Waitemata
District Health Board

Best Care for Everyone

Transurethral Resection of Bladder Tumour (TURBT)

What you need to know

The information contained in this booklet is intended to assist you in understanding your proposed surgery. Not all of the content will apply to you. Feel free to discuss any issues and questions you may have about your surgery with the medical and nursing staff looking after you. If required, your nurse will arrange for an interpreter to assist with explaining the contents of the booklet. The interpreter can also be present for doctors' consultations. Please bring this book with you to hospital as it is a useful guide.

Maori Health – He Kāmaka Waiora

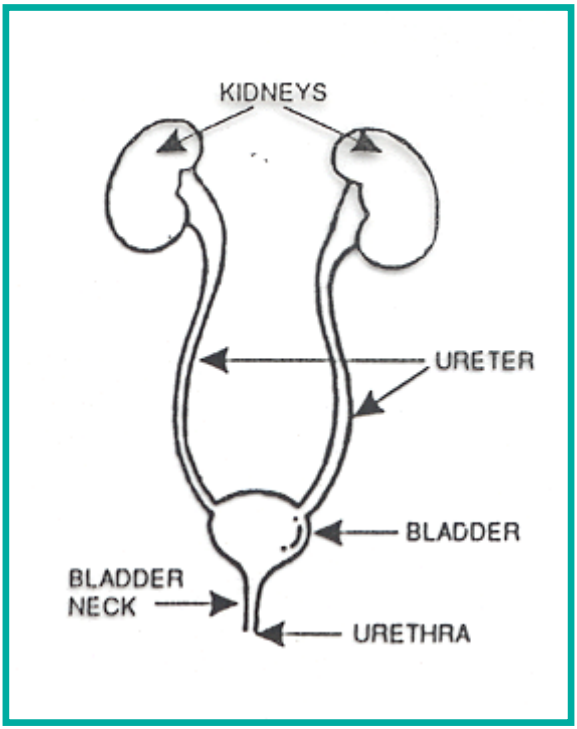
The He Kāmaka Waiora provider team work with Maori patients and their whānau when they need access to hospital services.

Please talk to your Health Professional if you would like support via this service.

What does the Bladder do?

The bladder is a hollow, muscular organ in the pelvis behind the pubic bone.

The function of the bladder is to collect, store and expel urine as the kidneys produce it. When the bladder is full, the nerves that supply it send a message to the brain that you need to pass urine. Then, under your control, the outlet pipe (urethra) muscles relax and the bladder contracts until it is empty of urine.



What is a Transurethral Resection of a Bladder Tumour?

A Transurethral Resection of a Bladder Tumour (TURBT) is the removal of abnormal tissue (tumour) from the bladder. The tissue is removed by passing a special instrument up the urethra. This instrument has a light, a telescope for viewing the bladder, and a special electrode that cuts away the bladder tissue.

Occasionally bladder tumours are benign (non-cancerous) but usually they are malignant (cancerous). There are several different types of bladder cancer: the most common is transitional cell carcinoma (TCC). Other less common tumours are squamous cell carcinoma (SCC), adenocarcinoma and sarcoma.

Factors that may increase the likelihood of developing bladder cancer include smoking, exposure to chemicals, and infection from some tropical parasites.

The treatment of bladder cancer depends on the type of tumour and whether it has spread. Your Doctor will discuss results and further management of bladder tumour at an outpatient appointment following your surgery.

Potential Complications

This procedure carries a small risk of excessive bleeding and urinary tract infection. You will be monitored for these risks and treated promptly if they occur.

Excessive bleeding

Your vital signs (blood pressure and pulse) and urine will be monitored for signs of excessive bleeding.

Infection

Your temperature will be monitored for early signs of infection and intervention will be put in place if it occurs. To reduce the risk of infection antibiotics are given directly into your bloodstream during your operation and continued post-operatively if necessary. You can also assist with the prevention of infection by maintaining good hygiene and doing your deep breathing exercises. Early mobilisation also helps.

Bladder perforation (hole)

Due to the nature of this operation, it is sometimes necessary to cut deeply in order to remove the bladder tumour. This may produce a small hole in the muscle of the bladder wall. If this happens, a drainage tube (catheter) may be left in the bladder for a few extra days to rest the bladder so that the area is able to heal.

