



## Men's Health:

# West Sussex Urology LLP introduces Innovative TURis

A new procedure is offering relief for older men in West Sussex who can now have a common condition sorted without having to spend three days in hospital.

More than half of men aged over 50 have an enlarged prostate gland, known as benign prostatic hyperplasia (BPH), which can prevent them from urinating normally, with the percentage growing to 80% of men over 80. Due to the overall aging of society, the number of men seeking treatment over the next 20 years is expected to increase.

The two traditional remedies mean they either take tablets for the rest of their lives, or undergo an operation which usually sees patients admitted into hospital for three days.

However, a new surgical technique is being trialled in West Sussex.

Mr Simon Woodhams, Consultant Urological Surgeon is delighted with the results being achieved. "We are using new technology which is great news for patients because it is much safer and recovery time is on the whole reduced."

Previously, surgeons used a device which operated in either a water or glycine solution, some of which was absorbed into the body making the patient feel poorly, and which sometimes caused a serious condition known as TUR syndrome.

The new technique, known as TURis, operates in a saline solution, which the body can absorb safely, and the same liquid facilitates the use of a much hotter plasma tool to remove the swelling, which in turn significantly reduces bleeding.

Mr Woodhams said: "It is much better to have to have it sorted out because we can now do these fairly straight forward procedures and make a huge difference to men and their quality of life."

**Consultant Urologist, Mr Simon Woodhams is 'pleased to be able to offer our patients this new and exciting procedure at the forefront of advances in technology within urology' and 'thrilled with the results so far.'**

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## **TURis (Transurethral resection of the prostate in saline)- Plasma Resection of the Prostate**

### **What is BPH?**

Benign Prostatic Hyperplasia (BPH) is an enlargement of the prostate gland, which surrounds the urethra, the tube that carries urine from the bladder out of the body. As the prostate gets bigger, it may squeeze or partly block the urethra. This often causes problems with urinating. Over half of all men over 50 have BPH symptoms, with the percentage growing to 80% of men over 80. Due to the overall aging of society, the number of men seeking treatment over the next 20 years is expected to increase.

### **TURis™**

The transurethral resection in saline (TURis) device is a bipolar electro surgery system designed for use in transurethral resection of the prostate (TURP) for benign prostatic hyperplasia. The procedure principle remains the same using the TURis as the usual resection of the prostate, however for TURis the electro surgery procedure is bipolar rather than monopolar and it utilises saline solution as an irrigation fluid as opposed to glycine. The plasma resection means significant bleeding during and after this minimally invasive surgery can be avoided. Furthermore nerve stimulation is less and the risks of absorbing too much fluid and becoming ill as a result of the operation are eliminated, making for a much safer operation.

### **Your Recovery after Surgery in the Hospital**

The amount of time you will stay in the hospital depends on the type of surgery you had and how quickly you recover, it may even be

possible to have this done as a daycase procedure in some cases.

A catheter is usually left in place overnight or sometimes for a few days. Occasionally the catheter causes recurring painful bladder spasms the day after surgery. These spasms may at first be difficult to control, but they will eventually disappear. You may also be given antibiotics while you are in the hospital to prevent the procedure causing a urinary infection.

After surgery, you will probably notice some blood or small clots in your urine as the wound starts to heal. If your bladder is being irrigated (flushed with water), you may notice that your urine becomes red once the irrigation is stopped. Some bleeding is normal, and it should largely clear up by the time you leave the hospital. During your recovery, it is important to drink a lot of water (3 litres a day) to help flush out the bladder and speed healing.

### **Do's and Don'ts**

Take it easy the first few weeks after you get home. You may not have any pain, but you still have a raw area inside that is healing. Since many people try to do too much at the beginning and then have a setback, it is a good idea to talk with your doctor before resuming your normal routine. During this initial period of recovery at home, avoid any straining or sudden movements that could encourage the healing area inside the prostate to bleed.

Here are some guidelines:

Continue drinking a lot of water to flush the bladder through.

Avoid straining when having a bowel movement.



Eat a balanced diet to prevent constipation. If constipation occurs, ask your doctor if you can take a laxative.

Don't do any heavy lifting.

