

# Trans Urethral Resection of Bladder Tumour (TURBT)

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## The procedure

The operation is performed using a cystoscope (camera), to remove bladder tumours (abnormal growths) from the bladder. A telescope is inserted into the bladder through the urethra (water pipe) and the surgeon will remove the tumour bit by bit using diathermy (cutting). The fragments are removed using suction and sent for analysis and a bladder catheter is usually put in after the procedure.

You will usually be given injectable antibiotics during the procedure, after checking for any allergies.

## Are there any alternatives?

You and your doctor will probably have discussed any other suitable treatments before now. However please ask if you want any further advice about any alternatives that might be suitable for you, including the option of no treatment.

## What are the risks?

Most procedures have possible side-effects. But, although the complications listed are well-recognised, most patients do not suffer any problems.

### Common (greater than 1 in 10)

- Mild burning or bleeding on passing urine for short period after operation.
- Need for additional treatments to the bladder to prevent later recurrence of tumours.

### Occasional (between 1 in 10 and 1 in 50)

- Infection of bladder needing antibiotics.
- No guarantee of cancer cure by this operation alone.
- Recurrence of the bladder tumour and/or incomplete removal.

### Rare (less than 1 in 50)

- Delayed bleeding needing removal of clots or further surgery.
- Damage to drainage tubes from kidney (ureters) needing additional therapy.
- Injury to the urethra causing delayed scar formation.
- Perforation of the bladder needing a temporary urinary catheter or open surgical repair.

## Anaesthetic Risk

There is some information about anaesthetics and there is additional patient information from the Royal College of Anaesthetists available. Either a full general anaesthetic (where you will be asleep) or a spinal anaesthetic (where you are unable to feel anything from the waist down) will be used. All methods reduce the level of pain afterwards. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

You will meet the anaesthetist before your operation and will have a chance to ask any questions you might have about your anaesthetic.

## **Blood clot prevention**

Without preventative measures, there is a risk of blood clot in the leg (deep vein thrombosis or DVT) in all surgical patients of around 15% - 25%. Please discuss the risks of this particular operation with your surgeon. You will be given additional information about the measures we take to reduce this risk.

## **Consent**

You will be asked to give your consent to this treatment following further discussion with medical or nursing staff. It is important that you understand what is involved and you will have an opportunity then to ask any questions that you might have. A sample of the consent form may be provided for you to read so that you are familiar with the form. Please do not sign this sample – it is for your information only.

## **After your Operation**

You will usually have a bladder catheter put into the bladder after this procedure; it will remain in your bladder for 1-2 days. Whilst the catheter is in place, we usually instil a drug (Mitomycin C) into the bladder which reduces the risk of tumour recurrence. This is left in the bladder for one hour. Once your urine is clear, we will remove your bladder catheter and you will normally be allowed home once you have passed urine satisfactorily. You can expect to be in hospital 1-2 days.

It will be uncomfortable or even painful when you pass urine.

Drink plenty of fluids (at least two litres daily) for the first two to three days. This will dilute your urine and reduce the chance that it will be uncomfortable when you pass urine. It also helps to keep the bladder flushed so that blood clots are less likely to develop and the urine continues to flow easily;

Take paracetamol for the first 24 hours or so (unless there is a medical reason why you should not). This will help to make passing urine more comfortable;

You may notice some burning or pain in your lower abdomen initially, but this usually settles over a few days.

## **Plan ahead for discharge home**

If you think you may have any difficulties, please discuss these at your pre-operative assessment appointment. Please ensure that you have asked your nurse or doctor when your expected discharge date will be.

Try to remain active, resuming normal activities as soon as you feel able. This is likely to promote a more rapid recovery.

It will be 14 days before the biopsy results on the tissue removed are available.

All biopsies are discussed in detail at a multi-disciplinary meeting before any further treatment decisions are made. You and your GP will be informed of the results after this discussion.

Depending on the biopsy results, further investigations (e.g. X-ray, CT scan), and instillation of drugs into your bladder (chemotherapy or immunotherapy) further admissions for bladder inspections may be arranged for you. Your consultant or nurse specialist will explain the details of this to you in hospital.

Do not drive until you feel comfortable and are able to perform a pain free emergency stop. This is usually about a week after surgery.

## Contact your GP if

- You have severe pain on passing urine, or are unable to pass urine.
- You develop a fever.
- You develop heavy bleeding.
- You develop leg pain and swelling, difficulty walking, or if your leg becomes warmer than usual, or reddish / purplish in colour.
- You develop unexplained shortness of breath, chest pain and / or coughing up blood

## Further Information

If you require further information or advice please contact the ward you have been on

Ward phone number .....

Other sources of useful information can be found at:

NHS Direct 0845 4647

NHS Choices <http://www.nhs.uk/Pages/HomePage.aspx>

Harrogate and District NHS Foundation Trust website [www.hdft.nhs.uk](http://www.hdft.nhs.uk)

Patient Experience helpline 01423 555499 (Monday – Friday 9.30am – 4pm). E-mail: [thepatientexperienceteam@hdft.nhs.uk](mailto:thepatientexperienceteam@hdft.nhs.uk)

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.