Transurethral resection of bladder tumour
Information for patients
The recent investigations that you have undergone at the hospital suggest that you may have a bladder tumour.

What is a bladder tumour?
A bladder tumour may or may not be malignant (i.e., cancerous). Most bladder tumours grow on the bladder lining and are therefore easy to treat using an operating telescope (cystoscope). Surgery on a bladder tumour is therefore scar-less.

This leaflet aims to answer some of your questions and explain what will happen next.

What happens next?
We will arrange for you to come into hospital to have an operation to remove the tumour. The procedure is called a TURBT (transurethral resection of bladder tumour).

How will this be arranged?
The surgical admissions office will be told that you need an operation and they will book you in for the next available date. They will send you a letter to tell you the date of your operation. You may also be invited to come to the pre-assessment clinic.

What happens at the pre-assessment clinic?
You will be asked about your medical history and any medication that you are taking. It is important that you bring a list of your tablets with you. You will have your blood taken and a tracing of your heart rhythm performed (an ECG). You will also have your weight, height, blood pressure and pulse checked.

The operation will be explained to you again. This is an ideal time for you to ask any questions that you may have. It is a good idea to write down your questions before you come to the hospital so that you can remember them.

Day of the operation
You will be asked not to eat or drink anything prior to your operation. Instructions about this will be given to you. You should bathe or shower in the morning and, on arrival at the hospital, you will be given a hospital gown to wear, which ties at the back.

Your nurse will measure your legs and give you a pair of surgical stockings to wear. These help the blood supply through your legs and help to prevent any blood clots or deep vein thrombosis (DVT) from occurring while you are in hospital.

The anaesthetist will decide if you require a pre-med as part of the preparation for your anaesthetic. If you require medication, these tablets will be given to you about one hour before your operation and you will be allowed to take them with a sip of water.

How is the operation performed?
The operation involves passing a rigid telescope (cystoscope) into your bladder while you are asleep. Instruments are then passed into the bladder via the cystoscope and are used to remove the tumour(s). The areas are then cauterised (treated with heat) using a mild electrical current that helps to prevent excessive bleeding. If you are unable to have a general anaesthetic for any reason, the operation can be performed under a spinal anaesthetic where an injection in your back makes you numb in the lower half of the body.

The pieces of tissue that are removed from your bladder during the operation are then sent to the laboratory. They are examined in detail under the microscope to determine whether there is any cancer present and what type of cancer it is.

After the operation
When you return to the ward you will have a catheter draining your bladder. There may be two bags of irrigation fluid on a drip stand at the end of the bed. These are used to flush your bladder out and wash away any excess blood. These will be removed as soon as your urine starts to clear.

If your doctor feels that you would benefit from it, you may receive a single dose of a drug called mitomycin into your bladder through the catheter. This is normally done shortly after your procedure while
you are still in theatre.

Occasionally, a staff nurse will do this once you are back on the ward. This is an additional treatment for some forms of bladder cancer and will be explained to you should you require it. You may have a drip in your arm to hydrate you.

This will be removed as soon as you are drinking again normally. You will be allowed to eat and drink as soon as you are awake enough to do so.

Is the operation painful?
This operation is not usually painful, but a few patients may experience some discomfort when the anaesthetic wears off due to the catheter irritating their bladder. This will be felt as a bladder spasm (cramp) and may cause some urine to leak from around the catheter. Bladder spasms normally only last for a few seconds, but if they become uncomfortable you must let one of the nurses know.

Sometimes men may feel discomfort at the tip of the penis. This can be relieved by the application of some local anaesthetic gel. The nursing staff can do this for you.

Occasionally the catheter may become blocked with a blood clot, so that urine is unable to drain from the bladder. If this happens, the nurse will relieve the blockage by performing a bladder washout.

How long will I be in hospital?
Very often this surgery is performed as day surgery, meaning you will come in, have the operation and go home on the same day. The specific length of time that you will be admitted to hospital will depend on how quickly you recover your general fitness. It is also dependant on the size of the tumour being removed. On rare occasions, therefore, you may need to stay for one to two nights. This will normally be discussed with you prior to admission.

Going home
You will go home with a catheter in situ and be supported by the Healthcare at Home team. They will remove the catheter two days later at your home and monitor you to ensure you are passing urine without difficulty. You will receive more detailed contact information about the Healthcare at Home team when you come into hospital.

