

TURBT (Transurethral Resection of Bladder Tumour)

Introduction

This information leaflet is intended for use of those patients undergoing Trans Urethral Resection of Bladder Tumour or TURBT.

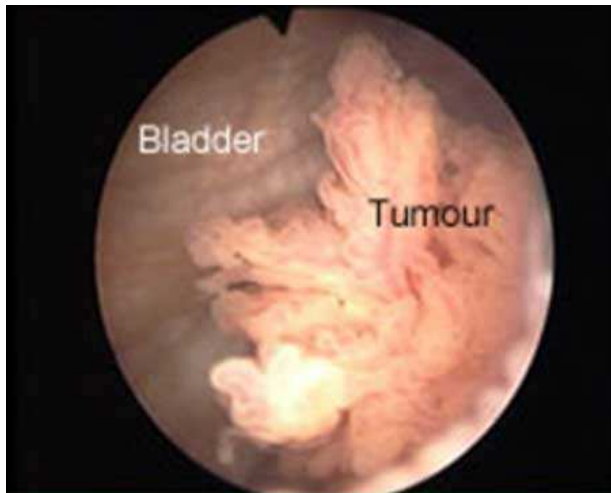
Definition

The bladder is part of the urinary tract, sitting in the lower part of the abdomen. Its purpose is to hold urine. Urine which is made in the kidneys travels down a tube called the ureter and passes into the bladder where it is stored. Sometimes, cancers, or tumours, can develop in the cells that line the bladder. Many patients will have already undergone a cystoscopy, or telescopic inspection of the lining of the bladder, to confirm the presence of any tumour or cancer.

TURBT is an operation performed on patients who have a suspected cancer or a tumour in the bladder. The procedure allows the surgeon to remove the tumour from the lining of the bladder and send pieces of it away for analysis.

What does the procedure involve?

This procedure involves passing a cystoscope (a rigid telescope) into the bladder through the urethra. Thus, there are no external scars. The bladder tumour is then removed using a small cutting loop and diathermy current passed down the telescope. Once the tumour has been removed, and bleeding is stopped using diathermy. After the operation a catheter tube is usually left in place for a variable length of time, and the bladder may be continually flushed through by passing fluid into and out of the bladder via the catheter. Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. Both methods are effective and your anaesthetist will discuss the pros and cons of each type of anaesthetic to you.



Will I need any further treatment?

After your operation, usually later that day or the following day, a chemotherapy drug will be inserted through your catheter into your bladder. It is called Mitomycin C. This drug coats the lining of your bladder to help destroy any remaining tumour cells. This treatment also helps to prevent the tumours growing back. The drug stays in your bladder for one hour. It is then drained out through the catheter. If your catheter has been removed you will pass out the drug in your urine as normal. TURBT alone may not cure the tumour or growth and further treatment by surgery, radiotherapy or chemotherapy may be needed.

Bladder tumours can recur. Most people will need further bladder inspections (cystoscopy) either under general anaesthetic or local anaesthetic regularly for at least seven years, so that any new tumours can be treated while they are still small.

Bladder tumours are strongly associated with smoking. Patients who smoke are strongly advised to give up, and can seek advice about doing so from their GP.

What happens before my operation?

If you are taking Warfarin, Aspirin or Clopidogrel on a regular basis, you must discuss this with your urologist because these drugs can cause increased bleeding after surgery. They are usually stopped before your operation. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.



Cambridge Urology Partnership

0800 756 7771
www.cambridgeurologypartnership.co.uk
enquiries@cambridgeurologypartnership.co.uk
Nuffield Health Cambridge Hospital
Trumpington Road, Cambridge CB2 8AF

For your peace of mind

Partners: Tev Aho, Andrew Doble, Christof Kastner, John Kelly, Nimish Shah, Oliver Wiseman

What happens on the day of my operation?

The nursing staff will let you know if your operation is booked for the morning or afternoon. They will also let you know what time you need to stop eating and drinking in preparation for your anaesthetic. On the morning of your surgery you will be asked to have a shower and change into a hospital gown, you will then be taken to the operating theatre on your bed.

What should I expect after my operation?

