate that is blocking the flow of urine out of the bladder. The procedure typically lasts 1-2 hours and a catheter is placed at the end of the procedure before you wake up.

### **AFTER THE TURP**

Patients stay overnight in the hospital. The catheter is continuously irrigated with saline via 2 large bags of fluid that hang from an IV pole next to your bed. This Continuous Bladder Irrigation (“CBI”) prevents bleeding and blood clot formation in the prostate and bladder, which is common after a TURP. The nursing staff stops the CBI inflow the morning after surgery. If the urine draining into the catheter tubing stays clear, patients are discharged home around lunchtime *with the catheter in place* and attached to a drainage leg bag. Please reference our “Information for Patients with Catheters” sheet that is on our website (<https://gdurology.com/patients.html>).

Patients come to Dr. Disick’s office a few days later for catheter removal (as known as a “Voiding Trial”).

### **TURP RECOVERY & AFTERCARE**

There is little pain with a TURP. Most discomfort is associated with having the catheter. Blood in the urine is to be expected, and can occur for up to a month in a limited fashion. There is also a risk of urinary infection but antibiotics are given during the procedure to try and prevent this. There is a very high rate of loss of ejaculate during orgasm (retrograde ejaculation) and a 1% risk of post-operative leakage (incontinence).

Offsetting these risks is a higher success rate (93%) and the effects of a TURP can last 7-10 years. The TURP is extremely effective and patients usually consider their problem solved. It can take up to 3 months for the bladder to adjust to urinating without obstruction, which leads to less warning time to get to the bathroom, but with time this too should resolve.