You should continue to drink about eight to ten glasses of fluid per day, in order to keep the bladder flushed. You should also avoid becoming constipated because straining to open your bowels may cause further bleeding.

You should avoid all heavy lifting for the first two to three weeks. Light exercise, such as walking less than a mile, is good for you. Strenuous sports or exercise should be avoided for the first four to six weeks however.

You can return to work as soon as you feel able, normally one week later, unless you have a very heavy manual job. In this instance, you should take approximately four weeks off work. Sometimes this is sooner if the tumour is small - ask your doctor or nurse.

Sexual activity may be resumed as soon as you feel comfortable.

After seven to 21 days you may see a further show of blood. This is quite normal and is caused by the scab that is formed inside your bladder coming away. If this happens you should rest for the remainder of the day and drink plenty of water.

You can shower as normal after surgery, though it is best to avoid baths for the first few days.

Driving after surgery
It is your responsibility to ensure that you are fit to drive following your surgery. It is essential that you can perform an emergency stop without hesitation. You do not normally need to notify the DVLA but you should check with your insurance company before returning to drive. Your doctors will be happy to provide you with advice on request.
Will I need to see my GP?
The main reasons for needing to see your GP after this operation are
if you pass lots of fresh blood or clots, if you find that you cannot
pass urine at all or if you develop a urinary infection. The signs of
an infection would be a fever or high temperature, abdominal pain,
cloudy or smelly urine or persistent burning or bleeding. If you do
suspect an infection then you should see your GP straight away as
you may require some antibiotics.

When will I be told the results?
An outpatient appointment will be made for you for three to four
weeks after your operation. This appointment will be with our
bladder cancer nurse specialist and/or a consultant urologist. This
appointment will be sent to you. The results from the laboratory will
be discussed with you at this appointment and your future follow-up
will also be planned.

What happens if I do have bladder cancer?
The majority of bladder cancers are superficial, meaning that they
affect only the immediate lining of the bladder. At diagnosis, about
75% of bladder tumours are the superficial type. The advantage
of these types of tumour is that they can be successfully and easily
treated via the telescopic surgery as described. The down side is that
they can come back, so you will need to go on a long-term
surveillance programme to have regular bladder checks (cystoscopy).

The timing of your first check-up will be determined at your first
results after your initial TURBT. This first check is normally done
under local anaesthetic.

This is the most likely time for the tumour to have returned. If there
is recurrence, it can sometimes be treated then, or the procedure
repeated under a general or spinal anaesthetic.

Subsequent cystoscopies will be done under local anaesthetic. This
is referred to as a flexible cystoscopy, and is done in the endoscopy
day unit. If there is no sign of recurrence of the tumour, the interval
between the check cystoscopies becomes longer, until they are just
once a year. Surveillance will continue until you have been clear for
between five and ten years, depending on the tumour’s
aggressiveness.

If at any time the tumour recurs during the period of flexible
cystoscopy, you will need to have a further general anaesthetic to
remove the tumour and then continue on the surveillance
programme.

What happens if the tumours keep coming back?
If there is tumour recurrence at two or three check cystoscopies in a
row, your surgeon may recommend that you have some other
treatment to prevent it coming back. This involves putting a drug
into your bladder via a catheter once a week for six weeks. This is
done in the day surgical unit and will be explained to you in detail
should you require it.

What can I do to help myself?
The single most common cause in the UK for bladder cancer is
cigarette smoking. If you are currently a smoker then it is strongly
advised that you give it up. Chemicals from cigarette smoke act like
a fertilizer to bladder cancer to make recurrences more frequent and
more serious. If you would like to speak to someone about giving up
smoking you can call the NHS Smoking Help line on 080 0169 0169
or speak to your GP or practice nurse.

Contacting the hospital
If you have any worries and concerns or have any questions that
have not been answered by this leaflet, you can contact ward E7 by
calling 023 8120 6509.

In the first two days after your procedure you should contact either
Healthcare at Home or ward E7 (you will be informed which) in the
first instance. They will advise you on what to do next. After this
time you should contact your GP if you have concerns or the NHS 111
service/A&E in an emergency.
Further information

For more information on the contents of this leaflet, please visit the following websites:

British Association of Urological Surgeons
www.baus.org.uk

Wessex Cancer Trust
www.wessexcancer.org

NHS Choices
www.nhs.uk

If you need a translation of this document, an interpreter or a version in large print, braille or audio, please telephone 023 8120 4688 for help.

www.uhs.nhs.uk

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