Following the operation you will be transferred to the recovery area. You will stay there until you are fully awake and comfortable, then you will be taken back to the ward on your bed by one of the ward nurses. Most patients will have a catheter tube placed in their bladder to drain urine after the operation and to help flush away any bleeding, blood clots or debris. The catheter might be connected to large bags of fluid that continuously flush out the bladder to wash out any debris and blood. This is called bladder irrigation. This fluid then drains into a bag by the side of your bed. The catheter bag will be emptied when it is full by the ward staff. The catheter is usually removed 4 – 48 hours after your operation.

You may also have a drip in your arm. This is to give you extra fluid during and after the operation. This is usually removed later that day or the next morning. You will normally be able to eat and drink after your operation.

Most patients also have their bladder washed out with a chemotherapy drug called Mitomycin C (see above: Will I need any further treatment?)

Most patients will stay in hospital overnight after their operation.

What are the risks of the operation?

Common side effects

- Mild stinging or burning when passing urine for a few days after the operation. Bleeding or blood clots in the urine which can come and go for up to about six weeks after the operation.

Occasional side effects

- Urine or bladder infection which needs treatment with antibiotics
-

Rare side effects

- Delayed bleeding which might require blood transfusion or further surgery to remove blood clots from the bladder.



Cambridge Urology Partnership

0800 756 7771
www.cambridgeurologypartnership.co.uk
enquiries@cambridgeurologypartnership.co.uk
Nuffield Health Cambridge Hospital
Trumpington Road, Cambridge CB2 8AF

For your peace of mind

Partners: Tev Aho, Andrew Doble, Christof Kastner, John Kelly, Nimish Shah, Oliver Wiseman

- Damage to the ureters (drainage tubes from the kidneys) which may require further treatment.
- Injury to the urethra causing delayed scar formation and difficulty in passing urine.
- Perforation of the bladder which may need surgical repair through the abdomen (open surgery) or a temporary catheter.

What should I expect when I get home?

When you get home, you should more fluid than you would normally for the next 24-48 hours to flush your system through and minimise any bleeding.

You may notice some burning when you pass urine and that you go to pass water more often for a few days. There may also be some pain in your lower abdomen initially but this usually settles after a day or two. Bleeding may continue for a few days after the operation. If the bleeding becomes heavier, ensure you drink enough to try and flush it through. If you see clots of blood in the urine or have difficulty passing your water, you must let your doctor know. When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your treatment and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your doctor immediately.

When will I get my results?

The results of the microscopic analysis of the fragments of tumour removed take about 2 weeks to be available. Once they are ready your doctor will make an appointment to see you in the clinic.

Are there any treatment alternatives to TURBT?

Open surgical removal of bladder, chemotherapy or radiation therapy. These can be discussed with your doctor.



Cambridge Urology Partnership

0800 756 7771
www.cambridgeurologypartnership.co.uk
enquiries@cambridgeurologypartnership.co.uk
Nuffield Health Cambridge Hospital
Trumpington Road, Cambridge CB2 8AF

For your peace of mind

Partners: Tev Aho, Andrew Doble, Christof Kastner, John Kelly, Nimish Shah, Oliver Wiseman

Are there any Dos and Don'ts?

You should not drive for two weeks after your operation.

Work

Most people will need to take two weeks off work, although some may need a little longer. However, how long you need to stay off work will depend upon how heavy your job is. If you need a sick note, ask the nurse on the ward and she will arrange one for you. If you need another when you leave hospital, your GP will write one for you.

Exercise

For two weeks after your operation you should avoid excessive exercise. You may walk and go perform normal daily activities. Anything more active, like digging and lifting should be avoided. Sports such as golf, cycling and swimming should not be done for a month after the operation.

Procedure code for insured patients: M4210



Cambridge Urology Partnership

0800 756 7771
www.cambridgeurologypartnership.co.uk
enquiries@cambridgeurologypartnership.co.uk
Nuffield Health Cambridge Hospital
Trumpington Road, Cambridge CB2 8AF

For your peace of mind

Partners: Tev Aho, Andrew Doble, Christof Kastner, John Kelly, Nimish Shah, Oliver Wiseman