

How I Do It Series NUMBER 7

Day Case Trans-Urethral Resection of Prostate

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Patient Selection	<ul style="list-style-type: none"> • Select patients who will cope with catheter at home • Limit to prostates of moderate size
Anaesthetic Techniques	<ul style="list-style-type: none"> • Spinal anaesthetic: <ul style="list-style-type: none"> • 2-3mls (40-60mg) 2% hyperbaric prilocaine • 1.5mls 0.5% (7.5mg) hyperbaric bupivacaine • Or short acting general anaesthesia
Surgical Technique	<ul style="list-style-type: none"> • IV antibiotics at induction • Standard monopolar or bipolar TURP • Ensure systolic BP >100 • Close attention to haemostasis • 3-way catheter for irrigation if needed • Mobilise after 1-2 hours or spinal block worn off
Peri-operative Analgesia	<ul style="list-style-type: none"> • Pre-operative: oral paracetamol (1g) and ibuprofen (1600mg slow release) • Intra-operative: iv fentanyl if spinal not used • Post operative: regular paracetamol and ibuprofen • Rescue intravenous fentanyl or oral morphine if required
Take Home Medication	<ul style="list-style-type: none"> • Paracetamol 500 mg/ codeine 30mg po qds, laxido 1 sachet bd, plus ibuprofen 600 mg po qds
Organisational Issues	<ul style="list-style-type: none"> • Catheter removed by district nurse next working day before 10am • Appointment with urology nurses that afternoon after 4pm for symptom check/ bladder scan • Notes to urology office to await histology
Anticipated Day Case Rates	<ul style="list-style-type: none"> • 30%

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