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TURP and HoLEP Aftercare at Home

TURP and HoLEP are operations in which enlarged prostate tissue is removed through the urethra, without any incision in the skin. In the first weeks after discharge, intermittent blood in the urine, burning and passing urine often are normal; drinking plenty of fluids and avoiding constipation and straining support recovery. At your follow-up visit the pathology result and your urine flow are assessed.

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Seek help immediately

- Being unable to pass urine, or no urine draining from the catheter
- Dark red urine with clots that does not clear despite plenty of fluids
- A temperature of 38 °C or higher, or shivering
- Severe lower abdominal pain that painkillers do not relieve
- Swelling and pain in one leg, or shortness of breath

In an emergency call 112 (the European and Turkish emergency number) or go to the nearest emergency department.

This guide is general information; the instructions you receive personally always take priority.

In TURP, bipolar techniques and HoLEP, the prostate tissue narrowing the urinary passage is removed through the urethra; no incision is made in the skin. The catheter placed after surgery is usually removed within 1–3 days. Complete healing of the inner surface, however, takes weeks; this guide covers that period.

Before you leave hospital

- If your catheter has been removed, make sure you can pass urine comfortably.
- If you are going home with a catheter, learn how to empty the bag and when the catheter will be removed.
- Note down which medicines to take and how.
- **Ask when to restart your blood thinners.** Do not stop or change your blood thinners without talking to your doctor.
- Find out the date of your follow-up appointment.

After the procedure: the first days

The following are common and usually ease over the coming weeks:

- **Burning** when passing urine
- Passing urine often, sudden urgency and getting up at night to pass urine
- Brief **leakage of urine** with urgency; this is usually temporary
- Intermittent **pink urine, slight bleeding or small clots**
- A few weeks after surgery, **blood may reappear in the urine** as scabs on the healing surface come away; this usually clears with plenty of fluids

If you see small clots in your urine, increase your fluid intake and rest. If the clots increase or you find it difficult to pass urine, seek help without delay.

Take the medicines your doctor has recommended as instructed. If you have been prescribed antibiotics, finish the course even if you feel well.

Care at home

- **Fluids:** Drink plenty of water spread through the day; the aim is pale-coloured urine. If getting up at night is troublesome, drink most of your fluids during the day. If you have been told to limit fluids, ask your doctor how much to drink.
- **Constipation and straining:** Straining can increase bleeding. Eat a high-fibre diet and drink enough fluids; if you become constipated, talk to your doctor.
- **Activity:** Take short walks. Avoid heavy lifting, strenuous exercise and cycling for the period your doctor recommends.
- **Showering:** You can shower.
- **Driving:** If pain does not limit your movement and you are not taking medicines that make you drowsy, start with short distances; avoid long journeys in the first days.
- **Work:** When you can return depends on the type of work you do; follow the period your doctor recommends.
- **Sex:** Wait for the period your doctor recommends. In most men, semen flows back into the bladder instead of coming out during ejaculation (**retrograde ejaculation**). This is not harmful to your health and may make the urine look cloudy afterwards, but it can affect the ability to father a child naturally.
- **Pelvic floor exercises:** If you have urine leakage, doing these exercises regularly as you have been shown may help.

- **If you are at home with a catheter:** Keep the bag below the level of your bladder, empty it regularly, do not pull the catheter and keep the area around it clean with lukewarm water.

Follow-up

- The removed prostate tissue is always sent for pathological examination. The result is discussed with you at your follow-up visit.
- At follow-up, your symptoms, a urine test and, where needed, your urine flow rate and the amount of urine left in the bladder after passing urine are assessed.
- Most patients notice an improvement in urine flow within the first weeks, while symptoms such as urgency and passing urine often may take longer to settle. The bladder may need time to recover, particularly if you had difficulty passing urine for a long time. If your symptoms last longer than expected, book an appointment without waiting for your follow-up date.
- These operations do not remove the whole prostate. Continue PSA monitoring and regular check-ups as your doctor recommends.

For more information, see the [enlarged prostate treatment page](#).

Contact

- **Appointments and follow-up visits:** Özel Medicabil Nilüfer Hastanesi, 444 8 112 (weekdays 08:30–12:00); Özel Jimer Hastanesi, 444 45 67 (weekdays 13:00–17:00).
- **Emergencies:** Call 112 or go to your nearest emergency department. Do not use messaging apps (such as WhatsApp) for emergencies.

Follow-up and appointments

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