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# Bladder Tumour Resection

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in alternative languages / formats on request.

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## What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

## What does the procedure involve?

This procedure involves the telescopic removal of a bladder tumour with heat diathermy.

## What are the alternatives to this procedure?

Open surgical removal of the bladder, chemotherapy or radiation therapy.

## What should I expect before the procedure?

If you are taking Aspirin or Clopidogrel on a regular basis, you must discuss this with your urologist because these drugs can cause increased bleeding after surgery. There may be a balance of risk where stopping them will reduce the chances of bleeding but this can result in increased clotting, which may also carry a risk to your health. This will, therefore, need careful discussion with regard to risks and benefits.

You will usually be admitted on the day before your surgery although some hospitals now prefer to admit patients on the day of surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.



## Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

## Students

There may be students present during your consultation as part of their on-going training. Please let the staff know if you wish to be seen by a doctor only.

## Are there any other important points?

This publication provides input from specialists, the British Association of Urological Surgeons, the Department of Health and evidence-based sources as a supplement to any advice you may already have been given by your GP. Alternative treatments can be discussed in more detail with your urologist or Specialist Nurse.

## Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home, please feel free to contact 4A or 4B ward for advice from the nurse in charge. They will assist you via the telephone, advise you to return to your GP or ask you to make your way to the Emergency Department (ED) at Whiston Hospital depending upon the nature of your concern.

**4A Ward** – 0151 430 1420 – Ring switchboard ask for extension 1619

**4B Ward (Monday to Friday only)** – 0151 430 1440 – Ring switchboard ask for extension 1624

When you leave hospital, you will be given a 'draft' discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

When you get home, you should drink twice as much fluid as you would normally for the next 24-48 hours to flush your system through and minimise any bleeding. You may notice some burning, frequency and pain in your lower abdomen initially but this usually settles over a few days.

## What else should I look out for?

If you develop a fever, severe pain on passing urine, inability to pass urine or worsening bleeding, you should contact your GP immediately. Any other post-operative problems should also be reported to your GP, especially if they involve chest symptoms.

## Are there any other important points?

The results of your biopsies will take 14-21 days to come through. A follow-up appointment will usually be arranged for you before you leave the hospital.

It is normal practice for all biopsies to be 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), instillation of drugs into your bladder (chemotherapy/ immunotherapy) or a further admission may be arranged for you. Your Consultant or named nurse will explain the details of this to you in hospital.



Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix)
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

## What happens during the procedure?

Either a full general anaesthetic will be used (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you. You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

A telescope is inserted into the bladder and the tumour removed bit by bit using heat diathermy or laser. The tumour fragments are evacuated using suction and sent for pathology analysis. A catheter is usually inserted after the procedure.

## What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- Ask if what was planned to be done was achieved
- Let the medical staff know if you are in any discomfort
- Ask what you can and cannot do
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- Ensure that you are clear about what has been done and what is the next move

A catheter will normally be inserted into the bladder after this procedure. Before the catheter is removed, it is normal practice in most patients to instil a special blue chemical (Mitomycin C) which reduces the risks of subsequent tumour recurrence in the bladder. This is left in place for 1 hour, usually on the day of surgery.

Once your urine is clear, the catheter will be removed. You will normally be allowed home once you have passed urine satisfactorily.

The average hospital stay is 2-3 days.

## Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

## Common (greater than 1 in 10)

- Temporary insertion of a catheter for bladder irrigation
- Mild burning or bleeding on passing urine for short period after operation
- Need for additional treatments to bladder in attempt to prevent recurrence of tumours including drugs instilled into the bladder



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

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

## Rare (less than 1 in 50)

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

## Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 10)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

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 should I expect when I get home?

- By the time of your discharge from hospital, you should:
- Be given advice about your recovery at home
- Ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- Ask for a contact number if you have any concerns once you return home
- Ask when your follow-up will be and who will do this (the hospital or your GP)
- Ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed