T.U.R.P Clinical Pathway

Site Applicability

Vancouver General Hospital

UBC Hospital

Pathway Patient Goals

Eligible for discharge when diamond (◆) outcomes met. Consult with surgeon.
Bolded items are desired outcomes.

Inclusion Criteria

Home Discharge Criteria

Instructions

1. Review pathway once per shift for patient care goals and expected outcomes
2. Do not document on this pathway, complete documentation in the Electronic Health Record (Cerner) or paper chart as per policy

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Day of Surgery - OR Day (0)	
Core Issues	**Expected Outcomes**
Cardiopulmonary	• Encourage 10 deep breaths/hour and coughing while awake • Chest auscultation q 12h • **Breath sounds clear in all lung fields ◆** • **O2 sat at or above 92% or acceptable range for patient** • **Vital signs within acceptable range ◆**
Pain	• Review pain management • Assess pain q 1 h until controlled, then q 4 h and prn. • If unable to control pain, notify surgeon • Confirm no bladder distention prior to giving analgesics • **Pain rating at 4 or below or at level acceptable to patient ◆**
CBI **Bleeding** **Bladder Spasms** **Elimination**	• Continuous bladder irrigation with NS • Rapid drip rate for 4 hours postop then slower rate as urine returns to pink tinged and clear. Flow rate going in should approximately match flow rate coming out. • Hand irrigate catheter with NS if clots, obstruction is suspected and/or bladder spasms • Notify surgeon if unable to irrigate, abdomen is distended and patient has discomfort. • Bladder spasms – give B&O PR only if catheter patent and draining well • Discontinue CBI at **midnight** or **0600** on POD 1 if urine returns are pink tinged to clear and free of clots. • Start CBI again if urine is dark red and notify surgeon • Catheter care q 12 h and prn • **CBI returns moderate red to light pink tinged, free of clots and brisk flow.** • **No bladder distention/ minimal discomfort** • **B&O suppositories effective for bladder spasms** • **Meatus clean, skin intact, foreskin not retracted, catheter clean and securely taped** • **CBI discontinued at midnight** or **0600**
PONV **Nutrition**	• Assess PONV q 1 h until controlled • Sips to DAT • **Patient states nausea is under control ◆** • **Tolerating clear fluids ◆** • **Electrolytes are within normal range ◆** • **IV site clean/intact no excessive redness/drainage**
Infection	• Notify surgeon of temperature over 38.5 • **Temperature within normal limits ◆**
Mobility **PE/DVT**	• Bedrest until CBI discontinued • Reposition q 2-4 h overnight • **Encourage patient to roll from side to side**
Anxiety	• If restless, reassess bladder and CBI drainage

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	• Anticipate and discuss patient's concerns/fears related to surgery • **Patient describes anxiety as acceptable**
Teaching/Discharge Planning	• Reinforce expected length of stay (1day) • Teach patient how to move in bed, leg exercises and catheter comfort. • Teach patient not to strain during bowel movement

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Day of Surgery – Post-op Day 1	
Core Issues	**Expected Outcomes**
Cardiopulmonary	• Encourage 10 deep breaths/hour and coughing while awake • **O2 sat at or above 92% or acceptable range for patient** • **Vital signs within acceptable range ◆** • **Lab values within normal limits ◆**
Pain	• Review pain management and importance of pain control • Assess pain q 1 h until controlled, then q 4 h and prn • If unable to control pain, notify surgeon • **Pain rating at 4 or below or at level acceptable to patient◆**
CBI **Bleeding** **Bladder Spasms** **Elimination**	• Discontinue CBI at **0600** on POD 1 if urine returns are light pink tinged to clear and free of clots • Start CBI if urine is dark red and notify surgeon • Bladder spasms – give B&O PR only if catheter patent and draining well • Assess for bladder distention q 4 h • Catheter care q 12 h and prn • Bladder scan after second void unless first void was greater than 300mls • **CBI discontinued at 0600** • **When CBI discontinued urinary output at or above 60 mls/2 hours, urine clear and free of clots ◆** • **No bladder distension/minimal discomfort ◆** • **B&O suppositories effective for bladder spasms ◆** • **Meatus clean, skin intact, foreskin not retracted, catheter clean and securely taped**
PONV **Nutrition**	• Assess PONV q 1 h until controlled • Assess for bladder distention q 12 h and prn • General diet • **Patient states nausea is under control ◆** • **Tolerating clear fluids ◆** • **Electrolytes are within normal range ◆** • **IV site clean/intact no excessive redness/drainage**
Infection	• Notify surgeon of temperature over 38.5 • **Temperature within normal limits ◆**
Mobility **PE/DVT**	• Assist to walk and up to chair today, then up independently • **Patient able to mobilize independently ◆** • **Patient understands the importance of mobility**
Anxiety	• Anticipate and discuss patient's concerns/fears related to surgery • **Patient describes anxiety as acceptable ◆**
Teaching/Discharge Planning	• Review expected length of stay with patient (1 day) • PCC to be notified if concerns about discharge • **Home support person available for discharge ◆** • **Refer to Discharge Teaching Checklist and begin discharge teaching today. Sign each item off ◆**

