

A Patients Guide to Undergoing a
Transurethral Resection of Bladder
Tumour (TURBT).

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Consultant Urological Surgeon

Transurethral Resection of Bladder Tumour (TURBT)

Your Urologist has arranged for you to be admitted to hospital to undergo an operation called a **Transurethral Resection of Bladder Tumour (TURBT)**.

Reasons for your operation

1. An abnormal area has been seen within your bladder during an examination called a cystoscopy.

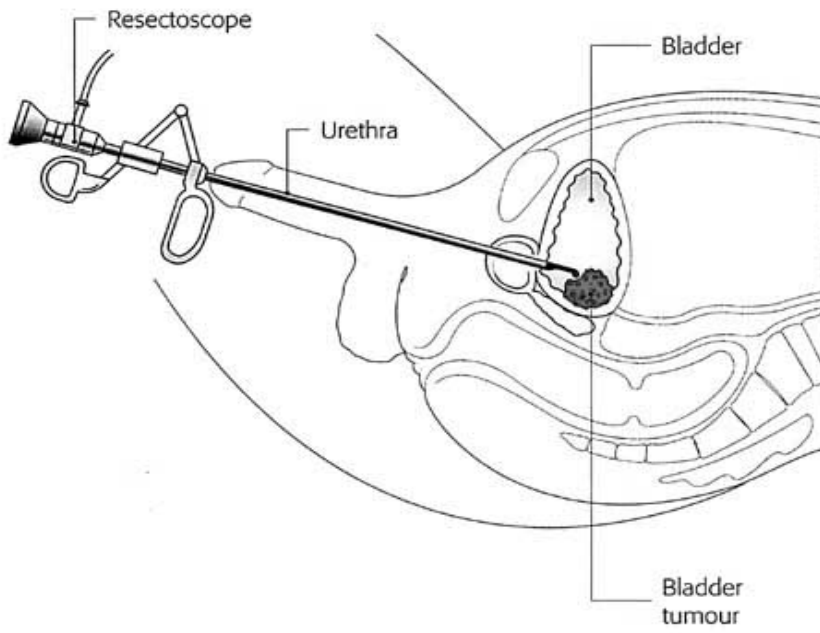
and/or

2. It has been confirmed that you have a cancerous tumour in your bladder.

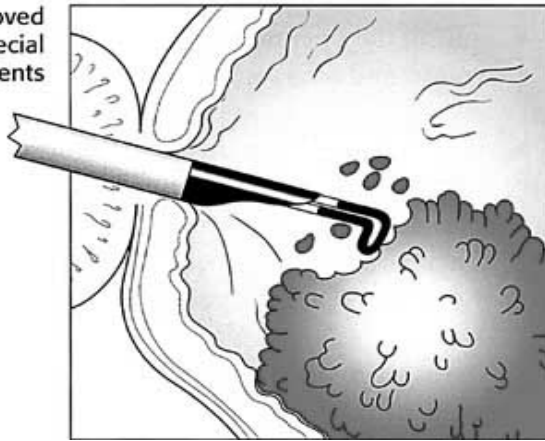
Before your operation

- You will be admitted to the urology ward the day of your operation.
- The doctors and nurses will be available to answer any questions that you may have.
- The anaesthetist will see you to discuss your anaesthetic.
- You will be given a pair of elasticated stockings to help your circulation after the operation. You will be instructed to put these on before the operation.
- You will not be able to eat or drink anything for 6 hours before your operation.

The operation



The tumour is removed in pieces using special instruments



- A TURBT is performed under a general or spinal anaesthetic.
- The operation time varies depending on the size of the tumour to be removed.
- The procedure does not involve any external cuts to be made.
- The urologist will pass a slim telescope, called a resectoscope, up your urethra (the tube from the outside to your bladder).
- The resectoscope is used to examine your bladder and remove any areas of abnormal tissue from the bladder. The blood vessels are then sealed (cauterised) to reduce the risk of bleeding.
- The urologist will wash out your bladder with fluid to remove any debris and/or blood clots.
- Blood clots and debris can make it difficult for you to pass urine normally so a catheter (a plastic tube) is inserted up your urethra into your bladder to allow urine to drain freely from your bladder.
- Once removed, the abnormal tissue is sent to the laboratory to be looked at under a microscope to determine what type of tumour it is, a process known as histology. However, it can take several weeks to get the results.

After your operation

- The procedure usually involves a stay in hospital of between 2-4 days.
- It is normal for your urine to be blood stained and the catheter tube will normally stay in place until the urine draining is a normal colour.
- Fluid known as 'bladder irrigation' is run through the catheter to continue to wash the bladder out and prevent blood clots forming.
- You may have a needle attached to a plastic tube and bag of fluid in your arm to prevent you becoming dehydrated. Once you are tolerating fluids, this will be removed.
- You can normally eat and drink the night after the operation. However, while the catheter is inserted you will be instructed to drink more than normal, 2-3 litres per day. Drinks that contain caffeine and fizzy drinks may irritate the lining of your bladder and are best avoided or drunk in moderation.
- About 24 hours after the operation a chemotherapy drug may be given directly into your bladder through the catheter tube. If this is necessary the procedure will be fully explained to you and additional written information will be given to you.

Potential risks

All operations carry risks. The most common risks associated with this operation are:

1. Damage to the bladder wall and urethra. Some damage may occur and require the catheter to be left in a little longer to allow the area(s) to heal.
2. Heavy bleeding seen in the urine. Heavy blood loss may require a blood transfusion (approx. 2-3% of patients).
3. Inability to pass urine after the catheter is removed (approx. 5% of patients). The catheter would be reinserted and stay in place for a further few days.
4. Urinary tract infection (approx. 4% of patients). Antibiotics will be given at the time of the operation to reduce the risk. You may feel feverish and/or notice that your urine is cloudy and/or foul smelling.

5. Formation of a urethral stricture (1% of patients). Scar tissue may form in the urethra causing a narrowing and require further corrective surgery. Signs include a decrease flow in your urine stream and/or difficulty in emptying your bladder.

You should inform your doctor if you are concerned about any of the above.

At home

- **Fluids**

Once the catheter is removed you should maintain a good healthy fluid intake, recommended daily fluid intake is 6-8 mugs (1 1/2 litres). Cranberry juice may help reduce the risk of a urine infection.

- **Driving**

You are advised to wait 7-10 days before driving. You must be confident in performing an emergency stop before resuming driving. It is advisable to check with your insurance company regarding cover after an operation.

- **Exercise**

It is advisable not to do any heavy lifting, straining or pushing for the first 2 weeks after your operation.

- **Sexual relationship**

You should wait 2 weeks before having sexual intercourse. If this advice is not taken and you were given the chemotherapy drug on the ward after your operation then protected intercourse should be practised for 48 hours after its administration. This is to ensure that your partner is not put at any risk from the drug.

- **Follow-up**

It can take several weeks to complete the analysis of the resected bladder tissue. Your urologist will normally give you the results in the outpatient clinic. An appointment will be sent to you.

WHERE HELP IS AVAILABLE: -

- Consultant Urological Surgeons

Mr G.B. Boustead

- Uro-Oncology Nurse Specialists – **01438 781521**

Helen Stoker
Anne Bradley
Linda Fowler

- Urology Nurse Practitioner – **01438 781780**

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