

Department of Urology

Patient Information Sheet

Transurethral Resection of Bladder Tumour (‘TURBT’)

This is the telescopic removal of a bladder tumour and involves the use of heat diathermy

Occasionally the urethra may require stretching if narrowed, to enable the telescope to be passed.

This procedure may occasionally be performed as a day case or more usually, as an In-patient requiring a hospital stay of on average of 1 night.

What are the intended benefits of this procedure?

To remove a known bladder tumour/cancer or obtain tissue samples for examination to identify possible cancer.

What are the alternatives to this procedure?

Where appropriate; Observation of symptoms, chemotherapy, radiation therapy, or open surgical removal of the bladder.

What are the most frequently occurring after effects or serious risks of this procedure?

Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for a short period afterwards.
- Temporary insertion of a urinary catheter (a tube passed up the urethra and into the bladder).
- Need for additional treatments to the bladder in an attempt to prevent/reduce recurrence of tumours, including the need for drugs to be instilled into the bladder.

Occasional (between 1 in 10 and 1 in 50)

- Urinary infection requiring antibiotics
- Recurrence of bladder tumour or unable to completely remove tumour

Rare (less than 1 in 50)

- Delayed bleeding requiring removal of clots from the bladder or a further procedure to stop bleeding
- Injury to the urethra causing delayed scar formation
- Very rarely, perforation (hole/puncture) of the bladder requiring a temporary urinary catheter or open surgery to repair the hole
- Injury or scarring to the ureteric openings (where the drainage tubes from the kidney enter/join the bladder), requiring further treatment or therapy.

This operation alone does not guarantee a cancer cure.

What sort of anaesthetic is used?

Usually a general anaesthetic will be used but if you are otherwise unfit a spinal anaesthetic may be considered. Your Consultant or Specialist Nurse will be able to give you further information on which anaesthetic you are likely to require.

As this is being performed under a general or spinal anaesthetic, you will be assessed for your general health before the procedure at a 'Pre-Assessment' clinic and given all the information required to prepare you for an anaesthetic.

What does the procedure involve?

A telescope is passed into the urethra and up into the bladder to locate the tumour. Small instruments are passed down the telescope to remove or resect (cut) the tumour away. A heated wire is used (diathermy) which helps to stem the flow of bleeding afterwards.

A urinary catheter will be put into the bladder once the procedure is completed, to enable us to assess the amount of blood in your urine. There is also likely to be additional fluid passing in along this catheter (called bladder irrigation) to assist with flushing out the blood that will continue to ooze for a while. Both of these would normally be removed the following morning.

What happens after the procedure?

Once back on the ward, you will have your blood pressure and pulse monitored frequently and the amount of blood in your urine assessed. The bladder irrigation will be continued until the bleeding reduces. If this is the first time you have had a tumour removed you may be given a single dose of drug therapy (into the bladder through the catheter) called Mitomycin-C. This is a form of chemotherapy and you will be given a further information sheet regarding this. The following morning, your catheter will be removed and you will be allowed home as soon as you have passed water. You will pass some slightly bloodstained urine at first

and this may persist for a few days. It may also sting slightly. Over the next 48 hours, try to drink plenty of non-alcoholic fluids, to flush your system and reduce these after effects (we suggest 2-3 litres or 4-6 pints). You should refrain from strenuous activity or lifting heavy items for 5-7 days or until any bleeding has settled.

What else should I look out for?

If you develop a fever, increased bleeding or pain on urination you should contact your GP. If you become unable to pass urine at all, you should go to the nearest Accident and Emergency Department.

Further Appointments or Treatments

If you have had any additional biopsies taken or if this is your first removal of a bladder tumour, you will be asked to return to our Outpatient Clinic approximately 2-3 weeks later for the results of this. If you require other treatments/investigations or procedures you will be given this information before you leave hospital.

You may be asked to return as an outpatient for regular check ups on your bladder. This usually entails having a *flexible cystoscopy*.

Who should I contact for more information?

The Specialist Urology Nurses:

Susan Sill
Chris Backhouse
020 8934 3547

Yvonne Haffenden
Rose Cabredo
Lin Williams
Suzy Vallis
Urodynamics - 020 8934 3038

The Urology Ward

Alexandra Ward - 020 8934 3152

- If you have a known cancer condition and would like further information regarding this, please contact :
Olga Champ - Clinical Nurse Specialist for Urology Oncology
020 8934 2729
- Your GP
- Your Urology Consultant when you see them next.

NHS Direct
www.nhsdirect.nhs.uk

If you would like this leaflet in your own language, in large print, in Braille or audiotape, please call 020 8934 2003.

This information sheet was produced by the Urology Team, Kingston Hospital NHS Trust, Galsworthy Road, Kingston upon Thames, Surrey KT2 7QB.

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