



Urology Department

Trans Urethral Resection of Bladder Tumour (TURBT)

Following your investigations you have been found to have an area in your bladder that could be cancerous. It has therefore been recommended that you have an operation called a *TURBT* (Trans Urethral Resection of Bladder Tumour).

This booklet contains some of the questions you may want to ask about your operation. It will help you to understand the operation and the care that you will receive.

If you want to know any more information regarding the operation and what it involves, please speak to one of the doctors or nurses, they will be more than happy to help.

Getting ready for the operation:

A few weeks before the operation, you will be asked to attend a pre-operative assessment. This will allow us to carry out certain blood tests, blood pressure checks advice on medication, and get a medical history from you. This also helps us identify any potential problems in advance and take steps to sort them out beforehand.

You will also be able to speak to a doctor or nurse about the surgery and after care, and discuss any worries you may have.

On the day of the operation:

Most people arrive on the day of their surgery. You will be asked not to eat and drink for at least six hours prior to the procedure. Following your arrival you will be seen by one of the anaesthetists prior to getting ready to go to theatre. If you have not already signed a consent form, one of the urology team will go through this with you.

What sort of Anaesthetic will I have?

You may have a spinal or a general anaesthetic. A general anaesthetic means you will be fully asleep whilst the operation is carried out. In a spinal anaesthetic, you are given an injection in your back, which completely numbs the lower half of your body and stops you from feeling any pain. However, you will still be awake and aware of your surroundings. The anaesthetist will discuss both methods with you, however if you have a preference please let the pre-assessment staff know.

What does the procedure involve?

Once you have received your anaesthetic, a telescope is inserted via the urethra (water pipe) into the bladder and the surgeon will remove the tumour using diathermy (an electric current). Your bladder may then be washed out using a chemotherapy solution called

Mitomycin, which aims to reduce any recurrence of the tumour. These fragments that have been removed are then sent for analysis to the laboratory. These results may take between two to three weeks to analyse.

How long will I have to stay in hospital?

Most people only have an overnight stay, however individual recovery time does vary.

What happens after the operation?

When the operation is over you will have your blood pressure, pulse and breathing checked regularly by the nursing staff.

You will have a drip running into a vein in your arm, which will give you fluids until you are eating and drinking again. There will be a flexible tube (called a catheter) going up the penis into your bladder, to drain away the urine and blood. There may also be fluid running through the catheter to flush out blood from the bladder. A drainage bag is attached to the catheter and you may find that it looks very blood stained, this is normal, and will resolve on its own with time.

How long will it take to recover?

The day after the operation you can usually get out of bed and walk around. You will be able to eat and drink normally. You may feel tired over the next few days so we advise that you take plenty of rest.

After the catheter has been removed whilst you are in hospital, it is still sometimes not possible for you to pass urine. If the catheter has to be reinserted, it is normal for it to stay in for 2-4 weeks.

When the catheter has been removed, you may experience some difficulties, for example needing to pass urine frequently and urgently. You may also experience some dribbling. This is normal and is nothing to worry about. It occurs because it takes time for the area operated on and the bladder to recover.

What should I do when I get home?

At home you may still see blood in your urine. This is normal and can last for up to 4 weeks. As with any wounds, scabs form and eventually drop off, causing minor bleeding. If this happens, you should drink plenty of fluids to dilute any blood that is present. If the bleeding is heavy, or lasts for more than 48 hours then you should contact your GP.

You may continue to pass urine frequently. This should gradually improve over the next few weeks and months. Continue to practice any pelvic floor exercises you have been taught.

If you experience increasing frequency of needing to pass urine, pain while passing urine, or you develop a temperature, there is a possibility you may have a urine infection. Please contact your GP and you may be asked to provide a urine sample and if necessary take a course of antibiotics.

What exercise can I do?

Strenuous exercise such as gardening, decorating, heavy lifting, golf, and cycling should be avoided for two weeks. You should gradually increase your level of activity after that. The speed of recovery will vary from patient to patient, but as a general guide between four to six weeks is seen as normal.

Gentle walking and swimming are beneficial and can be undertaken immediately.

When can I go back to Work?

This depends on your type of work. Most light jobs may be resumed after four weeks, and any heavy jobs should be avoided for at least six weeks.

When can I drive again?

Driving is best avoided for two weeks after the operation, but you may travel as a passenger of a car immediately. Driving for long distances should best be avoided until you have completely recovered.

When can I have sex?

Sexual activity can be resumed as soon as you feel comfortable.

What follow up can I expect?

You will be seen in the outpatients department approximately two to three weeks after the operation and when the test results are back from the laboratory. You may also be contacted by telephone.

General things to remember:

If you have been given antibiotics after your operation, please make sure you complete the whole course.

Try not to strain when you go to the toilet. If you become constipated, contact your family doctor (GP) for advice.

Contact Numbers:

We hope that you have found this information useful. If you have any questions or are worried about anything, please speak to your family doctor (GP) or:

Consultant Urological Surgeons:

Mr N Afzal	01305 255468
Mr S Andrews	01305 255274
Mr A Cornaby	01305 255470

Urology Nurse Specialist:	01305 255415
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Lulworth Ward	01305 255471
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Notes:

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References:

British Association of Urological Surgeons (BAUS) website, April 2017
Cancer Research UK website, June 2017

If you have feedback regarding the accuracy of the information contained in this leaflet,
please email pals@dchft.nhs.uk.



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