TURBT
(Transurethral Resection of the Bladder Tumour)
Trans Urethral Resection of Bladder Tumour (TURBT)

This leaflet answers some of the questions you may have about having a transurethral resection of a bladder tumour (TURBT). It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any questions or concerns, please speak to the doctors or nurses caring for you.

What is a TURBT?

A transurethral resection of a bladder tumour (TURBT) is an operation to remove a bladder tumour. It allows the surgeon to remove as much of the tumour as possible. This is an operation performed by a surgeon passing a camera (cystoscope) into your bladder through the water pipe (urethra). The bladder tumour can be visualised and removed via this camera.

Why do I need this procedure?

You have had a cystoscopy (where a special telescope is passed into your bladder), an ultrasound scan or an x-ray which shows that you have a tumour in your bladder.

What is cancer of the bladder?

Bladder cancers grow and look like warts or mushrooms on the lining of the bladder. As they develop, they can put down deeper roots into the muscle wall of the bladder (this is called an invasive tumour). The majority of bladder cancers are called superficial (or non-muscle invasive) bladder cancers and are confined to the inner lining of the bladder only.

What are the benefits?

By removing the tumour we can help prevent any cancer spreading to other parts of your body. At the same time, we can also take a tissue sample (biopsy). By looking at this under a microscope, we can find out more about your condition and plan any further treatment you need.
What are the risks of surgery?

**Common side effects** (greater than 1 in 10) which will ease over the first 10 – 14 days, include:

- Mild burning or bleeding. This is normal – see our advice on page 5
- Blood clots in your bladder and urethra. This is normal and you may need a temporary catheter to flush out your bladder. See page 5 for more information

**Occasional side effects** (between 1 in 10 and 1 in 50)

- Infection of the bladder requiring antibiotics
- Further treatment may be necessary to treat the cancer

**Rare (less than 1 in 50)**

- Delayed bleeding needing removal of clots or further surgery
- An injured urethra (damage to the water pipe) causing scar formation
- Injury to the ureters (tubes that drain the kidneys)
- Perforation (hole) of the bladder needing a longer time period with a catheter or open repair

The surgeon will discuss this with you in detail before your operation, as part of the consent process.

What are the risks of a general anaesthetic?

Straight afterwards you may feel tired, dizzy or weak. You must have someone to collect you and **stay with you for the first 24 hours**.

During the first 24 hours you should not:

- drive or operate any motorised vehicle or electrical equipment
- sign any legal documents or make important decisions
- drink alcohol.
You may feel weak or dizzy at times during the first seven – ten days. If this happens, sit down until the feeling passes. You may also have the ‘post-operative blues’ and feel a little depressed. If any of these symptoms do not go away, please contact your GP for help and advice.

**Are there any alternatives?**

Removing the tumour is the only reliable way to find out the type of tumour you have. If you do not have the operation and the tumour is superficial (just on the surface of your bladder), there is a risk that it will change into an invasive cancer.

If the tumour is an invasive cancer, there is a risk that it will grow deeper into the tissues of your bladder and the cancer may spread to other parts of your body.

Sometimes alternatives might include complete removal of your bladder (cystectomy), chemotherapy or radiation therapy.

**What happens before the operation?**

**Arranging the date and place for your operation**

A request form is completed by the doctor you see in clinic and sent to the waiting list team.

The request is then processed and urgent dates for pre-op assessment (if you do not have it the same day as your outpatient appointment) and surgery will be either agreed with you on the same day as your outpatient appointment by the waiting list co-ordinator working in the clinic or afterwards by a telephone call. You will also be given a date for a results clinic appointment for 2-3 weeks after the operation. We now try to book all of these dates at your diagnosis clinic visit, but this is not always possible. Confirmation of these appointments will also be sent to you through the post.

We provide this procedure at 3 different Hospitals – Southmead Hospital, South Bristol Community Hospital in Hengrove and Emersons Green Treatment Centre. The surgeon that will be performing your operation will be a Urology Cancer surgeon from North Bristol NHS Trust who is mainly based at Southmead, but also operates at these other sites. Please feel free to ask if you prefer one Hospital over
the others, however sometimes for clinical reasons we may need to perform your operation at a particular site, and so you may not get a choice of Hospital.

There are also options regarding whether you are going to have a day case procedure or an inpatient stay. Many of these operations can now safely be performed as a day case procedure (available at all sites), which means that you come into the Hospital for the procedure but are able to recover overnight in your own home (however you must have a capable adult with you overnight for this option). If you would like to be a day case patient but don’t have a capable adult overnight with you afterwards then we can usually arrange for Red Cross Night Sitting personnel to stay with you – if this applies to you please ask the staff at pre-op about this option.

Other options include an overnight inpatient stay on a ward (Southmead or Emersons) or an overnight stay in recovery where you go home at 7am the next day (Medirooms Short Stay – Southmead only). This can be decided in conjunction with your surgeon and anaesthetist. Please ask if you have a preference, however due to clinical reasons we may suggest a particular option in some cases.

**Pre-assessment clinic:** At your pre-assessment, a nurse will take your medical history, explain the type of anaesthetic you will have (usually a general anaesthetic, although can sometimes be a spinal anaesthetic) and what to expect after surgery. They will also answer any questions you may have.

Please bring with you details of any medication you are taking or the medicines themselves. Also let the nurse know if you are allergic to any medicines, tablets or plasters.

You will have some screening tests. These may include checking your blood pressure, taking a blood sample or having an electrocardiogram (ECG) to check your heart.

