

Patient information

Transurethral Resection of Bladder Tumour

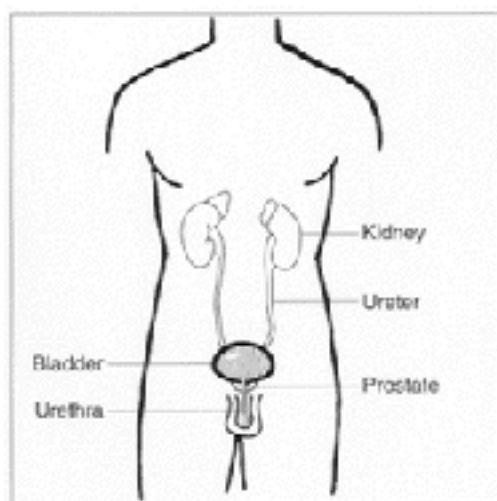
This leaflet answers questions many people ask about a Transurethral Resection of Bladder Tumour (TURBT) operation. If any further questions are raised from reading this information, please speak to members of the medical and/or nursing staff before, during or after your stay in hospital.

What is a TURBT?

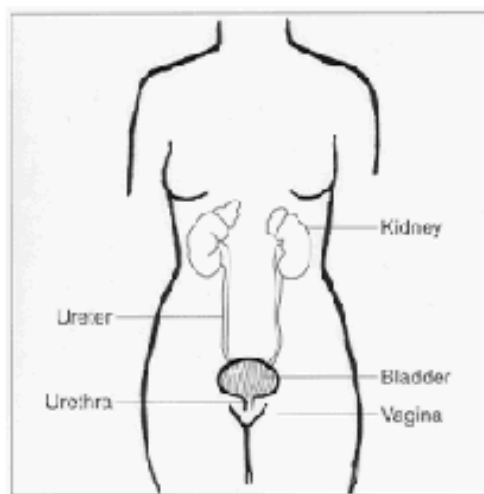
An instrument (resectoscope) is inserted via the water pipe (urethra) and into the bladder. The resectoscope has a telescope to allow the surgeon to see the lining of the bladder. The resectoscope uses a wire loop to remove areas of tissue from the bladder wall and seals (cauterises) blood vessels to reduce the bleeding after the procedure.

TURBT is performed under a general or spinal anaesthetic. You will meet the anaesthetist prior to the operation, and he/she will explain the type of anaesthetic recommended in your case. You should expect to stay in hospital for between one to three nights. Because the procedure is carried out using a telescope it does not involve any external cuts.

Most patients will require a draining tube (catheter) to drain urine from the bladder following the procedure. The catheter will be inserted whilst you are under anaesthetic and is generally removed before you go home.



Male Urinary Tract



Female Urinary Tract

What are the benefits of having a TURBT?

Your doctors have found evidence of an abnormal area (growth) in your bladder which may possibly be a cancer. This procedure allows the abnormal tissue to be removed and sent for analysis. We will then be able to tell you what the abnormality is.

What are the alternatives to TURBT?

It is important to remove the abnormal tissue to see if it is a cancer. If the growth is not removed it may grow larger and may bleed. Radiotherapy and chemotherapy are not effective against all these bladder abnormalities and are not alternatives at this stage.

How long will the operation take?

TURBT normally takes between 20 to 40 minutes to perform, although having an anaesthetic makes this time longer. The whole procedure takes about 60 minutes.

What are the risks of TURBT?

Any operation and anaesthetic carries risks, these are generally small and not doing the operation may carry a greater risk.

Risks of anaesthetic can be discussed with the anaesthetist who will be looking after you during the procedure and who will normally visit you before the operation.

Possible risks and side effects from the procedure are outlined below. However, if you have any concerns, please do discuss them with nursing and medical staff as it is important that you understand what is going to happen to you. You will be asked to sign a consent form before undergoing the operation.

Potential risks and side effects of the procedure

- Urinary Tract Infection. This occurs in approximately 4% of patients having this procedure and can occur immediately after the operation or in the first few days at home. You will be given antibiotics at the time of surgery to reduce this risk.
- Bleeding in the urine. It is normal to pass some blood in the urine. The nursing staff will monitor this after the operation.
- In some cases, heavy blood loss may require a blood transfusion. This occurs in approximately 2 to 3% of patients having this procedure.
- Occasionally, the bladder wall may be damaged or left rather thin at the site of the operation. This may require the catheter to be left in for longer than usual following the procedure to allow the area to heal.
- Inability to pass urine after the catheter is removed (retention of urine). This occurs in approximately 5% of patients. A catheter would be re-inserted and would stay in place for several days. It is possible to go home with the catheter.

What happens before the operation?

You will be invited to come to a pre-assessment clinic before your operation. The purpose of this appointment is to organise any more tests that may be needed and check your fitness for the operation. A member of nursing and / or medical staff will see you.

It would be useful if you could bring in a list of any medicines that you normally take at home and let us know of any drug allergies you may have.

It is important to let the hospital know if you are on any drugs that thin the blood e.g. Aspirin, Warfarin, Clopidogrel or Dipyridamole.

If you are taking Warfarin, it may be necessary to bring you into hospital a few days before your operation or to change the Warfarin to an injection that can be given at home.

If between the pre-assessment clinic and your admission your general health or symptoms change then please speak to your own General Practitioner (GP).

Day of your admission to hospital

It would be helpful if you would bring a supply of your usual medicines to take whilst you are in hospital.

You will usually be admitted to hospital via the admission lounge on the morning of your operation.

Consent

The surgeon performing the operation will see you and explain the risks and benefits of the surgery before you sign the consent form. Although you consent for this treatment, you may, at any time after that withdraw such consent. Please discuss this with your medical team.

