

Transurethral resection of bladder tumour (TURBT) as a day case

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in alternative languages / formats on request.

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Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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What is a trans urethral resection of bladder tumour (TURBT)

Your recent cystoscopy (camera into the bladder) has shown a growth in your bladder that needs treatment.

During the operation the doctor will examine your bladder once again using a [cystoscope](#). The growth will be removed from your bladder or a sample (biopsy) of the growth may be taken.

These will then be sent to the laboratory to be examined under the microscope.

What are the risks?

As with all invasive procedures there are associated risks involved. These include:

- Haematuria (blood in the urine), which may happen after the operation and may take up to 6-7 weeks to settle completely.
- Urine infection.
- Pain in your lower abdomen (over your bladder). Any discomfort after the operation can be controlled with pain killers.
- Inability to pass urine after the procedure (retention). If you are unable to pass urine you will be discharged home with a catheter in place. This will be short term until we bring you back to clinic to remove this.
- Damage to the ureter (tube from the kidney to the bladder) causing kidney blockage.
- Perforation of the bladder - this is rare.

You will have the time to discuss all these risks with the doctors and nursing team before you consent to having a TURBT.

Notes

What happens before my procedure?

You will be seen in the pre-operative assessment clinic before your operation to make sure if you are fit for day case surgery. At this appointment the nurse practitioner will assess you and your fitness for surgery, they will assess your anaesthetic risk and perform a cardiac and respiratory assessment.

This appointment is a good time to ask questions you may have.

Depending on your general health and age we may need to carry out some tests such as :-

- Blood tests
- Electrocardiogram (ECG) (heart tracing)
- Screening swabs
- Echocardiogram (scan of heart)

What arrangements do I need to make before my procedure

As you will be having your procedure as a day case, you will need to plan the following things:

- You must be collected by a responsible adult who must take you home in a car or taxi.
- You must have a responsible adult at home with you for at least 24 hours after your operation.

You must not drive, cycle or operate machinery or drink alcohol for a minimum of 48 hours after your operation.

What do I need to do before my procedure?

Please read your admissions letter carefully

- Do not eat or drink anything from the time stated on your letter.
- Do not wear any nail polish, false nails or make up.
- Do not wear contact lenses.
- Do not wear jewellery except for a wedding ring.
- Do not bring any valuables with you into hospital as St. Helens and Knowsley Teaching Hospitals cannot accept any responsibility for loss or damage to personal belongings.
- Do have a bath or shower before you come into hospital.
- Do wear comfortable footwear and clothing to go home in.

What do I need to bring with me?

- Your appointment letter - the time you are given is your arrival time and not the time of the procedure. The surgeon will need to see you before the start of the operating list so you may wait a few hours for your operation.
- Any medications you are using - please take your necessary medications before attending. You will be advised of this when you attend the pre-operative assessment clinic.
- A dressing gown and slippers, if you have them.
- Something to do while you are waiting - book or magazine to read.

This leaflet contains the most recent evidenced based information from the British Association of Urological Surgeons (BAUS).

If you require further information you can gain more via:

www.baus.co.uk

www.cancerresearchuk.org

[www.nice.org/bladder cancer](http://www.nice.org/bladder%20cancer)

www.bladder-cancer-net

www.nhs.uk

What happens next?

The team of healthcare professionals looking after you is known as multidisciplinary team (MDT).

Once your results are back from the laboratory your MDT will meet to discuss your treatment plan.

You will receive an appointment to come to the outpatient department around 2-3 weeks later. If you do not receive an appointment after 3 weeks - please contact us.

A specialist nurse is also available to offer advice and support if you need any in this time.

Who can I contact if I have a problem when I get home.

Please call the ward you have been discharged from for advice.

- GP
- 4A Ward - Whiston hospital - 0151 430 1420
- 4B ward (Whiston hospital) - 0151 430 1440
- Sanderson suite (St Helens hospital) - 01744 6466098

What happens during the procedure?

You will either have a general anaesthetic (where you will be asleep throughout the operation) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down). All methods minimise pain, your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

A **cystoscope** will be inserted into the bladder and the growth removed in sections by using heat instrument (diathermy) or a laser. The growth fragments are then removed and sent to the laboratory for test. A catheter is usually inserted into the bladder after this procedure.

You may need to have a chemical inserted into your bladder after surgery. This is called Mitomycin C. This chemical aims to kill off any cells from the growth that may have remained in your bladder after surgery. It will stay in your bladder for one hour then will be drained out by the nurse. This should not cause you any pain.

Your consultant will discuss this with you before your operation.

What happens after my procedure?

You will return to the ward and the staff will ensure you are comfortable and provide you with refreshments. If you have any discomfort or sickness please let the staff know so that they can help you.

You will recover on the ward until your nurse is happy that you are well enough to go home. You will need to eat and drink before you can go home.

Your catheter will be removed and you will need to pass urine before you go home.

What happens after my procedure? (continued..)

Very occasionally patients need to stay overnight.

If your doctor or nurse feels that this is necessary they will explain the reasons to you.

You can expect to see blood or small clots in your urine for about a month. It may be totally clear for a day and then have blood again, particularly around 10 days after your operation this is normal, however if the bleeding is heavy or you are having problems passing urine please contact your GP.

- Passing urine - if you are unable to pass urine after your catheter is removed you may need to have another catheter inserted. If this is the case you can still go home with a catheter and the nurse will make arrangements for you to come back to the clinic to have this removed after 5-7 days. Your nurse on discharge will advise you of this process.
- Pain - any discomfort after your operation can be controlled with paracetamol (or similar painkillers).
- Eating and drinking - you are able to eat and drink as normal straight away but do not drink alcohol for 48 hours. We would encourage you to drink at least 2-3 litres (4-5 pints) in the first 24 hours as this will make you pass urine flushing your bladder regularly.
- Driving - you must not drive for 2 weeks.
- Work - if you have a light desk job, you should be able to return to work after 2 weeks - heavy or manual work will be 4 weeks.
- Sex - you can resume sexual activity as soon as you feel comfortable.

What happens after my procedure? (continued..)

- Physical activity - do not do too much - it is usual to have some aches and pains for a few days. Avoid strenuous activity, contact sports and heavy lifting for at least two weeks.
- Holidays - flying too soon after a procedure can increase the chance of problems - please discuss with your insurance company.

Before you go home

We will tell you how the procedure went and you should;

- Make sure you understand what has been done.
- Ask the surgeon if everything went as planned.
- Let the staff know if you have any problems.
- Ask for a contact number if you have any concerns.
- Ask when your follow up appointment will be and who will do this.

When you are discharged you will be given a discharge summary of your admission. This holds important information about your operation. If you need to call your GP or attend hospital please take this summary with you.

When would I need to seek help?

Please contact your GP or go straight to accident and emergency department if you have signs of:

- * Extreme pain
- * Continuous or excessive bleeding
- * Have a raised temperature (38° C or above)
- * Difficulty passing urine.