

Transurethral Resection of a Bladder Tumour (*TURBT*)

Patient Information – Urology Service

What is a bladder tumour?

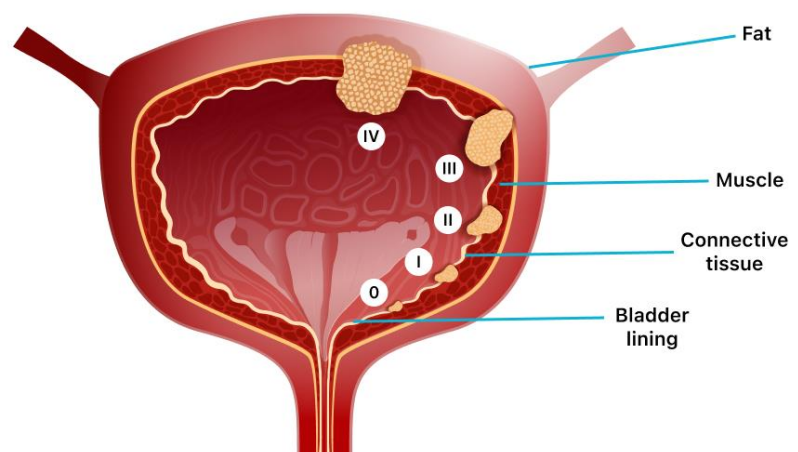
A bladder tumour is a cancer growth on the inside of your bladder. There are several types of bladder tumour that can be found in any combination – high-grade, low-grade, superficial and deep.

High grade and low grade indicate how aggressive the tumour is. High-grade tumours are aggressive and fast growing, and low-grade tumours are slow growing.

Superficial bladder tumours affect just a few layers of cells on the inner surface of the bladder. If treated, there is little chance of this type of tumour spreading but regular monitoring is needed because they can often regrow.

Deep bladder tumours affect several layers of the bladder and can grow into the bladder muscle. These types of tumours can result in partial or complete removal of your bladder.

Stages of Bladder Cancer



Symptoms of a bladder tumour

- Blood in urine (haematuria). This is usually painless
- Frequent urination (frequency)
- Painful urination (dysuria).

What happens before my operation?

The surgery and outcomes will be explained to you by your surgeon before the surgery. When you feel comfortable that you understand what is to be done and have had all your questions answered, you will be asked to sign a consent form. This consent form should be signed by both yourself and your surgeon and forwarded to the hospital prior to your admission.

A blood test will need to be performed and a urine sample may need to be taken a few days prior to your surgery.

If you are over 60 years of age or have other medical conditions, you may also have an electrocardiogram (ECG) prior to surgery to check the health of your heart.

You will be advised when to stop eating and drinking before surgery. This includes water and chewing gum. You can swallow tablets with a small sip of water.

You should bring your own medications with you to hospital.

It is important to avoid constipation. Try to establish and maintain a regular, soft bowel habit leading up to your surgery. Identify the foods that can help you maintain a regular bowel habit for your post-op period.

Please inform your surgeon if you are taking anti-coagulant (blood thinning) medication (e.g. warfarin, clopidogrel, dabigatran, rivaroxaban or ticagrelor), or any medication for diabetes. Your surgeon will advise when to stop and restart these medications. If you are taking aspirin, it is okay to continue taking this.

What happens on the day of my operation?

You will go to Christchurch Hospital on the day of your surgery. On arrival, the staff will guide you through what is required prior to your surgery.

You will have a clean hospital gown and protective stocking fitted.

An IV (intravenous) line will be placed in a vein in your arm or hand that will be used to supply fluids or medications during the surgery.

You may be given a medication to prevent blood clots.

You will be encouraged to commence deep breathing and coughing exercises pre-operatively. This prevents any breathing complications or chest infection from occurring, following the surgery and anaesthetic.

The surgery can be done as a day case or overnight stay. The choice of spinal (lower half of your body is numbed) or general (you are completely asleep) anaesthesia will be decided after a discussion with the anaesthetist. If you're having a general anaesthetic you will need someone with you, so they can take you home and stay with you overnight.

If your surgery is performed under general anaesthesia, the anaesthetist will discuss this with you before your surgery.

Just prior to your surgery, you may be given a pre-medication tablet to relax you.

What happens during my operation?