Don't drive or operate machinery. Usually it is safe to get back to driving a week after the surgery,

### **Getting Back to Normal After Surgery**

Even though you should feel much better by the time you leave the hospital, it will probably take a couple of months for you to heal completely. During the recovery period, the following are some common problems that can occur.

### **Problems Urinating**

You may notice that your urinary stream is stronger right after surgery, but it may take awhile before you can urinate completely normally again. After the catheter is removed, urine will pass over the raw area inside the prostate, and you may initially have some discomfort, or feel a sense of urgency, when you urinate. This problem will gradually lessen, and after a couple of months you should be able to urinate less frequently and more easily.

### **Incontinence**

As the bladder returns to normal, you may have some temporary problems controlling urination, but long-term incontinence rarely occurs. Doctors find that the longer problems existed before surgery, the longer it takes for the bladder to regain its full function after the operation.

### **Bleeding**

In the first few weeks after transurethral surgery, the scab inside the prostate may loosen, and blood may suddenly appear in the urine. Although this can be alarming, the bleeding usually stops with a short period of resting in bed and drinking fluids. However, if your urine is so red that it is difficult to see

through or if it contains clots or if you feel any discomfort, be sure to contact your doctor.

### **Sexual Function After Surgery**

Many men worry about whether surgery for BPH will affect their ability to enjoy sex. Some sources state that sexual function is rarely affected, while others claim that it can cause problems in up to 30 percent of cases.

However, most doctors say that even though it takes a while for sexual function to return fully, with time, most men are able to enjoy sex again.

Complete recovery of sexual function may take up to 1 year, lagging behind a person's general recovery. The exact length of time depends on how long after symptoms appeared that BPH surgery was done and on the type of surgery. Following is a summary of how surgery is likely to affect the following aspects of sexual function.

### **Erections**

Most doctors agree that if you were able to maintain an erection shortly before surgery, you will probably be able to have erections afterward. Surgery rarely causes a loss of erectile function. However, surgery cannot usually restore function that was lost before the operation.

Although most men are able to continue having erections after surgery, a prostate procedure frequently makes them sterile (unable to father children) by causing a condition called retrograde ejaculation or dry climax. This is explained below:

During sexual activity, sperm and fluid from the prostate and seminal vesicles enter the urethra near the opening of the bladder. Normally, a muscle blocks off the entrance to the bladder, and the semen is expelled through the penis. However, the coring action of prostate surgery cuts this muscle as it widens the neck of the



bladder. Following surgery, the semen takes the path of least resistance and enters the wider opening to the bladder rather than being expelled through the penis. Later it is harmlessly flushed out with urine and the overall sensation of orgasm and ejaculation, in most cases, is not obviously different, apart from the lack of ejaculate.

### **Orgasm**

Most men find little or no difference in the sensation of orgasm, or sexual climax, before and after surgery. Although it may take some time to get used to retrograde ejaculation, you should eventually find sex as pleasurable after surgery as before.

Many people have found that concerns about sexual function can interfere with sex as much as the operation itself. Understanding the surgical procedure and talking over any worries with the doctor before surgery often helps men regain sexual function earlier.

### **Is Further Treatment Needed?**

Since surgery for BPH leaves behind a small part of the gland, it is still possible for prostate problems, including BPH, to develop again. However, surgery usually offers relief from BPH for at least 15 years. Only 10 percent of the men who have surgery for BPH eventually need a second operation for enlargement. Usually these are men who had the first surgery at an early age.

Sometimes, scar tissue resulting from surgery requires treatment in the year after surgery. Rarely, the opening of the bladder becomes scarred and shrinks, causing obstruction. This problem may require a surgical procedure similar to transurethral incision. More often, scar tissue may form in the urethra and cause

narrowing. However, all these potential problems are easy for your doctor to recognise and treat and are no more frequent with TURis than other forms of transurethral surgery.

### **BPH and Prostate Cancer: No Apparent Relation**

although some of the signs of BPH and prostate cancer are the same, having BPH does not seem to increase the chances of getting prostate cancer. Nevertheless, a man who has BPH may have undetected prostate cancer at the same time or may develop prostate cancer in the future.

After BPH surgery, the tissue removed is routinely checked for hidden cancer cells. In about one out of 10 cases, some cancer tissue is found, but often it is limited to a few cells of a non aggressive type of cancer and may not require active treatment.