



# Surgical Procedures: Transurethral Resection of the Prostate for Prostate Cancer

## What is a transurethral resection of the prostate and how is it done?

A transurethral resection of the prostate (TURP) is a surgical procedure that removes prostate tissue. It is done using a resectoscope that is put into the urethra (the tube that drains urine). The resectoscope has tools on the end of it that help see the prostate and cut and remove tissue. A TURP does not cure prostate cancer. It is used to treat symptoms of advanced prostate cancer, such as having trouble urinating.

## What are the risks of a transurethral resection of the prostate?

As with any surgery, there are risks and possible side effects. These can be:

- Reaction to anesthesia. (Anesthesia is the medication you are given to help you sleep through the surgery, not remember it, and to manage pain. Reactions can include wheezing, rash, swelling, and low blood pressure.)
- Blood in your urine.
- Infection
- Trouble with having and keeping an erection.
- Retrograde Ejaculation. This is when semen goes into the bladder instead of out of the penis.

## What is recovery like?

Recovery from a TURP may include a stay in the hospital for one to two days. You may have a urinary catheter for a short time to drain urine from your bladder. If you are leaving the hospital with a catheter, you will be told how to care for it.

Your medical team will talk to you about the medications you will be taking, like those that prevent pain, blood clots, infection, and [constipation](#) or other conditions.

Your provider will tell you if you need to stop taking blood thinners and medications that contain aspirin.

Your provider will talk to you about if you need to limit your activity. Often, these include:

- No strenuous activity for 4 to 6 weeks after surgery. You can do normal light activity.
- Do not drive while you have a catheter.
- No sexual activity for 4 to 6 weeks.
- Stay hydrated by drinking plenty of water. Ask your provider how much you should drink each day.
- Do not strain to have a bowel movement.

Call your healthcare provider with:

- Fever. Ask your provider what your fever should be before calling.
- Chills, nausea, and/or vomiting.

- Heavy bleeding with or without large blood clots.
- No urine in the catheter bag or you have trouble urinating.
- Shortness of breath, chest pain, and/or swollen tender legs.

## How can I care for myself?

You may need a family member or friend to help you with your daily tasks until you are feeling better. It may take some time before your team tells you that it is ok to go back to your normal activity.

Be sure to take your prescribed medications as directed to prevent pain, infection, and/or constipation. Call your team with any new or worsening symptoms.

There are ways to manage constipation after your surgery. You can change your diet, drink more fluids, and take over-the-counter medications. Talk with your care team before taking any medications for constipation.

Taking deep breaths and resting can help manage pain, keep your lungs healthy after anesthesia, and promote good drainage of lymphatic fluid. Try to do deep breathing and relaxation exercises a few times a day in the first week, or when you notice you are extra tense.

- Example of a relaxation exercise: While sitting, close your eyes and take 5-10 slow deep breaths. Relax your muscles. Slowly roll your head and shoulders.

*This article contains general information. Please be sure to talk to your care team about your specific plan and recovery.*

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