The most common operation for the removal of a superficial bladder tumour is called a TURBT (transurethral resection of bladder tumour). A telescopic instrument called a resectoscope is passed up the urethra (water pipe) using an anaesthetic lubricating gel. A laser fibre or electric probe is then passed down the resectoscope and can be used to cut or burn the tumour from the

inner layer of the bladder wall sealing off any bleeding at the same time. Irrigation fluid flows through the resectoscope flushing away blood and debris.

Any tumours removed from your bladder will be sent to the pathologist who can tell whether further treatment is necessary.

What to expect after my operation?

Dependent on how long the surgery takes and how much bleeding there is you may or may not have the following after surgery:

- A catheter (drainage tube that passes through the urethra into the bladder) to drain the urine into a bag. The catheter is held in place inside the bladder by a small balloon so that it cannot slip out. The catheter is normally removed the following morning after surgery but in some instances, it may even be removed when you return to the ward from the recovery unit.
- Continuous bladder irrigation which is fluid that runs by gravity into the bladder and out again through the catheter. Bladder irrigation is used only if necessary to help stop any ongoing bleeding. This is usually stopped once the urine is clear and the catheter is removed later that day or the following morning.
- You may have Epirubicin chemotherapy that will be given in theatre. The chemotherapy which is a red liquid is given via the urethral catheter that will be inserted during your surgery. The catheter is then clamped and the Epirubicin is left in your bladder for one hour. The Epirubicin is then drained out of the bladder into a catheter bag.
- If your urine still shows blood after the Epirubicin is drained out, the irrigation may then be re-started, and the catheter left in place.

After surgery you may or may not experience some of the following symptoms:

- A feeling of having a full bladder if you have a catheter in. This can be caused by blockage of the catheter tube either by a blood clot or by an accidental kink of the tube. These blockages are easily cleared by the nurse.
- Bladder spasms, due to the bladder trying to expel the catheter or because of bladder irritation. These are once again easily treated with medication.

What to expect after discharge?

It takes time for the raw surface inside the bladder to heal. It is common to experience a burning sensation when passing urine, urgency (the need to void in a hurry), and frequency (the need to void often).

These symptoms subside as healing progresses and it is advisable to drink plenty of fluid during this time as it helps to flush the bladder which clears urine up, washes away debris and helps prevent infection.

If you experience any burning, fever or cloudy urine (possible urinary tract infection), please contact your GP immediately.

Possible complications

All procedures have a potential for side effects. You should be reassured that, although these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Bleeding

It is also common to pass small amounts of blood during the healing process. This is normal and nothing to worry about. Bleeding severe enough to bring you back to the hospital is rare. This risk disappears when healing is complete, six to eight weeks after surgery.

However, there is a small risk of severe bleeding occurring. If you have fresh, heavy bleeding that does not stop, if you have severe pain with passing urine or if you are unable to pass urine at all (possible blockage), please visit the Emergency Department at Christchurch or Ashburton Hospital.

Such bleeding is more likely if you carry out strenuous activity. For two to three weeks after the operation, you should not indulge in any activity that requires physical straining. Such activities are:

- Digging the garden
- Playing golf
- Lifting heavy weights
- Sexual intercourse
- Straining to pass a bowel motion.

Remember to keep your urine flowing freely by drinking plenty of fluid during the day.

Infection

There is also a risk of infection. Symptoms can include:

- Going to the toilet more often
- Burning and stinging when passing urine
- High temperature
- Feeling hot and cold or shivery
- Cloudy or offensive smelling urine
- Generally feeling unwell.

Please contact your GP immediately as you might need antibiotics to treat an infection.

Rarely, there can be a small tear (perforation) of the bladder or it may be injured. It's likely this will settle with a catheter for a few days to rest the bladder. Very rarely you may need surgery to help fix this problem.

Follow-up

You will receive an appointment in the mail to attend the Urology Outpatient clinic. This is usually about six weeks following your surgery. At this visit, you will see a nurse and your symptoms will

be reviewed. A letter will also be sent to your own doctor about your operation.

Contact information

For more information about:

- Hospital and specialist services, go to www.cdhb.health.nz
- Your health and medication, go to www.healthinfo.org.nz

For information on parking, how to get to the hospital, and visiting hours, please visit www.cdhb.health.nz