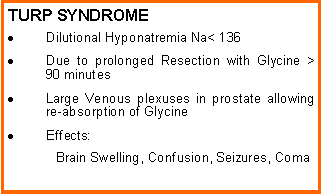
Monopolar Trans Urethral Prostate Resection (TURP)

**Item Number:** 37203

**This is the procedure used to resect the inside (enlarged, obstructive part) of the prostate. Known generally as the “Re-Bore”. Glycine is used as irrigant.**

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Why is it done?

 This procedure is performed when the prostate gland is enlarged to such an extent that medication cannot relieve the urinary symptoms.

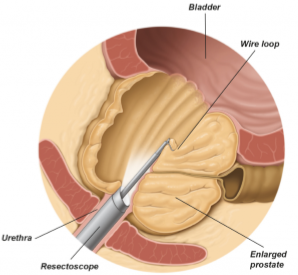
 Symptoms include: a weak stream, nightly urination, frequent urination, inability to urinate, **(LUTS)** kidney failure due to the obstruction, bladder stones, recurrent bladder infections.

 Medication such as Flomaxtra, Urorec Minipress etc. should always be given as a first resort.

 Step-up therapy should have been used for prostates larger than 35-50cc with either Duodart, Avodart or Proscar

 Prostate cancer first needs to be ruled out by doing a PSA, and when indicated, with a 3T MRI scan of the prostate with an abnormal PSA with a possible prostate biopsy of any suspicious lesions.

 A TURP can also be performed to dis-obstruct a severe prostate cancer, to allow a normal urination process.

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How is it done?

 patients will receive a general anaesthesia, unless contra-indicated.

 A cystoscopy is performed by placing a camera in the urethra with the help of a lubricant jelly and an irrigant fluid.

 The inside of the bladder is viewed for pathology. If any suspicious lesions are seen, a biopsy will be taken.

 A resection of the prostate is then started and should take 60-90 minutes.

 Prophylactic antibiotics will be given to prevent any infections.



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Complications

**Side–effects**

 Retrograde ejaculation in more than 90% of patients. Therefore if you have not completed your family, this procedure is not for you unless absolutely necessary.

 Infertility as a result of the retrograde ejaculation.

 Stress incontinence especially in the elderly and the diabetic patients

 Patients with Multiple Sclerosis, Strokes and Parkinsons have a higher risk of incontinence and risks should be discussed and accepted prior to surgery.

 Urethral structuring in 2-3% of patients, requiring intermittent self-dilatation.

 Regrowth of prostate lobes within 3-5 years requiring a second procedure.

NB! Each person is unique and for this reason symptoms vary



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