

## 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.

TURP was once the most performed operation in America. This was before the availability of medications for treating an enlarged prostate (known as Benign Prostatic Hypertrophy, or BPH), including alpha blockers and 5-alpha reductase inhibitors. Now, patients with BPH are usually treated in a stepwise fashion. First, medications are tried. If symptoms continue to progress despite medications, 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 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, HoLeP). 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 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 remove ("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 the patients wake up.

### AFTER THE TURP

Dr. Disick's patients stay overnight in the hospital (*despite what the hospital may tell you at registration the day of surgery*). The catheter is continuously irrigated with saline via 2 large bags of fluid that hang from an IV pole.. This Continuous Bladder Irrigation ("CBI") prevents bleeding and blood clot formation in the prostate/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 go home around midday *with the catheter in place* and attached to a drainage bag. (<https://gdurology.com/patients.html>).

Patients come to the office a few days later for catheter removal ("Voiding Trial"). The catheter is removed at 8am and the patient is instructed to go home and drink fluids and urinate as needed. Patients are to return to the office again in the afternoon for a bladder ultrasound to ensure correct bladder emptying.

### TURP RECOVERY & AFTERCARE

There is little pain with a TURP; most discomfort is associated with the catheter. Narcotic pain medication and opiates are *not* required. Blood in the urine is expected and can occur for up to a month in a limited fashion. Urination for the first few weeks may be associated with frequency, urgency, and leakage – this is normal and will subside. There is also a risk of urinary tract infection, but antibiotics are given during the procedure to prevent this. There is a high rate of loss of ejaculate during orgasm (retrograde ejaculation) and a 1% risk of post-operative leakage (incontinence). It can take up to 3 months for the bladder to adjust to urinating without obstruction, which initially leads to less warning time to get to the bathroom, but with time this too should resolve. Offsetting these risks is a high success rate (93%) and the effects of a TURP can last 7-10 years. The TURP is extremely effective, and patients can stop their BPH medications and consider their problem solved.