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## **What is a TURBT?**

Removal of an abnormal area within the bladder which may, or may not, prove to be cancer.

## **What are the benefits of this operation?**

Removal of an abnormality which is sent for analysis to confirm whether cancer is present or not.

## **What are the risks?**

### **Common**

- Bleeding or mild burning when passing urine for a short period after your operation
- Temporary insertion of a urinary catheter to allow fluid to drain into/out of the bladder
- Need for additional treatments in an attempt to prevent cancer recurrence

### **Occasional**

- Urine infection requiring antibiotic treatment
- No guarantee of cancer being cured by this operation alone
- Bladder tumour not being removed completely after operation requiring further surgery

### **Rare**

- Bleeding requiring removal of clots or further surgery
- Damage to drainage tubes from kidney (ureters) requiring additional treatment
- Injury to the water pipe (urethra) causing scarring later
- Perforation of the bladder requiring temporary urinary catheter or surgery

## **Are there any alternative treatments?**

No, TURBT is the operation we need to perform in order to confirm a diagnosis.

## **What happens before the operation?**

Before your operation you will be asked to attend the Pre-Admission Clinic. This is to check that you are fit for your operation and to sign your consent form. You will be asked questions about your general health and will have some or all of the following tests: blood and urine tests and ECG (heart tracing). These are routine tests before an operation. You will also have the opportunity to ask any questions. This is an outpatient appointment and takes about 1-2 hours. You may need a further appointment to see an anaesthetist prior to your operation if your pre-assessment suggests this is necessary. You may need further tests and/or another appointment to see an anaesthetist prior to your operation if your assessment suggests this is necessary. You can bring a relative or friend with you if you wish.

## **Your operation**

You will be admitted onto the ward the day before or the morning of your operation, you will be informed of this at pre-admission clinic. An anaesthetist will see you at this time to discuss your anaesthetic and pain control. A doctor will again discuss the operation and possible complications, answer any questions you may have and ask you to sign your consent form again.

You will be asked not to eat or drink non clear fluids such as soup, milk etc., for 6 hours before your operation. You should not chew chewing gum after midnight the night before your operation. You can have tap water up to 2 hours before your operation, after this you will be asked not to drink anything further. It is important to take all your regular medication on the morning of your operation unless advised not to.

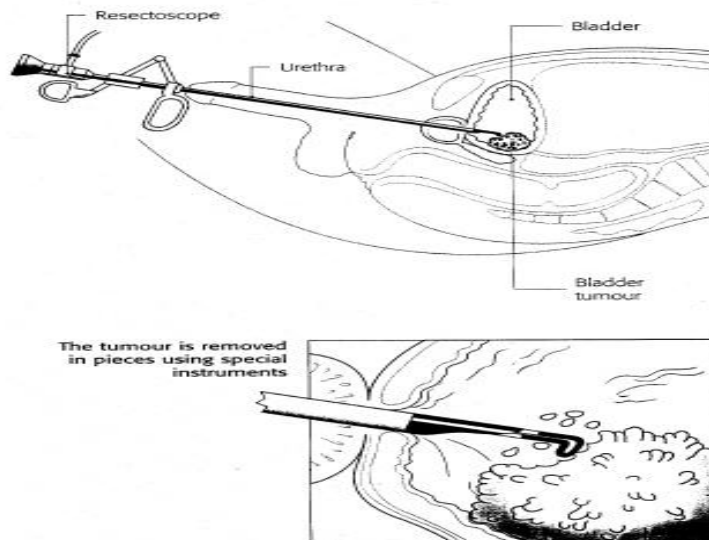
**If you are insulin dependent diabetic, you will need special instructions, please discuss this with your nurse.**

Before going to theatre you will be asked to have a shower and put on a hospital gown and possibly special stockings, these stockings help reduce your risk of getting clots in your legs. If you are feeling anxious and it is appropriate, you may have been prescribed some relaxing medication (pre-med), this will be given to you on the ward before you go to theatre. A nurse will accompany you to theatre where you will be taken to the anaesthetic room where you will have your anaesthetic.