Day of your operation

Before your operation you will need to starve (nil by mouth) to reduce the risk of problems during the anaesthetic. Details of the length of time you need to starve before your operation will be sent out with your admission details.

Depending on what medicines you take, you may be asked to have your normal medicine regime, or some may be withheld and given to you after the operation.

You will be asked to bathe before your admission. Before going to theatre, you will put on a theatre gown and some special stockings. These stockings are used to reduce the risk of developing blood clots (DVT) in your lower legs. You will wear the stockings until you are discharged.

Nursing staff will be able to give an approximate time of your operation, but this time is only intended as a guide.

You will be taken from the ward to the operating theatre on your bed. During the anaesthetic you will be given an antibiotic injection into a vein to reduce the risk of infection after the operation.

After the operation you will 'come round' in the recovery area and then be collected and taken back to the ward by a member of nursing staff once you are awake and comfortable. When you arrive on the ward after your operation a member of the nursing staff will also explain the layout of the ward. Each bed has access to a personal telephone and a television. Prepaid cards for the telephone are available via a vending machine in the hospital. Televisions are hired on a daily basis. The telephone has an individual number, which you can then give to friends and family.

After the operation

You will probably have a catheter draining urine from the bladder which may be blood-stained, this can be expected. We sometimes run fluid through the catheter to washout the bladder and prevent a blood clot forming. This fluid is known as irrigation. The catheter generally stays in place until the urine draining is a pale pink or clear colour.

Once back on the ward your blood pressure, pulse and temperature will be checked regularly and as soon as you feel able you will be allowed to drink and eat.

For a few hours after the operation, you may have a drip running into a vein in your arm, and you may wear an oxygen mask for a short while.

Your consultant may want you to have a drug placed in the bladder within 24 hours of your operation. This drug is used to destroy abnormal and possibly cancerous cells. It is called Mitomycin. Usually, this drug is put into the bladder by the surgeon on completion of the operation whilst you are in the operating theatre.

If it is given later on the ward, we will ask you not to drink fluids for up to two hours before the drug is given. This concentrates your urine and prevents your bladder filling too quickly, making it more comfortable for you.

The drug is given via the catheter and is held in the bladder for one hour. If during this time you have any discomfort or pain or have a desperate urge to pass urine then please tell a member of nursing staff straight away.

After the drug is drained from the bladder, the catheter may be removed or left in place overnight. You can drink freely once the drug has been drained away.

Removal of the catheter

When the catheter is removed, it is normal to have a burning sensation when passing urine and a need to pass urine more frequently.

It is also common to pass some blood in the urine for up to four weeks. It is advisable to increase your fluid intake to approximately two to three litres a day (12 glasses) to dilute your urine when blood is present.

Clear fluids should be taken. Caffeine based drinks e.g. coffee, tea, cola should be avoided as they may make you need to pass urine more frequently.

Immediately after removal of the catheter the nursing staff will need to record the amount of urine you pass. You will be asked to pass urine in either a bottle or bedpan. Use these only once so we can measure how much urine you pass each time.

Going home

Before you go home you will be seen by your team of doctors and the Urology Clinical Nurse Specialist. They will discuss what the operation involved and any arrangements that need to be made in the future.

The tissue removed from the bladder is sent off to be examined under a microscope. The results (histology) will help determine what further treatment is necessary.

Please make sure you are clear about follow-up arrangements for you to hear about the results and any further treatment before you leave the hospital.

You may need medicines to take home (TTO's) and will receive a two-week supply of any medicines required.

At home

For the first two to three days at home you may well still experience some frequency and burning when passing urine. You may continue to pass some blood in your urine too.

There are a few sensible precautions to take when at home and we would advise you not to:

- Drive until you have full control over your bladder.
- Lift for two to three weeks.
- Have sexual intercourse for two to three weeks.
- Work for two weeks.

These are guidelines only and should be discussed with your doctor or nurse before you go home.

Approximately 10 to 14 days after your operation a scab from the operation site may separate, and you may pass a larger amount of blood in your urine. It is important that you drink plenty to help "flush" the system through if this occurs. The bleeding should settle again after a day or two.

If you develop:

- Smelly, cloudy urine.
- Frequency.
- Burning sensation when passing urine.

It is important to be seen by your own GP without delay as you may have an infection and will need antibiotics.

If you develop any of the following:

- High temperature.
- Shivering.
- Sweating.
- Inability to pass urine.

It is important for you to phone Eastbourne DGH on 0300 131 4500 and ask to be put through to the Urologist on call.

Sources of information

Uro-Oncology Clinical Nurse Specialists – 0300 131 4500 ext: 770658

Macmillan Cancer Support www.macmillan.org.uk

Action Bladder Cancer UK <https://actionbladdercanceruk.org>

Fight Bladder Cancer <https://fightbladdercancer.co.uk>

Eastbourne District General Hospital – 0300 131 4500

Firle Unit (Pre-assessment Unit) – 0300 131 5394

NHS Smoking Cessation Helpline – 0800 022 4332 www.smokefree.nhs.uk

East Sussex Stop Smoking Service – 0800 917 8896 www.stopsmokingineastsussex.co.uk

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Consultant Urologists: Mr S Garnett, Mr J Moore, Mr P Rimington, Mr Ed Calleja

Sally Sawyer – Lead Uro-Oncology Clinical Nurse Specialist

Clare Callaghan – Uro-Oncology Clinical Nurse Specialist

Next review date: January 2025

Responsible clinician: Sally Sawyer – Lead Uro-Oncology Clinical Nurse Specialist