

Transurethral Resection of the Prostate (TURP)

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Open on
phone

WHAT IS THIS PROCEDURE?

The **prostate** sits just below the bladder and wraps around the urethra. As men age it often grows (BPH) and squeezes the urethra, making it hard to empty the bladder.

TURP: a resectoscope goes through the urethra. No cuts are needed. A wire loop carrying electric current shaves the prostate from the inside, a strip at a time, to open the channel. The same current seals bleeding vessels.

Chips: the shaved pieces collect in the bladder. They are washed out at the end and sent to pathology.

Afterward: a 3-way catheter is placed with continuous bladder irrigation (CBI) to wash out blood and keep clots from forming.

KEY POINTS

- **Always a cystoscopy first**, then the TURP.
- **Do not use a pressure bag.** Irrigation runs by gravity only.
- **Monopolar TURP with 24 Fr cutting loop:** glycine 1.5% or water irrigation and a grounding pad. No saline during the resection.
- Send prostate chips (from the irrigation fluid and the pouch) to **pathology in formalin**.
- End of case: **24 Fr 3-way catheter (30 mL balloon) on traction, CBI with saline.**

SUPPLIES

Open

- Cysto set and TUR resectoscope set
- Storz camera, GloShield, cysto pack
- Cutting loop, 24 Fr
- Bladder evacuator
- 60 mL catheter-tip syringes ×2; 35 mL syringe
- Sterile water 1000 mL
- Foley 24 Fr 3-way, 30 mL balloon
- 4 L urine drainage bag
- Grounding pad
- Medipore tape for catheter traction
- Surgical jumpsuit (plastic overalls)

Available in room, open only if asked

- Rollerball electrode, 24 Fr (in the room)
- Goodwin sounds (set of 10); Van Buren baby sounds (set of 5)
- Catheter guide (urology stylet)

GLOVES

- 7.5.
- Surgical jumpsuit (plastic overalls).

ANESTHESIA

- General anesthesia (spinal OK per patient preference).
- Perioperative antibiotics: cefazolin (Ancef) 2 g IV, unless contraindicated.

POSITIONING

- Dorsal lithotomy in Yellofin stirrups.
- Arms out on armboards.
- SCDs on.

ROOM SETUP, PREP AND DRAPE

- Lithotomy setup.
- Povidone-iodine (Betadine) scrub and paint: pubis, perineum, upper third of thighs, and genitals.
- After the prep, dry the perineum and place the lithotomy drape.
- **Do not place towels under the drape.** Towels let the drape slip and fall, which contaminates the field.
- Please continue draping after the prep; no need to wait for the surgeon.
- Throw off the cords and tubing to be plugged in right away; no need to wait for the surgeon.
- Three Rankin clamps to hold the cords and tubing in place.

IRRIGATION

- **No pressure bag.** Hang and run two 3000 mL bags at a time by gravity, one lower than the other.
- **Glycine 1.5% or water.** No saline during the resection.
- Grounding pad on.
- End of case: 1 L of sterile water in a basin to clear the bladder of chips and debris.
- Hang saline for CBI at the end of the case.

WHY THESE RULES?

Why glycine, not saline: monopolar current spreads out in saline and will not cut, so the resection needs a fluid that does not conduct electricity (glycine or water). Saline is used only after the resection, for CBI.

What is TUR syndrome? During the resection, small veins in the prostate are opened and soak up irrigation fluid. Glycine and water contain no salt, so absorbing a lot of either waters down the salt (sodium) in the blood. Low sodium can cause confusion, nausea and vomiting, a slow heart rate, low blood pressure and, in severe cases, seizures. Water is the riskier of the two: the longer it runs, the more is absorbed, and it can also burst red blood cells.

Why no pressure: pressure pushes more fluid into those open veins. Keeping the bags low, by gravity only, limits how much is absorbed.

Tell the surgeon if a bag runs out or the irrigation stops flowing.

CAUTERY

- Monopolar Valleylab: cut 160 blend, coag 75.
- Grounding pad on.

SPECIMEN

- Prostate chips (from the irrigation fluid and the pouch) to pathology in formalin.

AFTER THE CASE

- 24 Fr 3-way catheter, 30 mL balloon, on traction, taped with Medipore.
- CBI with saline, two 3000 mL bags.
- No dressing.

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