

Transurethral resection of a bladder tumour (TURBT)

Introduction

This leaflet explains explain what will happen when you come to the hospital for your operation. It is important that you understand what to expect and feel able to take an active role in your treatment. If there is anything that you and your family are not sure about or don't understand, then please ask your nurse or doctor.

A TURBT is the surgical removal of a growth or tumour, in the bladder, using a small telescope inserted through the urethra (the tube you pass urine through). The tumour will usually have been diagnosed following a flexible cystoscopy for patients who may have found blood in the urine. Sometimes a tumour is seen on ultrasound or x-ray examination of the bladder.

The operation is done under general anaesthetic (you are asleep) or spinal/local anaesthetic (the area is numbed but you are awake) and you will have a catheter (fine tube) in your water passage for usually 1-2 days after the operation. This is to help you pass urine.

Are there other treatment options?

Depending on the type of tumour, radiotherapy may be considered. Some tumours may be suitable for cysto-diathermy/laser ablation (where the tumour is burnt away). You will have discussed these options with your consultant but he/she may recommend that you have an operation called a transurethral resection of bladder tumour – TURBT, where the tumour is cut away.

What are the risks of a having a TURBT?

The main complication is a bladder perforation but this usually requires nothing more than a few extra days of catheter drainage. Urinary tract infection can occur following TURBT and you may be given antibiotics at the time of surgery. However, you may need a further course of antibiotics after the operation. TURBT does not interfere with sexual function. As in all operations, there is a risk of general complications, such as bleeding, infection, blood clots and pain. Possible anaesthetic risks include bruising at the injection site, sickness and muscle pain.

Coming into hospital

You will usually come into hospital on the morning of your operation, or the day before, depending on your medical history and/or social circumstances. You will be introduced to a nurse who will be responsible for your nursing care and who will answer any questions you may have.

The operation

On the morning of your operation, you should have a bath or shower. You will be given a clean theatre gown and knee-length stockings to wear. These stockings help with the circulation of blood in your legs and help to reduce the risk of clots forming in the leg veins (venous thromboembolism). You should wear the stockings until your discharge home.

On the morning of your operation, the surgeon, the anaesthetist and the nurse who will wake you up after your operation, may visit you on the ward. If you have any questions regarding your operation please ask them.

A nurse will escort you to the operating theatre. You may go on a trolley or you may walk. In the anaesthetic room you will be given your anaesthetic and go into the operating theatre. The anaesthetist will have discussed with you the type of anaesthetic suitable for your case.

Depending on the size of the tumour the operation will normally take between 15 minutes and one hour.

After the operation

Most patients will have an intravenous 'drip' after the operation. This is to supply you with water, salt and sugar, until you are able to eat and drink normally again. A nurse will remove the drip, usually within 24 hours or as soon as you are drinking normally.

During the operation, a tube called a catheter is left in your water passage. It usually stays in for one to two days after the operation. The urine will be bloodstained - don't worry, as this is normal after this kind of surgery. During this time you will not need to pass water as it drains away automatically into a bag, which is emptied by the nursing staff as necessary. The catheter will not fall out when you move around.

Sometimes, there will be a long plastic tube running between the catheter and a bottle of salty water, known as 'irrigation'. This is to wash out your bladder. It also helps slow down any bleeding and removes any blood clots. It is usually removed after 24 hours. The nursing staff will regularly check all your tubes.

The catheter may cause you a certain amount of discomfort, which can be relieved with painkillers if it is severe. The feeling of a need to pass water settles in an hour or two after surgery.

You should wash around the catheter twice a day, to help prevent infection. It is safe to have a bath or shower with a catheter in.

Occasionally, there may be a need to introduce drugs into the bladder in an attempt to delay recurrence of the growth. The doctor or the nurse specialist will discuss this with you if it is appropriate in your case.

Removal of the catheter

The doctor will ask the nurses to remove the catheter when the bleeding has settled. You will be given an information sheet about the removal of the catheter. After the catheter is removed, the nurses will monitor when you pass water. At first it may be uncomfortable passing water and you may not get a lot of warning. There may also be some blood present. These symptoms will eventually settle. When you are passing urine normally you will be allowed home.

What can go wrong?

It is unusual to have a lot of pain after a TURBT and any discomfort that you may experience is usually caused by the catheter irritating the bladder and water pipe. This may be relieved by the application of some local anaesthetic gel. You may feel this discomfort as a bladder spasm, which may cause a small amount of urine to leak around the catheter. Fortunately, this does not last for more than a few seconds but, if it is particularly troublesome, please let the nurses know.

Occasionally, the catheter may become blocked with a blood clot so that the urine is unable to drain from the bladder. If this does occur a nurse will be able to relieve the blockage by performing a bladder washout.

Once the catheter is removed you may experience pain in your urethra, particularly when passing urine. This pain will usually settle after about 48 hours and can be relieved by maintaining a high fluid intake (1.5 litres a day) to dilute your urine and, if necessary by taking mild painkillers.

Going home

For the first two weeks after leaving hospital you should take it easy. Allow one to two weeks off work, depending on your job. Sick certificates are available from the nursing staff. Please ask, before you leave hospital, if you require one. Avoid doing anything too strenuous, such as heavy lifting or digging the garden. It is perfectly safe to go for short walks but you should avoid driving the car for at least two weeks. After two weeks, gradually increase your activity until you feel fully recovered.

Some patients require a course of antibiotics to reduce the risk of infection and these will be given to you before leaving the ward. You should take all of them as per instructions given with the antibiotics.

During your stay in hospital you will have been encouraged to drink plenty of fluids. After returning home this can be reduced but it is wise to drink a glass of fluid every hour for the first two weeks. There is no ban on alcohol.

There can be delayed bleeding that may require re-admission, catheterisation and bladder washout to remove clots. Rarely, it may be necessary to go back to theatre to have it done. After leaving hospital, if you have any problems, such as bleeding that continues for more than 48 hours; you develop shivering or feel shaky, or you have burning or stinging when passing water, then you may have an infection. If you experience any of these symptoms you should contact your GP.

Follow up appointment

Please keep any appointments made for you. These will either be given to you on leaving the ward or sent in the post. The doctor will discuss the result of your operation and any biopsy results or the possibility of any further treatment. It may also be necessary to have repeat examinations at regular intervals.

Useful contacts

Macmillan Cancer Support

0808 808 0000 Mon-Fri 9am-8pm

www.macmillan.org.uk

Continence Foundation

Helpline: 0845 345 0165

www.continence-foundation.org.uk

Personal and confidential advice for problems with bladder control.

British Association of Urological Surgeons

www.baus.org.uk

There is a list of publications and consent documents for download on the non-members section of the website.

Reading Bladder Cancer Support Group

www.readingbladdercancersupportgroup.org.uk

Hopkins Ward	0118 322 7274
Pre-Operative Assessment	0118 322 6546
Urology Clinical Admin Team (CAT3a)	0118 322 8629
Uro-Oncology Clinical Nurse Specialists	0118 322 7906
Royal Berkshire Hospital	0118 322 5111

Any concerns you may have during the first 24 hours of your discharge, please phone the ward you were on. After 24 hours; please seek advice from your GP.

www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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