The nurse will be able to confirm if you are medically fit for your operation as a day case procedure. If not fit a day case procedure, they will explain about the options for staying in hospital overnight.
Coming in to hospital
The letter from the hospital will provide full details, but it usually asks you to report to:

- Southmead Hospital - Medirooms, Gate 21, Level 3, Brunel Building or Cotswold unit reception, Cotswold Building.
- South Bristol Community Hospital in Hengrove – main reception.
- Emersons Green Hospital – main reception.

What happens during the operation?
We will give you an anaesthetic, this can be either a general anaesthetic (where you are asleep) or a spinal anaesthetic (where you have an injection in the back and are unable to feel anything from the waist down) – this is decided by you and your anaesthetist. There are sometimes clinical reasons why we might choose one method of anaesthesia over another one, your anaesthetist will discuss this with you.

Before the procedure starts you will usually be given injectable antibiotics to minimise the risk of post-operative infections. The team will check for allergies first.

Your surgeon will then put a telescopic instrument called a cystoscope into your urethra (the water pipe tube through which you pass urine) and up into your bladder. The cystoscope is about the thickness of a pencil or a pen and has a tiny video camera on one end, so your surgeon can view an image of your urinary system on a television screen. If your urethra is too narrow, they will gently insert small instruments called dilators to gradually widen the opening.

Your surgeon will inject either sterile salt water (saline) through the cystoscope to help expand your bladder and allow them to get a clear view. They will pass small instruments through the cystoscope to collect a tissue sample (biopsy) from inside your bladder. This sample will be sent to the laboratory to be examined.
Your surgeon will then cut away either part, or all of the tumour. The tumour will be removed from your bladder via suction and sent to the laboratory for further tests and analysis. Because we do not need to make any cuts on the outside of your body during this procedure, you will not have any visible wounds or stitches.

A bladder catheter (plastic tube to drain the bladder) will usually be put in at the end of the procedure. You will be informed how long this will need to stay in by your surgeon (this can be for up to 10 days).

If this is the first TURBT that you have had then you may have a chemotherapeutic substance put into your bladder at the end of the procedure via the catheter. The substance is called mitomycin and is a purple liquid. This chemical helps prevent bladder tumours from recurring. There are certain clinical circumstances in which this might not be used – if you are unsure whether this should be part of your procedure then please ask your surgeon. This usually stays in your bladder for an hour after the procedure, sometimes patients find it irritable to the bladder and it might be released from your bladder early.

**How long does the operation take?**

On average the procedure takes between 45 minutes and 1 hour and 15 minutes, depending on the size of your tumour and where it is.

**What happens after the operation?**

As you had a general anaesthetic you will go to the recovery area in the theatre department because you will feel drowsy and need time to recover. You will need a relative, friend or carer who can escort you home and stay with you for the first 24 hours after your procedure. Please let them know that they may have to wait for you if you are not ready to leave.

You may have a urinary catheter left in your bladder after your operation. This is a flexible tube that drains your urine into a bag outside your body. The catheter may also be used to flush out your bladder and wash away any blood clots after surgery. This means you may have a bag of sterile salt solution connected to the catheter which will flow into your bladder (called irrigation). This irrigation
will be stopped once your urine runs clear. You may need to have the catheter in anywhere from 2-10 days, depending on what happens during the operation. For most people this is 5 days. Before you leave hospital, you will be given a date to return to hospital for the removal of your catheter. The removal of catheter will usually be performed at Southmead Hospital regardless of where you had your surgery. Our nurses will explain how to care for it and when and where to return to have it removed. You will usually be able to go home on the same day once you have fully recovered.

**Getting back to normal**

You may want to go to the loo more often for a while after the catheter has been removed. You may also find it quite sore and painful the first few times that you pass urine. This is normal. It may make several weeks for these symptoms to settle.

You may pass some blood or small clots in your urine for 10-14 days after your operation. This is normal. Drink plenty of fluids (not alcoholic) to help wash away the blood and ease any soreness.

You will usually be able to go home about after your procedure. We advise you to:

- speak to your doctor about how much time you will need off work after your operation. This will depend on how quickly you recover and the type of work you do. You usually need to take about two weeks off, but if your job involves lifting or heavy work, you may need to be away from work for three – four weeks.

- start gentle exercises about a week after your surgery. But please do not do anything too energetic for a month, such as playing contact sports like rugby.

- avoid driving again until you feel comfortable and can do an emergency stop. Please check with your insurance provider before starting to drive again.

We may give you antibiotics to prevent you from developing an infection after your operation. Please make sure you take the whole course.
Will I need to come back to the hospital?

You will have an appointment to remove the catheter, if you have had one placed during the procedure, this is usually about 5-10 days after your procedure. This appointment is usually with Sister Engela Otto at gate 36, level 1, pink zone, Brunel Building, Southmead Hospital.

You will also have a date to come back for the results of your operation, which will usually be with the cancer nurse specialist initially. This appointment will usually be at gate 36, level 1, pink zone, Brunel building, Southmead Hospital.

Valuables

Please do not bring in valuables, jewellery or large sums of money. If this is unavoidable, please ask a relative to take them home for you. The hospital cannot accept liability for the loss of personal items.

Urgent enquiries or emergencies

Within the first 24 hours after your operation, if you have any concerns about your recovery regardless of where you had your operation, please call the urology speciality ward (gate 34b Southmead hospital) for advice on these numbers - 0117 4143600 or 0117 4143601. You can also contact your GP for advice or in an emergency attend Southmead Accident and Emergency.

Who can I contact with queries and concerns?

Regardless of where you had your operation, for general queries or concerns after your operation, please contact Southmead Hospital on:

Gate 34b (Urology Ward)
Tel 0117 414 3600 or 0117 414 3601

Urology Cancer Specialist Nurses
Tel 0117 414 0512

Urology Department main number (for secretaries)
0117 414 5000

Brunel building, Southmead Hospital, Bristol, BS10 5NB
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.