

Having trans urethral resection of bladder tumour (as a day case)

Department of Urology

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Information for patients

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What is trans urethral resection of bladder tumour (TURBT)?

Your recent cystoscopy has shown a growth in your bladder that needs treatment. During the operation the doctor will examine your bladder once again using a cystoscope.

The growth will be removed from your bladder and a sample (a biopsy) of the growth may be taken whilst you are asleep (under a general anaesthetic). The growth or the biopsy will be sent to the laboratory to be examined under the microscope.

Are there any possible complications?

As with all invasive procedures there are associated risks involved. These include:

- Haematuria, (blood in the urine), which 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.
- Pain in your lower abdomen (over your bladder). Any discomfort after the operation can be controlled with painkillers. If you are in discomfort, please tell the nurse looking after you.
- Inability to pass urine after the procedure (retention). If you are unable to pass urine whilst you are on the Day Case Unit, you will have to stay in the hospital overnight, or until you pass urine.
- Damage to the urethra, causing a narrowing of the tube where the urine comes out. This is very rare.
- Damage to the ureter causing a kidney blockage.
- Perforation of the bladder - this is extremely rare. In the unlikely event of this happening, you will be admitted to hospital and the consultant will review you on the ward.

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

**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 do I need to do before my procedure?

Read your admission letter carefully.

- Do not eat or drink anything from the time stated in your letter.
- Do not wear any nail polish, false nails or make up.
- Do not wear contact lenses.
- Do not wear jewellery, except for a wedding ring.
- Do not bring any valuables with you into hospital. University Hospitals of Leicester NHS Trust cannot accept responsibility for loss or damage to personal belongings.
- Do have a bath or shower before you come into hospital.
- Do wear comfortable clothing and footwear to go home in.

Expect to wait on the unit before your procedure.

What do I need to bring with me?

Your appointment letter. The time you are given to arrive is not the time of your procedure. The surgeon needs to see you before the start of the list, so you may be waiting for your procedure for between two and four hours.

- Any drugs, medicines or inhalers you are using. Please take your necessary medication before attending; the pre-assessment nurse will advise you when you should take your medication.
- A contact number for your lift home.
- A dressing gown and slippers, if you have them.
- Something to do while you are waiting, such as a book or magazine to read.

What happens while I am on the Day Case Unit?

- You should come to the Day Case Unit and report to reception.
- Your details will be checked and you will be directed on to the ward or to the waiting room where a nurse will collect you.
- The nurse will talk to you about your procedure and ask a few questions.
- You will meet one of the surgical team who will ask you to sign a consent form. If there is anything you are concerned about or do not understand, please ask your surgeon before you sign the form.
- You will also be visited by your anaesthetist - this is the doctor who will look after you while you are asleep.
- The nurse will tell you when to change into your theatre gown, and then take you to the operating theatre.

What happens after my procedure?

You will return to the day ward and staff will make sure you are comfortable, and provide you with refreshments. If you have any discomfort or sickness please let the staff know so that they can help you.

You will recover on the ward until your nurse is happy that you are well enough to go home. You will need to eat and drink before you can go home. Very occasionally patients need to stay overnight. If your doctor or nurse feels that this is necessary they will explain to you the reasons for this.

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 in it again, particularly about ten days after your operation. This is normal. However, if the bleeding is very heavy or you are having problems passing urine, contact your GP.

Pain

Any discomfort after your procedure can usually be controlled with paracetamol (or a similar painkiller). If you are unsure, contact us for advice using the numbers in this booklet.

Eating and drinking

You can eat and drink as normal straight away, but do not drink alcohol for 48 hours. It is best to drink plenty of fluids, at least two to three litres (four to five pints), in the first 24 hours. This will make you pass more water, flushing your bladder regularly.

Driving

You must not drive for two weeks. **Do not drive if you are still bleeding.** You should contact your insurance company if you are not sure.

Medication

If you are given antibiotics, it is important to finish the course in order for them to be effective. Please let us know if you have any allergies or if you are taking the oral contraceptive pill.

Work

If you have a light job or desk job, you should be able to go back to work after two weeks: if your job is heavy or manual, you should be able to go back to work after four weeks.

Sex

You can resume sexual activity as soon as you feel comfortable.

Physical activity

Do not do too much too soon. It is usual to feel some aches and pains for a few days, perhaps up to two weeks. Avoid strenuous activity, contact sports and heavy lifting for at least two weeks.

Holidays

Flying too soon after a procedure can increase the chance of problems, and you may not be covered by your insurance, please discuss this with your insurance company.

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 your treatment plan.

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 come to the outpatient department about three weeks after your operation. If you do not receive one 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 intervals 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.

Emergency Contact Number (24 hours, seven days a week):

Urology Unit 0116 258 4247

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk