

Counselling men undergoing prostatectomy

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Men undergoing prostatectomy need to be advised about the following:

- /uni25CF Retrograde ejaculation or anejaculation . This occurs in about 65–85% of men after prostatectomy .
- /uni25CF Erectile dysfunction . This occurs in about 5–10% of men, usually in those whose potency is waning.
- /uni25CF Success rate . On the whole, men with acute and chronic retention do well from the symptomatic point of view . Ninety per cent of men undergoing elective operation for severe symptoms and urodynamically proven BOO do well in terms of symptoms and flow rates. Only about 65% of those with mild symptoms or those with weak bladder contraction as the cause of their symptoms do well. Men who are unobstructed and have detrusor instability do not respond well to TURP; in fact, their storage symptoms could accentuate postoperatively . Patients who have concomitant BOO and secondary detrusor overactivity may need an anticholinergic drug for a few months if they have persistent irritative symptoms.
- /uni25CF Risk of reoperation . After TURP , this is about 15% - after 8–10 years.
- /uni25CF Morbidity rate . Death after TURP is infrequent (<0.5%); severe sepsis is found in about 6%; and severe haematuria requiring transfusion of more than 2 units of blood occurs in about 3%. After discharge, about 15–20% of men subsequently require antibiotic treatment for symptoms of urinary infection.
- /uni25CF Incontinence . Although the risk is rare and is about 1%, the risk is higher in older patients and those with a very large prostate.

1 4 Figure 84.11 The surgical approaches to the prostate. (For key see text.)

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