Length of Stay

The usual length of stay is one to two days. Some patients are able to go home on the same day as their surgery. However, if other procedures are required it may be necessary for you to remain in hospital for a few more days. Your doctor will discuss this with you.

Before Surgery

Informed consent

After consultation with the doctor you will be asked to sign a form to give written consent for the surgeon to perform the operation and for an anaesthetic to be administered.
Our expectation is that you feel fully informed about all aspects of your surgery before giving written consent.

The following health professionals are available to help you with this process:

- **Medical staff**

  The Medical staff will explain the reason for the TURBT and the risks associated with the surgery. Your doctors will visit you every day while you are in hospital to provide medical care and answer questions about your surgery and progress.

- **Nurses**

  A nurse will explain what to expect before and after surgery. Please ask questions and express your concerns; your family or people close to you are welcome to be involved.
  When you are discharged from hospital your nurse will arrange for you to receive ongoing support, advice and practical help, if needed.

Tests

Blood samples

Samples of your blood will go the laboratory to check your general health before surgery.

Blood transfusions

If necessary, a sample of your blood will be sent to the blood bank to identify your blood type so this can be matched with donated blood. This donated blood is then ready for transfusion during or after surgery (rarely required). We will need your written consent before a transfusion is able to take place.

Midstream urine

A sample of your urine is sent to the laboratory to check that there are no bacteria.

ECG

An electrocardiogram (ECG) of your heart may be required depending on your age and any diagnosed heart conditions.

Other measures

Nil by mouth

As your stomach should be empty before an anaesthetic, you must not eat anything or drink juices or milk products six hours prior to surgery. You may, however, be able to drink clear fluids up to two hours before surgery - the Pre-Admission Clinic nurse will clarify this with you.

Wound site - What to expect

Although there is no visible wound, there will be a wound inside your bladder which you may be aware of when you begin to pass urine again. The raw area where tissue has been removed from your bladder lining may cause some discomfort i.e. burning or stinging when your bladder fills and/or you pass urine. You will be offered some medications to relieve any discomfort experienced.

After Surgery

You are transferred to the Recovery Room next to the theatre. Your condition is monitored and when you are awake and comfortable a nurse and an orderly will escort you to the day stay recovery room or ward on your bed.

On the ward (or day stay recovery room)

Your nurse will check the following regularly:

- Vital signs - your blood pressure, pulse, respiration rate and temperature
- The severity and location of any pain or discomfort
- The effectiveness of pain relief
- The colour of urine you are producing
- The amount of oxygen in your blood

You may have

Intravenous fluids

A small tube (luer) is placed into a vein in the forearm to give you fluids and medications.

Oxygen

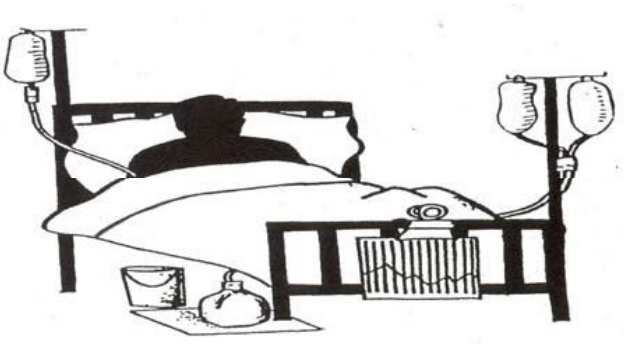
Oxygen may be given for the first 24 hours after surgery via nasal prongs or a facemask to help with breathing and healing.

Urinary catheter (IDC)

You will have a tube in your bladder that will drain the urine (urethral catheter). This may be secured to your leg for comfort when you are on the ward.

Continuous bladder irrigation

Your urine will contain some blood after surgery that can clot and cause blockages. Therefore, for 6-24 hours your catheter may be connected to an irrigation system that flushes the bladder in order to prevent these problems. If a blockage does occur, your nurse will flush the catheter with a syringe filled with salt water (saline) in order to unblock it.



Pain relief after your surgery

Your nurse will work alongside your doctors and the anaesthetist to keep your pain at a minimum.

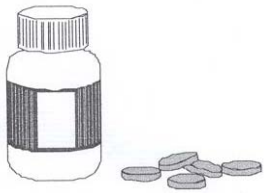
The PAIN SCORE is a way of your nurse establishing how much pain you are experiencing by asking you to grade your pain from 0 to 10 where 0 = no pain and 10 = the worst pain you can imagine.
The following methods of pain relief may be used singly or in combination with each other.

