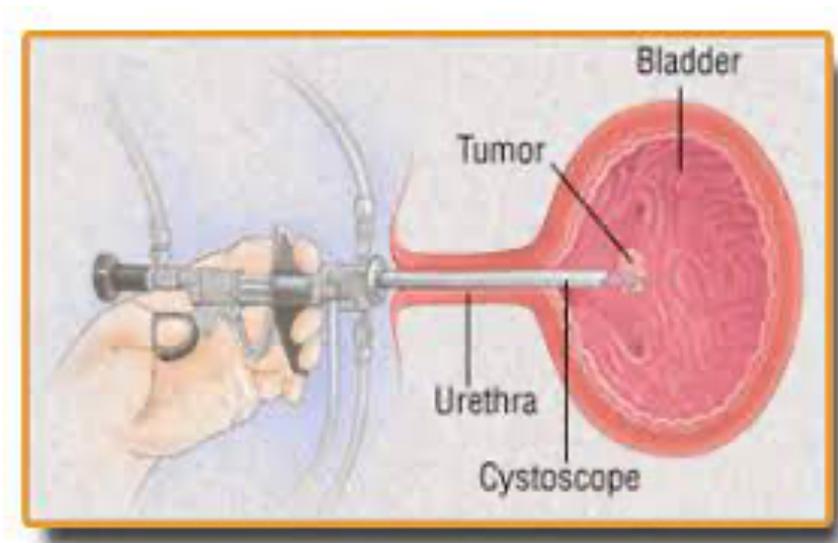


Transurethral resection of Bladder Tumour

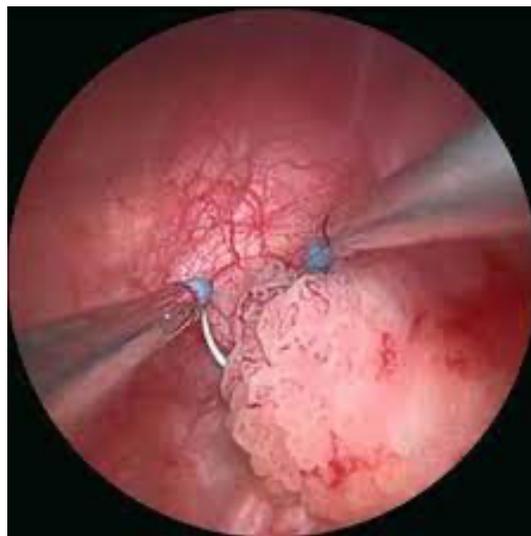
What is a transurethral resection of a bladder tumour (TURBT)?

A TURBT is a minimally invasive procedure where a cystoscope (camera) is inserted into your bladder through the urethra to remove tumours that grow in the bladder. Most tumours in the bladder are bladder cancer.

Once positioned correctly in the bladder, the surgeon looks through the cystoscope and uses electrocautery to remove the tumour. This continues until all tumour tissue is gone. The following figure illustrates a TURBT:



This is what the surgeon sees:



Why is transurethral resection of a bladder tumour performed?

The most common reason for TURBT is the presence of a tumour in the bladder. This tumour was probably found when your urologist performed a cystoscopy, but it may have been seen on a CT scan or ultrasound. The tumour removed by your urologist will be sent to be examined by a pathologist. A report will then be sent to your urologist, providing a diagnosis. This report will indicate whether the tumour is benign or malignant (cancer). Your urologist will then be able to decide what the next step in your care will be.

What should I expect the day of surgery?

You should arrive for your operation fasting (have an empty stomach). You should not consume any food after 11:59 pm the day before your surgery. Sips of water are acceptable until two hours before your operation. Do not consume dairy products in coffee or tea after 11:59 pm. **If you take a blood thinner, you should ask for specific instructions from your urologist.** Please follow all instructions that were provided to you by Horizon Health Network, OR booking, or any doctor or nurse who provided you instructions. **Failure to do so may lead to cancellation of your surgery.**

You will meet with your surgeon in the pre-operative area. You will also meet an anesthesiologist who will discuss your options for anesthesia with you. Please follow all instructions provided by the nurses you meet. They are there to help you. You will be brought to an operating room that looks like this:



Once in the operating room, your anesthesiologist will provide your anesthetic, and your surgery will be performed.

What should I expect after my transurethral resection of a bladder tumour?

Many patients who have a TURBT go home after surgery. There are people who will be admitted to hospital after a TURBT. **Please read all documentation closely and listen to the people who book your surgery to determine if you will be going home or admitted after your surgery.** When in doubt, ask your urologist.

