

Edith Cavell Hospital Department of Urology



Transurethral resection of a bladder tumour (TURBT)

What does the operation do?

Your body is made up of tiny "building blocks" called cells. Under normal circumstances, these cells will be reproducing to replace dead cells and repairing damage to others in a controlled way. Sometimes more cells are made than are dying and a lump can develop. This lump is called a tumour.



Tumours can be classified as benign or malignant. Benign tumours will not normally cause too much trouble but malignant (cancerous) tumours will continue to grow and cause trouble by affecting surrounding tissue if they are not treated.

You have a tumour in the bladder referred to as bladder cancer. The appearance of this is like tiny cauliflowers on the surface lining of the bladder. Your surgeon will remove the tumour by surgically shaving the lining of your bladder with an instrument called a resectoscope. This is why we refer to the operation you have undergone as a Trans Urethral Resection of Bladder Tumour or TURBT for short.

What happens before the operation?

You may be requested to attend the ward before your admission date to have blood tests and examinations performed to ensure you are fit for the operation. On admission to the ward, you will be welcomed and shown to your bed. You should plan to be in hospital for approximately 5 days. The nursing staff will discuss your discharge with you.

You will be seen by the Surgeon who will explain the operation to you and ask you to sign the consent for surgery. If you are unsure about any aspect of the operation, please ask for more details from the medical or nursing staff. You will be advised of the approximate time of your operation

You will be seen by an anaesthetist who will discuss the type of anaesthetic you will be given. They will be interested in chest troubles, dental treatment and any previous anaesthetics you have had.

You can have your usual diet until approximately 6 hours before surgery. This will let your stomach empty to prevent vomiting during operation. You will be advised at what time to stop drinking fluids.

You may be given a sedative about one hour before the operation to help relax you; if so you will be taken to theatre on a trolley. If no sedation has been prescribed, you may choose to walk to theatre, accompanied by a ward nurse. You will be asked to wear a cotton gown and remove all jewellery. Your details will be checked again before your anaesthetic begins.

What happens after the operation?

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed. You will have a tube (catheter) coming from your penis. This tube drains the urine from your bladder and is connected to a collecting bag. It is quite normal for your urine to be quite bloodstained initially. Irrigation fluid will be passed up the catheter to help prevent blood clots blocking the tube. Some men experience slight discomfort around the catheter. Please inform the nursing staff who will be able to give you pain killers.

You should be able to eat and drink soon after the operation. You will have an intravenous drip containing a salt solution or blood that is removed once you are eating and drinking normally. You may experience some sickness for up to 24 hours after the operation, but you can be given medication to treat this.

Your bowels may stop working for 1-2 days after surgery due to the fact that you have been starved, or have been less mobile. If you have not opened your bowels after 2 days or you feel uncomfortable, please ask for advice.

Once the urine is clear the catheter is removed. This can be anything from one to three days after surgery. Catheter removal is a painless procedure and is performed at the bedside, usually prior to going to sleep at night or first

thing in the morning. Provided that you are able to pass urine well, you may be discharged 24 hours after catheter removal.

Warning after a General anaesthetic

The anaesthetic drugs will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite all right. Therefore **do not make any important decisions** at this time.

What happens after I leave hospital?

You will be sent an outpatient appointment for a check up for approximately 6-8 weeks time. Please attend this appointment, where you will be given the results of the examination of the removed tissue under the microscope. Sometimes further treatment is required and this will be discussed with you.

On discharge, you are likely to feel tired and need to rest. You should gradually improve to your normal level of activity within 2 months.

Driving

You should NOT drive a car within 4 weeks of leaving hospital after this procedure.

Work

You should be able to return to light job or desk job in 4 weeks and a heavy manual occupation in 8 weeks.

Sexual intercourse

You can restart sexual relations within 2-3 weeks, when you are comfortable.

Complications

Complications are unusual but are rapidly recognised and dealt with. If you think that all is not well please ask the nursing or medical staff.

Chest infections may arise after anaesthetics, particularly in smokers. Exercises are taught to clear the air passages and can prevent this condition. You should try not to smoke before or after surgery.

Blood in the urine may cause the catheter to block; the nursing staff will deal with this. You can help by drinking plenty of fluids.

When the catheter is first removed you may notice that you want to pass urine every few minutes, and that is quite painful. This is normal and usually passes off in a day or two. A urine infection can cause a burning feeling and a need to pass urine frequently. This can be tested and treated with antibiotics.

Any questions?

This leaflet has been written by the nursing and medical staff who work in the Urology Unit.

If you have any questions, jot them down here and ask the nursing or medical staff for answers.

Urology Department , Ward 11 - Telephone (01733) 875311

Please do not hesitate to ask the nursing staff

If you have any further questions

DISCLAIMER

THE MOST STRENUOUS EFFORTS HAVE BEEN TAKEN TO ENSURE THAT THE INFORMATION CONTAINED WITHIN THESE PAGES IS FACTUALLY CORRECT AND CONTAINS UP TO DATE INFORMATION.

HOWEVER, NEITHER THE AUTHOR, PETERBOROUGH HOSPITALS NHS TRUST, NOR ANY OF THE PERSONS MENTIONED IN THESE PAGES WILL ACCEPT RESPONSIBILITY FOR ANY INJURY TO PERSONS OR PROPERTY WHICH MAY OCCUR AS A RESULT OF ADVICE OR IDEAS CONTAINED WITHIN THESE PAGES.

YOU ARE THEREFORE MOST STRONGLY ADVISED TO SEEK COMPETENT MEDICAL ADVICE FROM A REGISTERED MEDICAL OR SURGICAL PRACTITIONER

© Mr C Dawson 2006: All rights reserved. No part of these web pages may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage or retrieval system, without prior written permission from the Author.