Intravenous (IV) pain relief

Intravenous pain relief can be administered if required.

Oral pain relief

When you are able to eat and drink, you may have tablets orally.



Urinary alkalinisation

As mentioned, you may feel a burning sensation when you pass urine. Your nurse can provide you with sachets of urinary alkalinisers (eg. Citravescent or Ural) to help with this. This is a powder that is added to the fluid you drink. It makes the urine less “acid” and therefore less likely to sting.

Food and fluids

You will be able to progress from sips to a full diet in a short space of time after you have fully woken up from your anaesthetic. Medications are available for the relief of nausea and vomiting, if they occur.

Mobility

Your movement will be restricted if you do have a continuous bladder irrigation. You will be able to be up and about when this has been removed. Your mobility will increase as you recover; getting up and about will assist your recovery.

Removal of Drips and Drains

Intravenous fluid (IV)

The IV fluid is usually stopped the day of or the day after your surgery. The leur (plastic tube) is removed when you no longer require intravenous medications.

Urinary catheter

The urinary catheter is usually removed one to two days after surgery. Sometimes after the catheter has been removed there is temporary difficulty with control of your urine flow. This should settle down as the bladder heals. The nurse will assess that you are passing urine satisfactorily before you are discharged.

Important information for when your catheter is removed

- It is important to try to drink at least two to three litres of fluid a day to aid the flushing of any blood that remains in your urine. This is easier if you vary your fluids e.g. fruit juice, cordial, tea, etc., in addition to water. Do not drink more than this.
- Drink small amounts regularly e.g. one to two glasses over each hour. Drinking large amounts at once may make you feel bloated or nauseated.
- Go to the toilet when you get the desire – don't strain to pass urine.
- Use a new bottle each time you pass urine – this allows your nurse to measure the volume you pass and assess your progress.
- Initially it may burn when you pass urine and you may pass urine frequently. This usually improves over the following days and can be relieved by drinking fluids as discussed previously.

Please inform your nurse if any of the following occur:

- you are unable to pass urine despite having the urge to go
- you have pain or discomfort in your lower abdomen (stomach)
- you have pain at the tip of your penis

These symptoms could indicate difficulty with emptying your bladder. Your nurse will be able to assist you.

- The nurse will use a bladder scanner (small, painless ultrasound) to check if you are emptying your bladder properly.
- If you have not moved your bowels since your operation, please tell your nurse.

Discharge Advice

- Your hospital doctor will provide your first sickness benefit certificate/medical certificate and will advise you when to return to work.
- There remains a risk of bleeding for several weeks after TURBT surgery. This means that your urine may have a pinkish tinge for up to three weeks. This will settle as your body heals. Meanwhile, it is important to continue to drink two to three litres of fluid a day to maintain flushing of your bladder. Once your urine has become consistently clear, you can resume your normal fluid volume.
- Approximately 10-14 days after surgery you may pass slightly bloodstained urine again. This is normal and should stop within a day or two – just continue to drink plenty.
- Avoid heavy lifting or strenuous activity for at least four to six weeks - contact sports are not generally recommended. Sexual activity may be resumed at this time or when you feel comfortable to do so.
- Maintain a regular bowel habit and avoid constipation as straining to pass a bowel motion may cause more blood in the urine.
- If bleeding occurs and you cannot pass any urine it is important to return to hospital quickly so that it can be attended to. You should attend the Emergency Centre at your local hospital in the first instance. If you need to be admitted to the urology ward, you will be transferred to Auckland City Hospital under the care of the acute urology team.
- If you are passing urine without difficulty but are concerned about the amount of bleeding or clots you are passing, contact your GP.
- If you experience chills, fever or pain in your bladder or back, or if your urine is cloudy and smells offensive, then see your GP promptly.

Follow-up

Discharge letter

You and your GP will receive a copy of a letter outlining the treatment you received during your stay in hospital. This will be sent to you if it is not completed by the time you leave hospital.

General Practitioner (Family doctor)

When you are discharged from hospital you will be under the care of your family doctor who will look after your general health and monitor any problems you may have.

Outpatient appointments

After a Transurethral Resection of a Bladder Tumour (TURBT) you will need to have your bladder checked regularly.
This inspection (flexible cystoscopy) is done under local anaesthetic.
You will be advised prior to discharge regarding your follow up plan.

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