

Improving control of your bladder after Transurethral Resection of Prostate Gland (TURP) or Bladder Neck Incision (BNI)

Introduction

This leaflet is for patients who have had a Transurethral Resection of Prostate Gland (TURP) or Bladder Neck Incision (BNI). It provides information about what to expect after your surgery and how to manage your recovery to have the best outcome.

Definition

These operations are performed on patients who have developed an enlarged prostate or in those when the bladder neck has become narrowed.

Symptoms

After the operation you may still experience problems associated with the control of your bladder. These may include frequency (the need to pass urine more than every 1 to 2 hours), urgency (not being able to wait when you experience the urge to pass urine) and urge leakage (you may begin to pass urine before you are able to reach the toilet). You may also have to get up at night to pass urine.

These symptoms occur because the muscle which contracts the bladder may have become sensitive or overactive before you had your operation. This is because the bladder is trying to push out urine past the obstruction caused by the enlarged prostate or narrowed bladder neck. Once the obstruction has been removed, the bladder still tries to push urine out in the same way.

Symptoms of reduced bladder control are common after the operation and may take several months to settle completely.

Reference No.

GHPI0534_08_22

Department

Urology

Review due

August 2025

**Patient
Information**

Improving control of your bladder

The following hints may help you to improve the control of your bladder following the operation.

- Drink 8 to 10 cups of fluid per day. Cutting down will make things worse.
- If you are experiencing night time voiding (nocturia) then stop drinking fluids 2 to 3 hours before your bedtime but make sure that you have had the required amount of fluids prior to this (see point above).
- Avoid drinks containing caffeine (coffee, tea, cola), fizzy drinks, green tea, tomatoes, hot chocolate, alcohol and acidic fruits/fruit juices (such as orange juice). These act as an irritant to the bladder and can make things worse. Do drink squash, decaffeinated drinks, water, herbal tea, milk, Horlicks® and diluted fruit juices.
- Avoid constipation either by increasing the fibre in your diet or having food such as prunes/prune juice/figs/apricots. Alternatively, speak to your local pharmacist about some over the counter medication for constipation relief.
- Practice your pelvic floor exercises regularly – see leaflet ‘GHPI0322 Pelvic Floor exercises for men’.

Retraining your bladder after the operation may also be helpful. This is a method of gradually increasing the time between your visits to the toilet so that the bladder becomes able to hold larger quantities of urine comfortably.

Keep a record of:

- The amount of fluid you drink
- The number of times in a 24 hour period that you pass urine
- The number of times you have any leakage.

This will give you an idea of how much your bladder can hold and how long you can wait to visit the toilet. Once you have collected this information over a 3 to 4 day period you can start re-training your bladder.

Patient Information

The delay-after-urge method

When you first get the urge to pass urine, try to delay going for just one minute. Gradually increase the time delay over the next few weeks so that you are waiting for 3 to 5 minutes. Divert your attention away from your bladder by reading a book, watching television, washing up, etc. It may take over a week to enable you to increase the time delay and can take up to 3 months to significantly retrain your bladder

Pre-set toilet times

This involves setting fixed times to visit the toilet and overcoming all the urges that come on before that time. Decide on practical intervals based on your first records of how long you can hold onto your urine.

Follow-up appointment

Once you have been discharged from hospital following your surgery, you will either receive an appointment to see your surgeon in an Outpatients Clinic or you will receive a telephone call, at home, in about 3 months from the nurse practitioner. This follow up is to assess how you are progressing with your urinary symptoms. A formal appointment letter will not be sent for the telephone call. Instead, several attempts to contact you will be made, if these are not successful a letter encouraging you to contact the nurse practitioner will be sent.

Concerns

If you experience any pain when you are passing urine, accompanied by a burning or stinging sensation, please contact your GP for advice. These symptoms may indicate that you have a urine infection that may require treatment.

Contact information

For advice, please contact your GP or the Urology Nurse Practitioner.

Urology Nurse Practitioner

Tel: 0300 422 5193 or

Tel: 0300 422 3640

Content reviewed: August 2022