## What does the operation involve?

A special telescope (resectoscope) is passed through the urethra (waterpipe) into the bladder. The surgeon can perform the operation through this telescope and the abnormal area is cut away - **see diagram (below)**. This tissue is sent to the laboratory where it will be looked at under the microscope. The operation usually takes around 30-60 minutes.

(Diagrams reproduced by kind permission of Health Press Ltd, Oxford)



## What will happen after the operation?

The nurses will make regular checks of your blood pressure, pulse, breathing, pain and urine output. As you recover from the anaesthetic these checks will be done less often.

The tubes and drains you may have been listed below. Do not worry about them, they are there to give you fluids or to drain fluids away. They are normally removed the same day or next morning.

- **Intravenous infusion** – (IVI or drip) – A cannula (thin plastic tube) will be put into a vein in your arm and fluid will be given through this to make sure you do not become dehydrated. It can also be used to give you intravenous antibiotics, blood etc. When you are drinking and do not feel sick the IVI will be removed.
- **Urinary catheter** - Occasionally some patients require a catheter (a tube placed into your bladder through your urethra). Urine will drain through the catheter into a bag. Your urine may be blood stained, this is quite normal and the blood should clear over the next 4-7 days. The catheter is normally removed the day of, or day after, your operation.
- **Irrigation** – Fluid may be put into your bladder through your catheter to flush blood out and help prevent clots. This will be stopped when the bleeding clears.

## **Will I need any other treatment?**

It is recommended that a single dose of chemotherapy (mitomycin) is given to most patients within 6 hours of their operation. This is given immediately after your operation via your catheter and drained out after one hour. It is given to kill any cancer cells which may be left behind.

It will then be drained out into a catheter bag. This is generally well tolerated but you should inform staff if you experience pain or discomfort.

## **How long will I have to stay in hospital for?**

You will either go home the same day (day case) or the day after your operation.

## **Will I have any follow up?**

Further treatment or investigation will depend on what the samples sent to laboratory show. An appointment will be made for you to come back to clinic and discuss your results with your doctor.

## **Discharge Information**

- It is likely to burn or sting when you pass urine initially after your operation, this should improve over 2-3 days.
- If you develop a temperature, smelly/cloudy urine which burns when you pass urine, you may have an infection. You need to contact your GP as you may need a course of antibiotics.
- You may see blood in your urine, this is normal and should clear after 4-7 days. If the bleeding does not improve or your urine becomes very blood stained, you note clots and are having problems passing urine, you should contact your GP for advice.
- You can eat and drink normally. Unless you have been told to restrict your fluid intake, you should try to drink 1.5 to 2 litres of fluid per day after your operation to help reduce your risk of infection and flush out any blood.
- You may notice blood in your urine again 10-14 days after your operation, this can be expected and occurs when the scabs come away from the areas within the bladder where the abnormality was removed. You should drink to help flush the blood out. Should the bleeding become heavy with clots which makes passing urine difficult, you should contact your GP for advice.
- You should wait at least 24 hours before driving or returning to work after your operation as long as you feel well enough to do so. Check with your insurance company when they are happy for you to start driving again after surgery.
- You can resume sexual activity as soon as you feel comfortable to do so.

**If you have any questions or concerns, please find below contact numbers for the Urology wards and Urology nurses:-**

**Urology Wards:-**

D2 West on:- 01633 – 234103 ( 24 hours )

Urology Day Ward on:- Tel. No:- 01633 – 656378 / 656377

Monday – Friday office hours

Urology Outpatient Department on:- Tel. No:- 01633 – 234979

Monday – Friday office hours

Laura Reynolds Urology Nurse Practitioner on:-

Tel. No:- 01633 – 234758

Monday – Thursday office hours and alternate Fridays

Sarah Osman Urology Nurse Practitioner on:-

Tel. No:- 01633 – 234043

Monday – Thursday office hours and alternate Fridays

Julie Simpson, Uro-oncology Specialist Nurse on:-

Tel. No:- 01633 – 238976 / 01873 – 732081(Nevill Hall)

**Reference:**

British Association of Urological Surgeons (2004) Procedure Specific Consent Forms for Urological Surgery

**“This document is available in Welsh /  
Mae’r ddogfen hon ar gael yn Gymraeg”.**