What is the prostate gland?
The prostate gland lies below the bladder between the pubic bone and the rectum and is shaped like a doughnut with the urethra (the tube which carries urine for the bladder to the penis) running through the hole in the centre of the gland. The normal role of the prostate gland is to produce secretions that help to nourish the sperm.

Why do men get prostate problems?

The prostate reaches its adult size, a little less than an ounce, by age 20. Typically, growth stops at this time, then begins again at about age 45 and continues throughout life. By the age of 60 enlargement of the prostate gland occurs in one in ten men and becomes more common as age increases. Since it surrounds the urethra, the increasing size of an enlarged gland can constrict the urethra making it difficult to pass water.

What are the symptoms of prostate enlargement?
The common symptoms of benign prostatic hypertrophy (BPH) include:

- Straining / difficulty to start urination
- Slow urine flow, poor urine stream
- Stopping and starting while urinating
- Frequent urination
- Waking frequently at night to urinate (nocturia)
- Difficulty postponing urination (urgency)
- Residual dribbling after the bladder has been emptied

What treatments are available?
BPH can be treated in a number of ways depending on the severity of the symptoms.

Watchful waiting
Many men are willing to tolerate the symptoms of BPH if they have been fully informed about the pros and cons of all treatment options. This option is only suitable for men with mild disease and no complicating factors.
**Medical management – Drugs**

**Alpha blockers:**
Act on the smooth muscle within the prostate and help to relax the area. This often improves the urinary flow and reduces the amount of visits to the toilet during the day and night. The most common side effects include headaches, tiredness and dizziness and a reduction in the amount of ejaculate.

**5 alpha reductase inhibitors:**
Prevent the production of the substance which stimulates prostate growth. As a result the volume of the prostate reduces, relieving the obstruction. This treatment can take up to six months to achieve its full effect. The most common side effects include loss of sex-drive, problems with erections and a reduction in the amount of ejaculate.

Occasionally both drugs may be used together.

Medical treatment may at a later date no longer help and symptoms may return. In this case you should seek advice from your GP who will then arrange a review by a urologist.

**Herbal remedies:**
Some plant extracts are available in health food shops which many men claim improve their symptoms. There is no medical evidence, so far, that these remedies do in fact work.

If medical methods are unsuccessful the urology consultant may advise surgery to the prostate gland. Prostate tissue is removed to enable you to pass urine more easily and relieve the symptoms you are having.

**Trans-Urethral methods**
Many techniques have been tried over the years to relieve the obstruction from an enlarged prostate, such as: prostatic stents, hyperthermia treatments, laser treatment, trans-urethral needle ablation and hypothermia treatment. Many of these methods are not suitable for the majority of men or produce a limited improvement in symptoms.

**Open surgical methods**
**TURP**
Trans-urethral resection of the prostate remains the ‘gold standard’ operation for treatment of BPH and is used in about 80 to 90% of prostate surgery cases.
What does TURP Involve?

This operation can be carried out under general or spinal anaesthetic. An instrument is passed up the urethra and into the prostate gland. The Urologist will use this instrument to shave away the blocking gland in slices, leaving an open channel for urine to pass freely. The benefit of this operation is that the patient does not have a wound, which could be painful, and can be up and about the next day. You will be in hospital for up to five days.

What should I expect after this operation?

After the operation you will have:
- A catheter in place to drain the urine and blood from your bladder. This will be attached to a bag of fluid used to wash out your bladder and will remain in place for up to 48 hours.
- An intravenous drip in your arm to ensure you get enough fluid until you are able to drink.

When you are able to drink, you will be expected to drink two to three litres of fluid a day until your urine clears and to collect all urine you pass into cardboard bottles which the nurses will give you.

Bleeding

Immediately following the operation blood will be present in your urine. This usually clears within 24 to 48 hours, but in some cases may persist longer. Bleeding may also occur 10 to 14 days after the operation and can be quite heavy. This should settle if you increase your fluid intake again. 10% of men will require a blood transfusion after this operation.

Sexual function

In sexually active men, semen will not appear to have been ejaculated during intercourse. This happens because the semen travels back up into the bladder. This is perfectly harmless and will be passed out with the urine. The sensation of ejaculation should not be affected. There is also a small chance that you may have problems getting an erection following TURP. This is most likely if you have had problems getting an erection before your surgery.
**Urinary control**

Immediately following TURP your urinary control may be poor and you may leak urine. This is usually due to the fact that your bladder has had to push very hard for a long time past the prostate gland. Fortunately your bladder learns very quickly that it does not need to push so hard and the urgency and leakage will stop.

**Are there any complications?**

All forms of surgery carry risks of complication. Complications following TURP are relatively rare, but are listed for your information.

- Retrograde ejaculation. (semen goes back into the bladder) (90-100%)  
- Increasing difficulty with erections (20%), although some men report improvement in quality of erections  
- Urinary tract infection (15.5%)  
- Blood loss requiring transfusion (10%)  
- Long term incontinence (less than 1%)  
- Epididymitis (1%)  
- Within five years 10% of men will require a further operation  
- Prostate tissue is sent to the lab to check for abnormal cells this will confirm if there is a prostate cancer present in the removed tissue or not

**Post operative advice**

If you have any queries or questions please do not hesitate to ask a member of staff on the ward, they will be pleased to help. When you have recovered from your operation and it is appropriate for you to go home, there are a few things that you need to know.

- Do eat a well balanced diet, which is high in fibre i.e.- wholemeal bread, fruit and vegetables. This will help to stop you becoming constipated.

- Do not drive for six weeks after your surgery.

- Do not attempt any strenuous activity e.g.- gardening, carrying heavy shopping, moving furniture, for the first six weeks.

- Do not return to work until your doctor/GP has assessed you to be fit.

- Continue to drink adequately, around two to three pints of fluid per day. You may wish to cut down your fluid intake in the evening if bladder control is still not settled at night, and is disturbing your sleep pattern.

- Approximately two weeks after your operation you may notice some blood when passing urine, this is normal and as long as the bleeding is not persistent and heavy it is not a problem. If you are worried at all contact the urology ward. If the bleeding
persists and is excessive you may need to take a urine sample to your GP, who may prescribe treatment if necessary

- It is advised that you refrain from sexual intercourse for two weeks following surgery

- One consequence of this surgery is Retrograde Ejaculation, as previously discussed, this means that during sex the semen will not appear to be ejaculated but is passed into your bladder, this is not harmful and will be passed out when you empty your bladder

If your operation and recovery was uneventful and no further treatment is needed you will not require an out-patient appointment. You will be contacted by telephone approximately 12 weeks after your operation by the Urology Specialist Nurse who will ask you questions about your present condition and if you have any persistent or recurrent bladder problems. You will be given the opportunity to discuss any worries and ask any questions.

When you go home you may have questions, you will find a contact number below, to ring for advice.

**Contact Number**

<table>
<thead>
<tr>
<th>Department</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Langtree Ward</td>
<td>01942 822513</td>
</tr>
<tr>
<td>Urology Nurse Specialists</td>
<td>01942 264491</td>
</tr>
</tbody>
</table>
Comments, Compliments or Complaints

The Patient Relations/PALS Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

In addition to the Patient Relations/PALS Service, you can contact HELPline on 01942 822111.

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information call 01942 773106.