

## Prostatectomy for benign disease

Prostatectomy is the surgical removal of all or part of the prostate gland. It is one option to relieve the symptoms of an enlarged prostate or other benign (non-cancerous) prostate disease. There are different types of operation used.

### The prostate gland

The prostate is a small gland that is part of the male reproductive system. It helps with the manufacture of semen. The urethra is the tube that goes from the bladder, through the prostate gland, to the outside of the body. It is used to pass urine and seminal fluid.

### Prostate problems

There are three main problems that occur in the prostate:

- Inflammation (prostatitis)
- Non-cancerous enlargement of the middle part of the prostate. This is also called benign prostatic hyperplasia (BPH)
- Cancer of the prostate. This occurs mostly at the back of the prostate, but sometimes also occurs in the area where the prostate is enlarged due to BPH.

### Size does not always matter

If the inner part of the prostate gland obstructs the urethra during urination, this will irritate the bladder and cause urinary symptoms. The actual size of the prostate does not appear to determine whether or not there is a blockage. Some men with large prostates never develop obstruction, but some men with small prostates can have severe bladder obstruction, which causes difficulty with urinating.

### Problems associated with enlarged prostate

Around one in three Victorian men over the age of 50 years have some urinary symptoms. In most cases, these symptoms are due to a blockage caused by the enlarged prostate, but they may be due to other causes. These symptoms include:

- Problems with starting urination
- Reduced flow
- Frequent urination, particularly at night
- Urgency and possible urgency incontinence
- Passing drops of urine involuntarily after you think you've finished
- Blood in the urine – although this can never be assumed to be due to the prostate until other causes have been properly excluded.

### Side effects to consider

While surgery can improve symptoms dramatically, prostatectomy for benign (non-cancerous) disease can have significant unwanted side effects. You should discuss the pros and cons of both medical management and surgery with your doctor before you make a decision.

Common side effects after surgery include:

- **Bleeding after the operation** – this usually reduces over time and should stop after six weeks.
- **Retrograde ejaculation** – most men are able to have erections and orgasms after surgery to treat an enlarged prostate. However, they may not ejaculate because the bladder neck is removed along with prostatic tissue. This causes the ejaculate to collect with urine and pass out in the next urination.

## Other possible side effects

Less common unwanted effects of surgery include:

- **Urinary symptoms do not change** – sometimes surgery does not cure your urinary problems. Even though the blockage has been cleared, the bladder irritability may continue and you may still have symptoms like being unable to empty your bladder completely.
- **Impotence** – some men are unable to get or maintain an erection sufficient for sexual intercourse after surgery. This is more of a problem for men who had erectile difficulties before their operations.
- **Narrowing of the tubes** – scarring may occur after any surgical procedure; when it happens in a tube, it causes a narrowing inside that tube.
- **Urinary incontinence** – sometimes surgery may result in you being unable to hold or control the flow of urine. This may be due to continuing bladder problems or, less often, due to sphincter damage.
- **Infertility** – retrograde ejaculation causes the seminal fluid to collect with the urine – it doesn't come out as ejaculate. This makes 'natural' insemination impossible. However, IVF may be able to achieve a pregnancy. The sperm can be removed from the urine and injected into the woman's harvested eggs.

## Operation procedures

In addition to medical therapies, different types of surgery are used. These are:

- **Open enucleative prostatectomy** – this involves make an incision (cut) in the abdomen to remove the obstruction. The average hospital stay is seven to 10 days.
- **Transurethral resection (TURP)** – this procedure is sometimes referred to as a 're-bore'. It involves inserting a slender instrument through the urethra into the bladder. Only the middle part of the prostate is removed to allow the person to pass urine more easily. TURP is used most often for non-cancerous blockage, but may also be used in some cases of prostate cancer. The average hospital stay is three to four days.
- **Laser TURP** – a laser is used to remove the prostate tissue, which has the advantage of less bleeding and therefore being safer for patients on anti-coagulation therapy for other problems, including coronary stents, heart valve or vascular disease.

## Immediately after the operation

After the operation, you can expect:

- Nurses will monitor your vital signs.
- You may be given oxygen for up to 24 hours following surgery.
- You will probably be given antibiotics to prevent infection.
- For a day or so, you will have a catheter in your urethra and tubes into your bladder. This is to prevent blood building up and clotting, which could cause a blockage.
- If you had an open prostatectomy, your wound will be dressed and you will have one or two drain tubes from your wound. These tubes are removed after several days.
- Pain will be managed with injections, tablets or both. Pain is rarely a significant problem following TURP.
- It is best to remain in bed until the nurses advise you that it's time to get up and walk around a little.

## Complications of prostatectomy

Some of the possible complications of surgery include:

- Reaction to the anaesthetic

- Haemorrhage
- Infection.

## Taking care of yourself at home

Be guided by your doctor, but general suggestions include:

- Make sure you get plenty of rest.
- Drink plenty of fluids following a TURP. Your urine may be tinged with blood for about one month or so. Remember that, while it might look like a lot of blood, only a little blood can change the colour of your urine quite a lot.
- Do not restart any medication that may affect your tendency to bleed until your doctor says you can. In particular, this includes non-steroidal anti-inflammatory drugs and anti-clotting medication.
- Avoid straining when passing stools (poo).
- Avoid lifting or digging for four to six weeks.
- Don't drive a car for at least four weeks following a TURP or open prostatectomy.
- Your doctor will tell you when you can go back to work.
- Avoid exercise, strenuous activity or heavy lifting for up to six weeks.
- If you have gone home with the urinary catheter in place, make sure you clean the equipment as shown by hospital staff, to reduce the risk of infection.
- If you have had an open prostatectomy, you will need to see your doctor after seven to 10 days to have the stitches or staples removed.
- Be alert for any unusual symptoms such as redness, swelling (including swelling of your testicles) or discharge, fever, heavy bleeding or the inability to pass urine. See your doctor immediately or visit your nearest hospital emergency department.

## Other forms of treatment

Other forms of treatment may include:

- **'Watchful waiting'** – the condition is monitored closely. Treatment only begins once the condition has progressed.
- **Medical treatment** – symptoms of benign enlargement can be treated by drugs that relax the muscles around the bladder or that shrink the prostate and delay the need for surgery.

## Where to get help

- Your doctor
- Urologist
- The Cancer Council Information and Support Service Tel. 131 120

## Things to remember

- The prostate is a small gland of the male reproductive system that contributes to the manufacture of semen.
- Open prostatectomy is surgical removal of the prostate through an abdominal incision.
- Trans-urethral resection is surgical removal of the prostate through the urethra.
- Side effects of surgery include urinary incontinence, impotence and infertility.

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