

Patient Information Sheet – TURP/SPC

Definitions:

TURP – transurethral resection of the prostate, also known as a ‘Rebore’

SPC – suprapubic catheter, which goes through your skin directly into the bladder

Dr Handmer may have recommended you have an SPC placed at the time of your surgery.

This is usually only the case if there is a real concern about whether you will be able to empty your bladder ‘the normal way’ through the penis after the surgery, as Dr Handmer doesn’t routinely place these catheters for all patients having TURP operations.

In order to normally pass urine, the bladder muscle must squeeze, and the valve that controls the urine must relax. Often, overgrown prostate tissue blocks the outlet valve, and causes obstruction. If the system has been blocked for a long time, and especially if the bladder has been over- stretched then the bladder may no longer be able to squeeze properly. Even though the blockage is removed, if the bladder can’t squeeze, you may still be unable to pass urine through the penis.

You can think of a suprapubic catheter as a ‘safety valve’. If you are unable to pass urine through the penis, the catheter can be used to empty the bladder directly. Sometimes the bladder gets stronger again, and you may not need the SPC for long. Sometimes the bladder never gets stronger, and the SPC is required long term. It’s unfortunately not always possible to predict.

For most patients who are able to pass some urine through the penis and/or have some sensation of needing to pass urine, Dr Handmer will recommend completing an SPC bladder diary after discharge (see at the end of this document for a sample bladder diary).

If you have no bladder muscle function, and no sensation of fullness (the need to pass urine), then Dr Handmer may instead recommend a bag is connected to the SPC.

Following your procedure, it is normal to have:

- Blood and flecks of white tissue in the urine and catheter
- Some urgency and frequency to urinate
- Stinging and pressure sensation when passing urine

In most cases these slowly improve with time. Some strategies that may help with discomfort include:

- Drinking plenty of water

- Using Ural sachets (available from supermarkets and pharmacies, and may be provided by the hospital in some circumstances)
- Paracetamol

However, if you are experiencing:

- Inability to empty the bladder even with the SPC
- Fevers and shakes
- Or are seriously concerned for any other reason

Then you may need to be assessed and treated urgently. Dr Handmer suggests that in an emergency (particularly if you are unable to pass urine, or if you have a fever) that you attend the Emergency Department for assessment and treatment, or call 000 for an ambulance. Dr Handmer provides urgent advice and admits emergency Urology patients at both John Hunter Emergency and Lake Macquarie Private Emergency Departments.

For less urgent issues with the SPC, the community nursing team should be available to you as a referral is routinely sent by the nursing staff in the hospital prior to your discharge. The hospital ward nurses can provide you with details of how to contact the community nurses.

For other issues, Dr Handmer's office or your General Practitioner may be able to assist. Most days of the week Dr Handmer is operating, and therefore we usually cannot provide urgent care or medical advice through the office.

Follow up plans:

- In most cases, Dr Handmer will discuss your anticipated follow-up **prior** to your operation. This is because the drugs used for anaesthesia impair your ability to retain and process information on the day of surgery, therefore usually Dr Handmer will not give a detailed explanation of the findings of your procedure and future plans in detail on the day of surgery.
- You are welcome to contact the office to arrange your follow-up any time from the day after surgery. If we have not heard from you, we routinely contact you within four days of your procedure to arrange follow-up.
- For most patients with a TURP/SPC, Dr Handmer will request you complete a bladder diary prior to your follow-up in the office. This is to decide if/when it is safe to remove the catheter.

