

**Patient
Information**

Trans Urethral Resection of Bladder Tumour (TURBT)

Introduction

The information in this leaflet is for patients having a bladder tumour removed by a Trans Urethral Resection of Bladder Tumour (TURBT) operation.

Procedure

The bladder is part of the urinary tract, sitting in the lower part of the abdomen. Its purpose is to hold urine. The urine is passed through the kidneys and drains down to the bladder via the ureters.

TURBT is an operation performed on patients who have a tumour in the bladder. This operation allows the surgeon to remove the tumour. The removed tissue is sent to the laboratory for analysis to confirm the diagnosis and determine how deep the tumour extends into the bladder wall.

In some patients it is not possible to remove the entire tumour. If this is the case, as much tumour as possible is removed and sent to the laboratory for analysis. This will allow the diagnosis to be made and a plan for further treatment. Usually, the treatment will involve either an operation to remove the bladder or radiotherapy to the bladder.

Before the operation

You will be seen in a pre-assessment clinic 1 to 2 weeks before your operation. This is to make sure that you are fit to have the operation and for any medication adjustments to be made.

If you are taking aspirin, clopidogrel, warfarin, rivaroxaban, apixaban, edoxaban or ticagrelor on a regular basis, you will be given instructions on how to proceed with these around the time of the operation. This is because these medications can cause increased bleeding after surgery. Blood tests and heart tracings (ECG) will be taken.

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The operation, risks, benefits and any alternative treatments will be explained and you will have the opportunity to ask any questions you may have. You will then be asked to sign a consent form.

You will be admitted on the day of your operation (unless specified otherwise during your pre assessment clinic appointment). You will not be able to eat or drink anything for 6 hours before your operation. This is to make sure that we can safely give you an anaesthetic.

An anaesthetist will assess you for your anaesthetic before the operation. There are 2 types of anaesthetic that are used for this operation. General anaesthetic (asleep) and spinal anaesthetic (needle into the lower spine to numb the lower body), these will be discussed with you. However, the anaesthetist will make the final decision as to which is the safest for you.

The operation

The bladder is accessed via the urethra (waterpipe) using a camera and therefore there are no external scars. A heated diathermy loop is used to cut the tumour away and the pieces are removed then sent to the laboratory for analysis. A catheter tube is put in place to drain the urine. This catheter is held in place by an internal balloon, this will stop it from falling out.

At the end of the procedure, we may place a type of chemotherapy called mitomycin into the bladder via the catheter. The chemotherapy aims to reduce the risk of bladder cancer recurrence in the future. This is usually done at the end of the operation before leaving theatre and is held in the bladder for 1 hour. The chemotherapy is drained using the catheter while you are in the recovery area.

Following the operation

You may notice some blood in your urine after the operation. This is quite normal. In some cases, we will run irrigation fluid through the bladder via the catheter to wash your bladder out. This will also stop any blood clots from blocking the catheter.

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For many patients the catheter is removed after draining the mitomycin chemotherapy or later that same day. This is done by deflating the balloon and gently withdrawing the catheter. This may cause some discomfort but should not be painful.

In some cases, it is necessary to go home with the catheter in place. This will be for a few days to allow internal healing. If this is the case, then you will be taught how to look after your catheter before you are discharged. You will also be given a time frame for removal of the catheter.

Please note that the first few times that you pass urine after the catheter is removed, it may burn or sting. You may also feel the need to pass urine more frequently or urgently for the first day or so after the catheter removal. This is normal. It may take several days or weeks for these symptoms to settle completely.

Once the catheter has been removed and you are passing urine, the nursing staff may use an ultrasound scanner to make sure you are emptying your bladder properly. This procedure is painless.

Benefits of TURBT

The expected outcome of this operation is:

- Complete removal of the tumour from the bladder to stop the spread of cancer to the other organs in the body.
- If complete removal is not possible a tissue sample is taken for analysis to make the diagnosis and plan further treatment.

Risks

Most operations have potential risks. You should be reassured that, although all these complications are well recognised, the majority of patients do not suffer any problems after a urological operation.

Common (greater than 1 in 10 patients)

- Mild burning or bleeding when passing urine for a short period after the operation. Bleeding may continue for 3 to 4 weeks after your operation.

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

- Bladder infection requiring antibiotics. Infection may be indicated by frequency, urgency and burning when passing urine and sometimes a high temperature.
- Recurrence of bladder tumour and/or incomplete removal.

Rare (less than 1 in 50 patients)

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

Hospital-acquired infection

- Colonisation (presence of bacteria on the skin without causing disease or symptoms) with MRSA (1 in every 110 patients).
- MRSA bloodstream infection (1 in 5000).
- Clostridium difficile bowel infection (1 in 10,000).

Alternative treatment options

If it is not possible to fully remove the tumour during the TURBT, then the other options for treatment would be surgical removal of the bladder or radiotherapy. In some cases, chemotherapy is also recommended.

At home

You may see blood in the urine for several weeks after the operation, this is normal. However, if the bleeding becomes heavy or contains clots, then you should seek advice from your GP as soon as possible.

We recommend that a person of average size should drink about 10 cups of fluid per day. After your operation, you may need to increase this amount by 2 to 3 cups per day. This will make sure that any debris in your bladder is washed out and will also enable you to pass good volumes of urine.

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If you experience symptoms such as increasing discomfort when passing urine, hot and cold sweats and passing urine frequently following discharge from hospital, please see your GP as soon as possible, preferably within 24 hours. You may need treatment with antibiotics.

Driving

It is your responsibility to make sure you are fit to drive following your surgery. You do not normally need to tell the DVLA that you have had surgery. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to give you advice about this.

Time off work

We suggest that you should be off work for 2 to 3 weeks, especially if you are a manual worker or labourer. We will provide you with a 'Fitness to work' certificate where needed.

Follow up

You will be sent an appointment to be seen in clinic a few weeks after your surgery. This is to discuss the results of the operation and any further treatment that may be needed.

Contact information

If you have any further problems or questions regarding your operation, help or advice can be obtained from your GP or:

Uro-Oncology Cancer Nurse Specialists

Tel: 0300 422 6672

Tel: 0300 422 4326

Monday to Friday, 8:00am to 5:00pm

Nurse Practitioners for Urology

Tel: 0300 422 6902, Option 3

Monday to Friday, 8:00am to 5:00pm

Urology Ward (Tivoli)

Tel: 0300 422 3844

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Your consultant

Tel: 0300 422 6902, Option 1
Monday to Friday, 8:00am to 4:00pm

Further information

GHPI0111 Bladder chemotherapy patient information leaflet – ask a member of staff for a copy.

Alternatively visit www.gloshospitals.nhs.uk/your-visit/patient-information-leaflets and enter bladder chemotherapy in the search box.

Macmillan Cancer Support

Website:

www.macmillan.org.uk/Cancerinformation/Cancertypes/Bladder/Bladdercancer

Cancer Research UK

Website: www.cancerresearchuk.org/about-cancer/bladder-cancer

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>