

Having trans urethral resection of bladder tumour (TURBT) Day Case

Department of Urology

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Information for patients

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What is trans urethral resection of bladder tumour and why do I need it?

Your recent cystoscopy has shown a growth in your bladder that needs further treatment. During the operation the doctor will examine your bladder once again using a cystoscope. The growth will be removed from your bladder or a sample (a biopsy) of the growth will be taken. This is done whilst you are asleep (under a general anaesthetic). Or you may be given a spinal anaesthetic which numbs you from the waist down. The growth or the biopsy will be sent to the laboratory to be examined under the microscope. After you have had this type of treatment you will be discharged home the same day. You will require transport home and someone to be with you overnight (as you will have had an anaesthetic).

What are the risks involved?

As with all operations, there are associated risks involved. These include

- Haematuria (blood in the urine)- may happen after the operation and may take several weeks to settle completely.
- Urine infection– you may be sent home with a course of antibiotics as a precaution against this risk.
- Retention– inability to pass urine after the procedure.
- Pain in the lower abdomen (over the bladder)- any discomfort after the operation can be controlled with painkillers. If you are in any discomfort, please tell the nurse looking after you.
- Damage to the ureter causing kidney blockage– this is rare.
- Perforation of the bladder– this is rare.
- Damage to urethra causing a narrowing of the tube where the urine come out – this is very rare.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What are the risks involved?

You will have time to discuss all these risks with the doctors and nursing staff, before you consent to having a TURBT.

What do I need to do before the operation?

You will be seen in a pre-assessment clinic at some time before your operation, prior to this you will be sent a link on your mobile phone to complete some pre operative information.

At this appointment the nurse will fill in your admission forms, and provide you with more information about your operation.

You will be told about the consent form. You will be asked to sign this when you come in on the day of your operation.

This appointment is a good time to for you to ask any questions you may have.

Depending on your general health and your age, you may have some tests carried out. These will be discussed with you as necessary and may include ECG (heart tracing) and blood tests.

What happens when I arrive on the ward?

On arrival please report to the ward receptionist situated within the ward area. You will then be allocated to a nursing team.

How am I prepared for theatre?

Before you have your operation the anaesthetist will visit you and and discuss the anaesthetic options.

Your nurse will inform you when you should stop eating and drinking.

What happens just after the operation?

From the operating theatre you will be taken into the recovery area where you will wake up. The time spent in theatre recovery varies with individual patients, but as soon as you are well enough a nurse from the ward will collect you, and take you back to the day case unit or ward area. If your surgeon feels you require and overnight stay this will be arranged.

What happens when I return to the ward?

After returning from theatre and being settled into your bed, your blood pressure, temperature and pulse will be monitored regularly.

You may also have:

A drip (intravenous infusion)

This will be in your arm or hand. It replaces any fluids that you may have lost during surgery or by fasting. The drip is usually removed later the same day once you are able to eat and drink. If it becomes painful please inform the nurse looking after you.

What happens when I return to the ward

You may also have:

A urinary catheter

This is a tube which goes into your bladder and drains the urine out into a bag. After surgery urine can be heavily blood stained - this is nothing to worry about.

A large bottle of fluid called irrigation will be connected to your catheter: this is to wash the blood away after your operation.

It is common to feel the need to pass urine or have some minor discomfort whilst the catheter is in. If the pain is intense or worrying please inform your nurse.

Your doctor may have prescribed a chemical treatment which will be given through your catheter, directly into your bladder. This treatment may already have been given to you whilst you were in the theatre recovery area. If you are having this treatment, further information will be given to you.

- If you are not having this treatment, you may resume your normal activities, and you will need to drink plenty of fluids: we recommend at least 3 litres (5 pints) a day.

The doctors will see you and decide when the catheter is to be removed by the nurses. You may go home with your catheter in for a couple of days. The nurses will give you information about how to look after this and when to return to have it removed.

What happens when I go home?

- You will need a responsible adult with you for 24 hours after the surgery in case you become unwell (if you are discharged the same day).
- Continue to drink 3 litres (5 pints) a day until your urine is clear. Try not to drink too much after 6pm, as you may find you need to pass urine more often at night.
- Expect to see blood or small clots in your urine for about a month. It may be totally clear for a day or so and then have blood again, particularly about ten days after your operation. This is normal. However, if bleeding is very heavy or you are having problems passing urine, contact your GP.
- You should go for short gentle walks, but do not do too much exercise.
- Expect to feel tired for a few weeks and take an afternoon rest if necessary.
- Your consultant will discuss with you how much time you need to take off work. This will depend on whether you have a light/desk job or a heavy or manual job.
- You must not drive for two weeks. **Do not drive if you are still bleeding.**
- When you feel ready, you can resume sexual activity. Please discuss any worries you have with your consultant or specialist nurse.
- You can resume exercise /sport once you feel ready and if your urine has no blood in it. Please avoid any heavy activity for 4 weeks.

What happens to the samples taken during my TURBT?

The growth removed from your bladder is sent to the laboratory for tests. It will be tested for cancer cells. If the results of the tests show that you have cancer, then it is important that you understand that there are several different types of bladder cancer.

The easiest way to describe bladder cancer is to talk about the two most common forms.

If a bladder cancer is only found on the inner lining of the bladder it is known as a **superficial cancer**. If it is found in the muscle wall of the bladder then it is called a **muscle-invasive cancer**.

The team caring for you

The team of health professionals looking after you is known as the Multidisciplinary Team, or MDT. Your MDT will meet to discuss the most appropriate treatment for yourself. Your doctor will discuss your treatment plan with you.

If you have an invasive bladder cancer, the main treatment choices are surgery, radiotherapy or chemotherapy. A member of the medical staff will discuss the results with you and further tests may be needed.

A specialist nurse (key worker) is also available to offer advice and support in your decisions about your treatment choices.

Further appointments

You will receive an appointment to discuss the results of the surgery either by telephone or attendance at the Out Patient Department approximately four weeks after your operation. If you do not receive an appointment in the post within three weeks, please contact us. You may want to bring a relative or friend to this appointment.

Why do I need another appointment?

It is important that someone examines inside your bladder at intervals which will be discussed with you at your follow-up appointment. Usually the appointments are automatically arranged for you, but it is very important that if you do not have an appointment or you change address, that you contact your urology consultant's secretary to make the necessary arrangements.

Make a note of your consultant's name and your hospital number.

I have some questions about my operation. What do I do?

This booklet has been designed to answer many of your questions, but of course there may be others.

If you have any questions you would like to ask before you come into hospital, you can contact the specialist nurses or the ward directly. Contact details are listed on the back page.

For further information please contact:**Urology Oncology Nurse Specialists (Key workers)**

Monday to Friday 9am to 4:30pm 0116 258 4637

Urology Nurse Specialists

Monday to Friday 9am to 4:30pm 0116 258 4635

Outside these hours

Urology Emergency Admissions 0116 258 4247

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على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
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