

THE UROLOGY GROUP

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TRANSURETHRAL RESECTION OF PROSTATE (TURP) POSTOPERATIVE INSTRUCTIONS

Diet

After anesthesia, begin with clear liquids. Avoid any heavy meals on the day of the procedure. Depending on how you feel the following day, you may resume your normal diet. Drink plenty of water. The more blood you see in the urine, the more water you should drink.

Foley catheter

You will have a tube in the bladder called a foley catheter. This drains urine from the bladder and exits the penis. Be sure the catheter is well secured to the leg at all times. There should never be any tension or tugging on the catheter. Take care not to pull on the catheter when rolling in bed or changing position. The nurses will show you how to attach the foley catheter to a leg bag during the day and a big bag at night.

The foley catheter has a balloon on the end of it to keep it in place in the bladder. This may give you the feeling you need to urinate. Be assured the catheter is draining and the sensation is from the foley catheter balloon. You may also notice urine or blood-tinged urine leaking around the catheter out the tip of the penis. Typically this due to a bladder spasm and is not a cause for alarm.

If the catheter stops draining, get up and walk around. If it is still not draining, come to the emergency room as it may be clogged and need to be irrigated.

Once the foley catheter is removed, it is normal to have burning and stinging with urination for a few weeks after surgery. It is also common to have more frequent urination and a greater sense of the urge to urinate. There may not be much warning from the time you feel the urge to urinate to the time when the bladder is ready to empty.

Activity

It is very important to walk at least six times per day. Walking prevents blood clots in the legs or lungs. You may go up and down stairs.

Avoid any strenuous activity or lifting more than ten pounds for four weeks. This includes any heavy lifting, running, riding a bicycle or golf. This also includes activities such as raking leaves, mowing the lawn, shoveling snow or other strenuous chores.

If you see blood in the urine, increase the amount of water you are drinking and avoid strenuous activity or heavy lifting until the blood clears.

Medications

Take the medications prescribed at the time of your discharge from the hospital. If you are taking any medications on a regular basis prior to your admission to the hospital, you should continue to take those as well. For any aches, pain or headaches, you may use Tylenol or Extra-Strength Tylenol. Do not use any aspirin or aspirin-like compounds or ibuprofen products (eg Advil, Nuprin, Motrin, Bufferin, etc.) for six weeks after surgery.

Avoid constipation

Anesthesia, surgery and narcotic pain medication all increase your risk for constipation. Do not strain to move the bowels as this can impair the healing process and start bleeding. Take plenty of fiber, water and over the counter stool softener to avoid constipation.

Stool softener can be taken by mouth twice a day to avoid constipation. A stool softener or laxative is available at any drug store without a prescription (senna or Senokot or SennaGen, Dulcolax or bisacodyl, Miralax, Metamucil, Milk of Magnesia or magnesium hydroxide). Decrease or hold the stool softener for diarrhea or loose stools.

Follow up plan

You will need to be seen in the office several weeks after your discharge. Call the office to make an appointment if you don't already have one. You may drive to this visit.

If you develop a fever greater than 101 degrees Fahrenheit, the catheter stops draining or you are unable to urinate, call the office or come to the emergency room.