

BLADDER TUMOUR RESECTION
(TRANSURETHRAL RESECTION OF A BLADDER TUMOUR / TURBT)

AN INFORMATION LEAFLET

Written by: Department of Urology

February 2019

Stockport: 0161 419 5698
Website: www.stockport.nhs.uk

Tameside: 0161 922 6696
Website: www.tameside.nhs.uk

Macclesfield: 01625 661517

What Is A Transurethral Resection Of A Bladder Tumour?

A transurethral resection of a bladder tumour (TURBT) involves the removal of an abnormal growth within the bladder.

This is done via a telescopic instrument (cystoscope) being passed into the urethra (the tube leading from the bladder through which you pass urine) which means that there will be no external wound or stitches. The tumour is cut away and the tissue removed is sent to the laboratory for analysis and to check for the presence of cancer cells. A catheter (plastic tube which drains urine from the bladder via the urethra) is left in place for about 1 to 2 days.

The operation is usually carried out under a general anaesthetic (when you are completely asleep) or a spinal anaesthetic (injection given to cause numbing from the waist down).

What Are The Benefits?

To diagnose and treat the abnormal area / tumour in a bladder. Analysis of the tumour will enable us to determine the cause of the abnormality and whether or not any further treatment is required.

Are There Any Risks Involved?

Common

- Mild burning or bleeding when passing urine for a short period (approximately 48 hours) after the operation.
- Irritation caused by the temporary catheter which is used to drain urine and irrigate the bladder.
- A need for additional treatment to prevent a recurrence of bladder tumours, which may include chemotherapy drugs being instilled into the bladder.

Occasional

- Infection of bladder, which may require antibiotics
- Recurrence of bladder tumours and/or incomplete removal of the tumour requiring further surgery.

Rare

- Delayed bleeding requiring removal of blood clots or further surgery.
- Damage to ureters (drainage tubes connecting the kidneys to the bladder) requiring additional surgery or treatment.
- Injury to the urethra causing delayed scar formation / stricture (narrowing of the urethra)
- Perforation of the bladder requiring a temporary catheter or open surgical repair

TURBT

Hospital-acquired infection

- Colonisation with MRSA (0.9% risk - 1 in 110)
- Clostridium difficile bowel infection (0.01% risk - 1 in 10,000)
- MRSA bloodstream infection (0.02% risk - 1 in 5000)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

What Are The Alternatives?

- Open surgical removal of the bladder.
- Chemotherapy
- Radiation therapy
- Observe/no treatment, although this may adversely affect your health.

How Long Will I Be In Hospital For?

Your operation will be performed at Stepping Hill Hospital, Stockport and the usual stay is approximately two days, although this may differ from person to person.

What Happens To Me When I Arrive At The Ward?

You must not have anything to eat or drink for at least six hours before your operation. If you would normally take tablets during this time, please ask at the pre-operative assessment clinic which you should continue to take.

You may undergo some routine clinical observations, such as blood pressure, pulse, temperature or blood tests.

An anaesthetist may visit you on the ward to discuss the anaesthetic you will be given and any risks involved.

What Happens After The Procedure?

On return to the ward, you will have a catheter in place to drain the urine from the bladder and allow bladder irrigation (flushing of debris and blood clots out of the bladder).

You may have a drip in your arm to avoid you becoming dehydrated. This will be removed when you are able to eat and drink which is usually later on the same day of your operation.

You will be encouraged to walk around the ward as soon as you are able, to prevent problems such as deep vein thrombosis (blood clot) or chest infection.

TURBT

The catheter will be removed 1 to 2 days after the operation and you will be discharged home when you are able to pass urine properly. In some circumstances, it may be possible for you to leave hospital earlier with the catheter still in place with arrangements to have it removed a few days later.

Discharge Arrangements

It will be necessary to have arranged for a responsible adult to collect you from hospital and transport you home.

You will be encouraged to drink plenty of fluids for the first couple of days to 'flush' the urinary system through.

You will be given seven days supply of any newly prescribed medication you may require.

A sick note may be obtained from the ward staff.

The results of the biopsies may take around 2 to 3 weeks to come through. Depending on these results, you may need to undergo further investigations, treatment, surgery or regular bladder checks to observe for recurrence of the bladder tumour.

Any follow-up appointments or treatments you require will be arranged by your local urology department, and sent via a letter to your home address a few weeks after the operation.

A letter will be sent to your GP explaining your operation and treatment.

Day to Day Living

Take things easy; no heavy lifting or driving for one week.

You can return to work and resume normal activities three to four weeks after your operation.

You may pass blood or small clots ten to fourteen days after your operation. This is normal and due to the scab (which may have formed at the site of the tumour removal) falling away. Please ensure you drink two to three litres of fluid a day if this happens.

If there is a Problem

If you develop a fever or excessive bleeding, or if you experience severe pain or have difficulty passing urine, please contact your GP immediately.

Other Useful Contacts or Information

If you have any questions you want to ask, you can use this space below to make notes to remind you.

Source

In compiling this information leaflet, a number of recognised professional bodies have been used, including the British Association of Urological Surgeons. Accredited good practice guidelines have been used.

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Health Information Centre on 0161 922 5332

If you would like any further information please telephone the Urology Nurse Specialists at your local Urology Department on:

Stepping Hill	0161 419 5695
Tameside	0161 922 6698/6696
Macclesfield	01625 661517

آپنی یءی ءہی ٲڈتے ہا ہوتے نا ٲارےن،تہلے انؤءرہ کرے ء ہنیک ہلےہ ٹیمےر سائے ڈےلیفونے یوگاؤوگ کرن 0161 331 5149/5150 ءہی نائارے، تہن تارا آٲناکے سائاؤ کرے ٲارے۔

ؤو آٲا آ ماہینی آانہی ءے رماؤ ہاؤو ناہی ئو ءٲا ءہی، آہانہی ءہے ڈیمئا 0161 331 5149/5150 ئانہ ٲر رانٲ ءاؤو ئےآو آٲاؤ ءرہ مءء ءرہو۔

اگر یہ معلوماؤ ٲڑھ نہیں سکتے ہیں یا آٲ کو اس کی سؤھ نہیں آؤی ہے تو براہ مہربانی آہنک ہیلٹھ ٹیم کے سائھ ٹیلی فون نمبر 0161 331 5149/5150 پر رابطہ کریں تو وہ آٲ کی مدد کر سکیں گے۔

Author: Urology Department
Division/Department: Elective Services
Date Created: 1998
Reference Number:
Version: 1.7