If you are admitted to hospital after your TURBT, you will have a catheter in your urethra. This will be in place until your urologist feels it is safe to remove it. You will see large bags of fluid connected to your catheter. This fluid prevents blood clots in your bladder by constantly flushing the bladder. You will likely have an intravenous for at least one day. Most people go home 1-2 days after a TURBT.

If you are having outpatient surgery, after a general anesthetic, you require a drive home and to have an adult with you for 24 hours. Do not drive, operate machinery, drink alcohol, or make important decisions for 24 hours after surgery.

You may or not go be discharged with a urinary catheter in place. A catheter drains the bladder while it is in. You will be taught how to remove your catheter at home. Your urologist will tell you when you should remove your catheter. If you cannot remove your catheter yourself, arrangements will be made for you to have your catheter removed at your local health care centre.

You can eat and drink what you normally would. Start slowly by having fluids and soups on the day of the surgery. Return to your normal diet the next day. If you feel nauseated (sick to your stomach) or you are vomiting, you can get anti-nausea medicine such as Gravol from your pharmacy without a prescription. Take it as directed on the package.

You may have discomfort, but you should not experience severe pain. If you require medication to help with discomfort after surgery, take acetaminophen (Tylenol) 975 – 1000 mg and/or ibuprofen (Advil) 400 mg every six hours as needed. **If you have an allergy to one or both medications, do not take them. If you are on a blood thinner, aspirin, or have a history of stomach ulcers or kidney failure, do not take ibuprofen.** If your urologist gave you a prescription for antibiotics, use them as directed. Not all patients will receive a prescription for antibiotics.

After you go home, rest for the first day. Return to your usual activities slowly. Usually, you can do many of your usual, light activities after one week. Strenuous activity should be avoided for at least 2-3 weeks after surgery. You can resume sexual activity 2 weeks after your procedure.

It is acceptable to take a shower starting the day after surgery.

It is normal to experience burning with urination, blood in the urine, feeling the need to urinate more frequently, and an inability to hold your urine when the urge to urinate happens. It may take as long as one month for these symptoms to resolve, but they may improve sooner than that.

If you are taking blood thinners, ask your urologist when you should start taking them again.

A note about putting chemotherapy in the bladder immediately after finishing TURBT:

It has been shown that putting chemotherapy into the bladder for one hour after TURBT can decrease how often bladder tumours come back. Not all patients benefit from this. Your urologist will let you know if they plan on doing this after your TURBT. If they do, you will have a catheter after your surgery for at least one hour.

What are potential complications or unfavorable outcomes after transurethral resection of a bladder tumour?

- Urinary infection – This is the most common complication after transurethral resection of a bladder tumour. Symptoms of a bladder infection include: urinating frequently, being unable to hold your urine for a long time, burning with urination, and urinary leakage. Serious infections may have the same symptoms as a bladder infection, but also fever, chills, and flu-like symptoms. Contact your urologist if you think you have an infection. **If they are not available, please go to your local emergency department. Be sure to tell the nurses and doctors in the emergency department that you had a transurethral resection of a bladder tumour.**
- Excessive blood in the urine – Small amount of blood in the urine are expected after surgery. If you have difficulty urinating due to bleeding, usually due to excessive clots, **you should present to your local emergency department. Be sure to tell the nurses and doctors in the emergency department that you had a transurethral resection of a bladder tumour.**
- Urinary retention – This problem is more common in men. You may have to have a urinary catheter put in. This does not mean that you will have it permanently. There are patients who need a catheter for a short period after surgery to urinate without a catheter successfully.
- Scar tissue/stricture – Surgery in your urethra can lead to scar tissue that causes a blockage. If this occurs, you may require surgery to open your urethra.
- Damage or injury to the bladder or urethra - Rarely, there can be a small tear (perforation) of the bladder or urethra. This will likely settle with a catheter placed for up to one week. Very rarely you may need surgery to repair a hole in the bladder.

If you feel you are experiencing a complication, you should contact your urologist. If they are unavailable, you should present to your local emergency department if you require immediate attention. Be sure to tell the nurses and doctors in the emergency department that you had a transurethral resection of a bladder tumour.

Will I have a follow up visit with my urologist?

Yes. You should expect to receive an appointment with your urologist to discuss the results of your biopsy. It is very important that you find out the results of your surgery! Bladder cancer always requires repeat cystoscopy to look for tumours that can come back, and often requires further treatments. Your urologist will provide you the details you need during your follow up visit.

If you do not receive an appointment within 6-8 weeks after surgery, please contact your urologist.