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	• **Patient understands discharge teaching ◆**

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Supplemental	
Core Issues	**Expected Outcomes**
Cardiopulmonary	• Encourage 10 deep breaths/hour and coughing while awake • **O2 sat at or above 92% or acceptable range for patient** • **Vital signs within acceptable range ◆** • **Lab values within normal limits ◆**
Pain	• Review pain management and importance of pain control • Assess pain q 1 h until controlled, then q 4 h and prn • If unable to control pain, notify surgeon • **Pain rating at 4 or below or at level acceptable to patient ◆**
CBI **Bleeding** **Bladder Spasms** **Elimination**	• Start CBI if urine is dark red and notify surgeon • Bladder spasms – give B&O PR only if catheter patent and draining well • Assess for bladder distention q 4 h • Catheter care q 12 h and prn • **Urinary output at or above 60 mls/2 hours, urine is clear and free of clots.** • **No bladder distension ◆** • **Meatus clean, skin intact, foreskin not retracted, catheter clean and securely taped**
PONV **Nutrition**	• Assess PONV q 1 h until controlled • Assess for bladder distention q 12 h and prn • General diet • **Patient states nausea is under control ◆** • **Tolerating clear fluids ◆** • **Electrolytes are within normal range ◆** • **IV site clean/intact no excessive redness/drainage**
Infection	• Notify surgeon of temperature over 38.5 • **Temperature within normal limits ◆**
Mobility **PE/DVT**	• Assist to walk and up to chair today, then up independently • **Patient able to mobilize independently ◆** • **Patient understands the importance of mobility**
Anxiety	• Anticipate and discuss patient's concerns/fears related to surgery • **Patient describes anxiety as acceptable ◆**
Teaching/Discharge Planning	• Review expected length of stay with patient (1 day) • PCC to be notified if concerns about discharge • **Home support person available for discharge ◆** • **Refer to Discharge Teaching Checklist and begin discharge teaching today. Sign each item off ◆** • **Patient understands discharge teaching ◆** • **Patient has discharge teaching booklet**. If no booklet, provide booklet to patient

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Discharge Teaching Checklist – TURP Inpatient

Follow-up appointments

- Appointment with surgeon
- Prescription provided

Pain – may have low back pain

- If pain interferes with activity or sleep/rest, need to take pain medication more frequently. Prescription for pain control. If pain is mild to moderate patient may prefer to take Tylenol (plain or extra strength)
- Do not take aspirin products unless ordered by surgeon. If patient is taking aspirin, instruct to talk to surgeon about when it is safe to resume taking.

Activity

- **Exercise**-avoid strenuous exercise, lifting, long walks, gardening, heavy housework for 3 weeks.
- Avoid sports such as golf or tennis
- Restrict sitting for long periods for one week. Use a cushion when sitting on hard surfaces
- Walk short distances to start, then increase as able
- **Driving** – avoid for 3 weeks
- **Back to work**. Usually ___ weeks

Food and fluids

- Volume of fluid –drink 1-2 litres of preferably water or non-caffeinated, non-alcoholic fluid daily
- Avoid spicy or acidic food – may interfere with healing.

Elimination

- Most pain meds are constipating. Keep bowels regular. Do not strain. High fibre/fresh fruit/vegetables and stool softener.
- Inform patient about potential for vasovagal during a bowel movement or when walking
- Urinary elimination/Incontinence- most men get good bladder control within a few weeks
- When the catheter is first removed patient may feel burning when urinating. This will decrease over time
- Empty bladder q 2-4 hours. Learn to control urge to void
- Incontinence products – incontinent pads
- Blood in urine – if this occurs increase fluid intake and lie down flat. If bleeding continues notify surgeon. Initially blood in urine will be more concentrated and darker first thing in the morning
- Call surgeon if painful urination, difficulty or inability to void
- Signs of bladder infection – Fever, chills, dull pain over lower back, bright red urine or increased mucous in urine, bladder spasms not relieved with treatment
- **Sexual activity –** may resume in 3 weeks

Complications

Patient to notify surgeon if :

- A fever (temp over 38.4) or pain over lower back area. Bleeding persists, increases and/or there are clots in urine for more than 5-6 hours despite adequate fluid intake.
- Pain is not relieved by prescribed medication.

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Developed By

Effective Date:	
Posted Date:	
Last Revised:	
Last Reviewed:	
Approved By:	
	Endorsed By: **Final Sign Off:**
Owners:	VCH
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