

TURP — Transurethral Resection of the Prostate

Patient Information · The long-standing standard surgery for an enlarged prostate

WARWIKI

TURP is a common, well-proven surgery for an enlarged prostate (BPH) that is blocking urine flow. Working through a scope passed up the urethra — with **no external incision** — the surgeon trims away the inner prostate tissue squeezing the urine channel. It gives a strong, lasting improvement in flow and has decades of track record.

About This Procedure

A thin instrument (a **resectoscope**) is passed through the urethra. Using a small electrical loop, the surgeon removes the obstructing inner prostate tissue piece by piece, widening the channel. The outer prostate is left in place. A catheter is placed afterward while the area heals.

Is It Safe?

TURP is one of the most studied urologic operations and is very effective. Like any surgery it has risks — bleeding, infection, temporary irritation — and some lasting effects to expect (below). It works best for **moderate-sized** prostates; very large glands may be better suited to HoLEP, Aquablation, or simple prostatectomy.

LEARN THE TERMS

TURP

Transurethral resection of the prostate — scope surgery for BPH.

BPH

Benign (non-cancer) prostate enlargement.

Resectoscope

The scope-and-loop instrument used to trim the prostate.

Retrograde ejaculation

Semen going backward into the bladder — a common, harmless after-effect.

Catheter

A tube draining the bladder for 1–3 days afterward.

Bladder irrigation

Gentle rinsing through the catheter to clear blood early on.

WHAT CHANGES AFTERWARD? Most men get a much stronger stream. The most common lasting change is **retrograde ejaculation** — semen goes backward into the bladder, so orgasm feels normal but with little or no fluid. This is harmless (though it affects fertility). Serious effects on erections or urine control are uncommon.

How to Get Ready

- Done under **spinal or general anesthesia** — follow fasting and medicine instructions (hold blood thinners as told).
- A **urine test** to rule out infection first.
- Arrange a ride; plan for a catheter for a few days.

What Happens & After

- 1 You're asleep or numb; antibiotics are given.
- 2 The obstructing prostate tissue is trimmed through the scope.
- 3 A catheter is placed, sometimes with gentle bladder rinsing for the first day.
- 4 Usually one night in hospital; catheter out in **1–3 days**.

Expect **blood-tinged urine** and some burning/urgency for a couple of weeks; drink fluids and avoid straining and heavy lifting.

Call your care team or seek care if you have:

- You **cannot urinate** after the catheter is removed
- **Heavy bleeding or clots** blocking flow
- A fever or chills
- Bleeding that worsens (a small bleed around 1–2 weeks is common — rest and fluids)

THREE THINGS TO REMEMBER

1. TURP removes the obstructing inner prostate through a scope (no incision) — the long-standing, very effective standard for moderate BPH.
2. Expect a stronger stream; the common lasting change is dry/retrograde ejaculation (harmless).
3. Blood-tinged urine and irritation settle over a couple of weeks. Call for inability to urinate, heavy bleeding, or fever.